

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

**In the Matter of the Accusation
Against**

Robert Frits Brunst, M.D.

Case No. 800-2017-032410

**Physician's and Surgeon's
Certificate No. G36956**

Respondent

DECISION

The attached Stipulated Surrender of License and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 1, 2021.

IT IS SO ORDERED February 25, 2021.

MEDICAL BOARD OF CALIFORNIA

By:

**William Prasifka
Executive Director**

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
GIOVANNI F. MEJIA
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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:

**ROBERT FRITS BRUNST, M.D.
477 North El Camino Real, A200
Encinitas, CA 92024**

**Physician's and Surgeon's Certificate
No. G 36956,**

Respondent.

Case No. 800-2017-032410
OAH No. 2020050228

**STIPULATED SURRENDER OF
LICENSE 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. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). This action was previously brought by Christine J. Lally solely in her prior official capacity as Interim Executive Director of the Board. Complainant is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Giovanni F. Mejia, Deputy Attorney General.

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2. Respondent Robert Frits Brunst, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, whose address is: Doyle Schafer McMahon, LLP, 5440 Trabuco Road, Irvine, CA 92620.

3. On or about July 1, 1978, the Board issued Physician's and Surgeon's Certificate No. G 36956 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. 800-2017-032410 and will expire on March 31, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-032410 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 January 16, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-032410 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. 800-2017-032410. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License 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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1 **CULPABILITY**

2 9. Respondent admits the truth of each and every charge and allegation in Accusation
3 No. 800-2017-032410, agrees that cause exists for discipline, and hereby surrenders his
4 Physician's and Surgeon's Certificate No. G 36956 for the Board's formal acceptance.

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

8 **CONTINGENCY**

9 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
10 part, that the Medical Board "shall delegate to its executive director the authority to adopt
11 a...stipulation for surrender of a license."

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

21 **ADDITIONAL PROVISIONS**

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

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

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15. 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. G 36956, issued to Respondent Robert Frits Brunst, M.D., is surrendered and accepted by the Board, effective April 1, 2021.

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

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

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

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2017-032410 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. 800-2017-032410 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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1 ACCEPTANCE

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

7 DATED: 1/1/21 R. Frits Brunst
8 ROBERT FRITS BRUNST, M.D.
9 Respondent

10 I have read and fully discussed with Respondent Robert Frits Brunst, M.D. the terms and
11 conditions and other matters contained in this Stipulated Surrender of License and Disciplinary
12 Order. I approve its form and content.

13 DATED: January 7, 2021 Raymond J. McMahon
14 RAYMOND J. MCMAHON, ESQ.
15 Attorney for Respondent

16 ENDORSEMENT

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

20 DATED: January 7, 2021

Respectfully submitted,

21 XAVIER BECERRA
22 Attorney General of California
23 MATTHEW M. DAVIS
Supervising Deputy Attorney General

24 Giovanni F. Mejia
25 GIOVANNI F. MEJIA
26 Deputy Attorney General
27 Attorneys for Complainant
28

Exhibit A

Accusation No. 800-2017-032410

1 XAVIER BECERRA
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2017-032410

14 **ROBERT FRITS BRUNST, M.D.**
15 **477 North El Camino Real, Suite A200**
Encinitas, CA 92024

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. G 36956,**

18 Respondent.

19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about July 1, 1978, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 36956 to Robert Frits Brunst, M.D. ("Respondent"). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on March 31, 2020, unless renewed.

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO
BY *[Signature]* Jan 16 2020
ANALYST

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.

5. 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

1 separate and distinct departure from the applicable standard of care shall constitute
2 repeated negligent acts.

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

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

11 ...

12 6. Section 2242 of the Code states, in pertinent part:

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

16 ...

17 7. Section 2266 of the Code states:

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

21 8. Section 725 of the Code states, in pertinent part:

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

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1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 9. Respondent has subjected his Physician's and Surgeon's Certificate No. G 36956 to
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
5 the Code in that he committed gross negligence in his care and treatment of one or more patients
6 as more particularly alleged hereinafter:

7 Patient A

8 10. On or about September 21, 2009,¹ "Patient A,"² an adult female patient then in her
9 fifties with a history of tobacco use, presented to Respondent for medical care and treatment. In
10 his office visit note for this encounter, Respondent documented, among other things, a prior
11 medical history of pain due to fibromyalgia and chronic fatigue. Respondent also documented
12 Patient A's reported medications to include, but not be limited to, trazodone,³
13 Vivelle-Dot (estradiol),⁴ and ibuprofen.

14 11. On or about October 1, 2009, Patient A presented to Respondent with complaints of
15 pain. In his office visit note for this encounter, Respondent documented a fibromyalgia diagnosis
16 and prescribing Vicodin⁵ to Patient A.

17 12. On multiple, recurring occasions subsequent to October 1, 2009, through as late as on
18 or about May 6, 2013, Respondent prescribed Vicodin to Patient A.

19 / / / /

20 ¹ Any medical care or treatment rendered by Respondent more than seven years prior to
21 the filing of the instant Accusation is described for informational purposes only, and is not
22 alleged as a basis for disciplinary action.

23 ² Patients' true names are not used in the instant Accusation to maintain patient
24 confidentiality. The patients' identities are known to Respondent or will be disclosed to
25 Respondent upon receipt of a duly issued request for discovery in accordance with Government
26 Code section 11507.6.

27 ³ Trazodone is a dangerous drug pursuant to Business and Professions Code section 4022,
28 commonly used to treat depression and insomnia.

⁴ Vivelle-Dot is a brand name for estradiol, a dangerous drug pursuant to Business and
Professions code section 4022 commonly used for estrogen therapy.

⁵ Vicodin is a brand name for the drug combination of 5 mg. of hydrocodone and 500 mg.
of acetaminophen per tablet. It is a Schedule II controlled substance pursuant to Health and Safety
Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions
Code section 4022. When properly prescribed and indicated, it is used for the treatment of
moderate to moderately severe pain.

13. As early as on or about May 20, 2010, Respondent documented a diagnosis of adjustment disorder with anxiety in Patient A's medical chart.

14. In or around November 2010 to 2018, Respondent issued multiple estradiol prescriptions to Patient A for estrogen therapy purposes.

15. Beginning in or around October 2010, if not earlier, Respondent issued one or more prescriptions for approximately 1 mg per day of clonazepam, also known as Klonopin,⁶ to Patient A for anxiety or insomnia.

16. Beginning in or around 2011, if not earlier, Respondent began issuing recurring prescriptions to Patient A for testosterone.⁷

17. For the period in or around September 30, 2011 to October 2012, the California Controlled Substance Utilization Review and Evaluation System ("CURES") database lists recurring prescriptions for testosterone and hydrocodone bitartrate/acetaminophen 5 mg/500 mg (Vicodin), as well as a prescription for clonazepam, issued by Respondent and filled by Patient A:

Date Filled	Drug Name	Strength	Qty	Days Supply
09/30/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
10/03/11	Testosterone			90
10/20/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
10/27/11	Clonazepam	1 mg	30	30
11/28/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
12/28/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
02/06/12	Testosterone			90
02/06/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
02/07/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
03/05/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
03/05/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
04/09/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
04/27/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33

⁶ 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 a medication in the benzodiazepine family.

⁷ Testosterone is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022.

	Date Filled	Drug Name	Strength	Qty	Days Supply
1	05/04/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
2	06/15/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
3	06/28/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
4	07/12/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
5	07/24/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
6	08/09/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
7	08/21/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	80	26
8	08/22/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
9	08/29/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
10	09/06/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
11	09/29/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
12	10/16/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	180	60

18. On or about November 7, 2012, Patient A presented to Respondent requesting, among other things, a prescription for Valium (diazepam)⁸ because of domestic distress. In his office visit note for this encounter, Respondent documented that he advised Patient A against taking Valium because of its addicting potential, and that Respondent issued Patient A a prescription for a 60-day supply of approximately 0.25 mg per day of Xanax,⁹ a different benzodiazepine, as well a prescription for Vicodin.

19. On or about November 7, 2012, Respondent failed to adequately establish or document a medical indication for prescribing Xanax (alprazolam) to Patient A.

20. For the period in or around November 2012 to May 2013, the CURES database lists a November 2012 alprazolam (Xanax) prescription, as well as ongoing prescriptions for testosterone, issued by Respondent and filled by Patient A. For this period, the CURES database also lists recurring prescriptions for hydrocodone bitartrate/acetaminophen 5 mg/500 mg.

⁸ Valium is a brand name for diazepam, 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. Diazepam is a long-acting benzodiazepine.

⁹ Xanax is a brand name for alprazolam, 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. Alprazolam is a short-acting benzodiazepine. When properly prescribed and indicated, it is commonly used to relieve anxiety.

(Vicodin) through February 2013, followed by recurring prescriptions for another opioid medication, hydrocodone bitartrate/acetaminophen 5 mg/325 mg (Norco):¹⁰

Date Filled	Drug Name	Strength	Qty	Days Supply
11/07/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
11/07/12	Alprazolam	0.25 mg	30	30
11/15/12	Testosterone			30
11/20/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
12/01/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	180	60
12/31/12	Testosterone			30
01/04/13	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
01/31/13	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	180	60
02/05/13	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
02/28/13	Hydrocodone Bitartrate/Acetaminophen	5 mg/325 mg	90	30
03/04/13	Hydrocodone Bitartrate/Acetaminophen	5 mg/325 mg	90	30
03/06/13	Testosterone			30
03/26/13	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
04/11/13	Hydrocodone Bitartrate/Acetaminophen	5 mg/325 mg	90	30
04/16/13	Hydrocodone Bitartrate/Acetaminophen	5 mg/325 mg	90	30
05/06/13	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
05/29/13	Testosterone			30

21. Respondent failed to adequately establish or document a rationale for commencing the prescribing of Norco to Patient A in or around February 2013.

22. On or about July 31, 2013, Patient A presented to Respondent with complaints regarding issues with concentration. In his office visit note for this encounter, Respondent documented attention deficit disorder ("ADD") and depression diagnoses. Respondent failed to

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¹⁰ Norco is a brand name for the drug combination of hydrocodone (5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. Hydrocodone belongs to a class of drugs known as opioids. When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain.

1 use, or document the use of, any assessment or screening tools for these diagnoses. Respondent
2 documented prescribing Patient A approximately 18 mg per day of Strattera¹¹ for 30 days.

3 23. For the period in or around July 2013 to October 2014 the CURES database lists
4 multiple ongoing prescriptions for testosterone, hydrocodone
5 bitartrate/acetaminophen 10 mg/325 mg (a more potent Norco variant), and at least two
6 benzodiazepines (clonazepam and diazepam [Valium], the latter of which Respondent had
7 previously advised against), issued by Respondent and filled by Patient A:

Date Filled	Drug Name	Strength	Qty	Days Supply
07/08/13	Testosterone			30
09/16/13	Testosterone			30
01/07/14	Testosterone			30
03/18/14	Testosterone			30
03/20/14	Clonazepam	1 mg	30	30
05/15/14	Clonazepam	1 mg	30	30
06/05/14	Testosterone		470	30
06/06/14	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
07/09/14	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
07/21/14	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
07/22/14	Clonazepam	1 mg	30	30
08/26/14	Clonazepam	1 mg	30	30
10/03/14	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
10/15/14	Testosterone			30
10/19/14	Diazepam	10 mg	30	30

22 24. On or about November 10, 2014, Patient A presented to Respondent with complaints
23 including, but not limited to, being very tired in the mornings. In his office visit note for this
24 encounter, Respondent documented a diagnosis of ADD and a prescription for, among other

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27 ¹¹ Strattera is a brand name for atomoxetine, which is not a controlled substance but is a
28 dangerous drug pursuant to Business and Professions Code section 4022.

1 medications, approximately 15 mg per day of Adderall.¹² Respondent failed to document the use
2 of any assessment or screening tools for an ADD diagnosis.

3 25. For the period in or around November to December 2014, the CURES database lists a
4 prescription for amphetamine salt combo (Adderall), and ongoing prescriptions for at least three
5 benzodiazepines (clonazepam, alprazolam and diazepam) and hydrocodone
6 bitartrate/acetaminophen 10 mg/ 325 mg (Norco) issued by Respondent and filled by Patient A:

Date Filled	Drug Name	Strength	Qty	Days Supply
11/03/14	Clonazepam	1 mg	30	30
11/10/14	Alprazolam	1 mg	30	30
11/10/14	Amphetamine Salt Combo	15 mg	30	30
11/19/14	Clonazepam	1 mg	10	10
12/05/14	Clonazepam	1 mg	10	10
12/08/14	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
12/17/14	Clonazepam	1 mg	10	10
12/30/14	Diazepam	10 mg	30	30

15 26. On or about January 13, 2015, Patient A presented to a physician assistant supervised
16 by Respondent, "G.D." On multiple occasions on or subsequent to January 13, 2015, G.D.
17 rendered medical care and treatment to Patient A. At all times relevant to G.D.'s care and
18 treatment of Patient A, Respondent reviewed and approved the medical care and treatment
19 rendered by G.D. to Patient A.

20 27. On or about January 26, 2015, Patient A presented to G.D. with complaints of
21 insomnia and anxiety. The office visit note for this encounter also documents that Patient A
22 reported persistent headaches from taking Klonopin (clonazepam). Patient A was prescribed a
23 30-day supply of approximately 4 mg per day of lorazepam,¹³ a different benzodiazepine.

24 ¹² Adderall is a brand name for dextroamphetamine and amphetamine, a Schedule II
25 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a
26 dangerous drug pursuant to Business and Professions Code section 4022. Adderall is commonly
prescribed under the generic name of amphetamine salts combo. It is commonly used for
treatment of attention-deficit hyperactivity disorder. Adderall can give users a feeling of euphoria
and is one of the most commonly abused prescription medications in the United States.

27 ¹³ Lorazepam, brand name Ativan, is a Schedule IV controlled substance pursuant to
28 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
Business and Professions Code section 4022.

28. For the period in or around January to March 2015, the CURES database lists a prescription for lorazepam issued by Respondent or G.D. and filled by Patient A. Other such prescriptions listed in the CURES database for this period include, without limitation, prescriptions for at least two other benzodiazepines (clonazepam and diazepam, the latter of which Patient A had reported caused her headaches), testosterone, and at least two different opioid medications (hydrocodone/bitartrate/acetaminophen 10 mg/325 mg [Norco] and hydrocodone bitartrate/acetaminophen 10 mg/300 mg):

Date Filled	Drug Name	Strength	Qty	Days Supply
01/13/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
01/15/15	Clonazepam	1 mg	30	30
01/26/15	Lorazepam	2 mg	60	30
02/03/15	Diazepam	10 mg	30	30
02/13/15	Clonazepam	1 mg	30	30
02/24/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
02/26/15	Testosterone		51	30
03/05/15	Diazepam	10 mg	90	90
03/09/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/300 mg	90	30
03/24/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
03/30/15	Clonazepam	1 mg	30	30

29. On or about April 3, 2015, Patient A presented to G.D. reporting a whiplash injury from a recent motor vehicle accident. Office visit notes for this encounter state that cervical radiculopathy was present in Patient A and that she received a prescription for approximately 1050 mg per day of Soma (carisoprodol).¹⁴

30. On or about April 14, 2015, Patient A presented to G.D. reporting ongoing neck and back pain following the motor vehicle accident. Office visit notes for this encounter document that Patient A was diagnosed with, among other ailments, cervical radiculopathy. The documented treatment plan includes, without limitation, continued Soma (carisoprodol) therapy and follow-up after review of MRI results.

¹⁴ Soma is a brand name for carisoprodol, a Schedule IV controlled substance pursuant to 21 C.F.R. § 1308.14, and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used as a muscle relaxant.

31. On or about April 22, 2015, Patient A presented to G.D. for a follow-up visit regarding her reported neck and back pain from a motor vehicle accident earlier in the month. Office visit notes for this encounter document a continuing diagnosis of cervical radiculopathy, among other ailments, that the MRI remained pending, and a treatment plan including, without limitation, continued Soma (carisoprodol), Norco, and Xanax (alprazolam) therapy.

32. Respondent ultimately failed to review or document review of any MRI to confirm the diagnosis of cervical radiculopathy following Patient A's reported April 2015 motor vehicle accident.

33. For the period in or around April to October 2015, the CURES database lists multiple recurring prescriptions for carisoprodol (Soma) issued by Respondent or G.D. and filled by Patient A. Other such prescriptions listed in the CURES database for this period include, without limitation, multiple recurring prescriptions for testosterone, at least three different benzodiazepines (alprazolam, clonazepam and diazepam), and at least two different opioids (hydrocodone bitartrate/acetaminophen [Norco] and oxycodone HCL/acetaminophen [Percocet¹⁵]), as well as at least one prescription for zolpidem tartrate (Ambien¹⁶):

Date Filled	Drug Name	Strength	Qty	Days Supply
04/03/15	Carisoprodol	350 mg	30	10
04/21/15	Alprazolam	1 mg	30	30
04/21/15	Carisoprodol	350 mg	30	10
04/27/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
05/01/15	Testosterone			30
05/05/15	Clonazepam	1 mg	30	30
05/08/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
05/15/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
05/15/15	Diazepam	10 mg	60	30

¹⁵ Percocet is a brand name for the drug combination of oxycodone (2.5 mg, 5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain.

¹⁶ Ambien is a brand name for zolpidem, 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.

	Date Filled	Drug Name	Strength	Qty	Days Supply
1					
2	05/28/15	Testosterone		70	30
3	07/07/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
4	07/14/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
5	07/16/15	Diazepam	10 mg	90	90
6	07/25/15	Testosterone		80	30
7	07/28/15	Clonazepam	1 mg	30	30
8	08/24/15	Testosterone			30
9	08/25/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
10	08/25/15	Diazepam	10 mg	60	30
11	08/25/15	Carisoprodol	350 mg	90	30
12	09/08/15	Testosterone			30
13	09/09/15	Carisoprodol	350 mg	90	30
14	09/28/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
15	09/28/15	Zolpidem Tartrate	10 mg	20	20
16	10/03/15	Carisoprodol	350 mg	90	30
17	10/03/15	Testosterone			30
18	10/05/15	Clonazepam	1 mg	60	30
19	10/12/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
20	10/13/15	Carisoprodol	350 mg	90	30
21	10/30/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30

34. On or about November 30, 2015, Patient A presented to Respondent complaining of ongoing back pain. In his office visit note for this encounter, Respondent documented renewing an OxyContin¹⁷ prescription for Patient A (corresponding to approximately 40 mg per day of oxycodone for 30 days), as well as prescriptions for at least two other opioid medications:

Percocet (corresponding to approximately 30 mg per day of oxycodone for 30 days) and Norco.

35. On or about February 11, 2016, Patient A presented to G.D. complaining of feeling no energy. Office visit notes for this encounter state that Patient A "has ADD. Very [sic] mild ADD" and "may have ADD[.]" and that Patient A was prescribed approximately sixty 10 mg

¹⁷ OxyContin is a brand name for extended-release oxycodone, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. Oxycodone belongs to a class of drugs known as opioids. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain.

Adderall tablets and instructed to take one per day. The office visit note fails to document the use of any assessment or screening tools for an ADD diagnosis.

36. For the period in or around November 2015 to March 2016, the CURES database lists at least one prescription for OxyContin and multiple prescriptions for dextroamphetamine/amphetamine (Adderall) issued by Respondent or G.D. and filled by Patient A. Other such prescriptions listed in the CURES database for this period include, without limitation, prescriptions for at least two other opioids (oxycodone HCL/acetaminophen [Percocet] and hydrocodone bitartrate/acetaminophen [Norco]), testosterone, at least two different benzodiazepines (diazepam and clonazepam), carisoprodol (Soma), and zolpidem tartrate (Ambien):

Date Filled	Drug Name	Strength	Qty	Days Supply
11/04/15	Testosterone			30
11/17/15	Diazepam	10 mg	30	30
11/17/15	Carisoprodol	350 mg	90	30
11/30/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
12/11/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
12/12/15	Carisoprodol	350 mg	90	30
12/14/15	Testosterone			30
12/16/15	Diazepam	10 mg	30	30
01/06/16	Clonazepam	1 mg	60	30
01/07/16	OxyContin	30 mg	60	30
01/11/16	Carisoprodol	350 mg	90	30
01/15/16	Diazepam	10 mg	30	30
01/18/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/05/16	Carisoprodol	350 mg	90	30
02/08/16	Clonazepam	1 mg	60	30
02/09/16	Testosterone			30
02/11/16	Dextroamphetamine/Amphetamine	10 mg	60	30
02/18/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/18/16	Zolpidem Tartrate	10 mg	30	30
03/02/16	Carisoprodol	350 mg	90	30
03/04/16	Clonazepam	1 mg	30	30

	Date Filled	Drug Name	Strength	Qty	Days Supply
1	03/04/16	Testosterone			30
2	03/15/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
3	03/15/16	Dextroamphetamine/Amphetamine	10 mg	60	30
4	03/15/16	Diazepam	10 mg	90	30
5	03/24/16	Zolpidem Tartrate	10 mg	30	30
6	03/25/16	Carisoprodol	350 mg	90	30

7 37. On or about April 5, 2016, Patient A presented to G.D. complaining of stress and
8 reporting not experiencing any relief with Valium (diazepam). Office visit notes for this
9 encounter state that Patient A received a prescription for approximately 2 mg per day of Klonopin
10 (clonazepam).

11 38. On or about May 13, 2016, Patient A presented to G.D. complaining of a breast lump.
12 Office visit notes for this date state, among other things, that Patient A received a prescription for
13 a 30-day supply of approximately 20 mg per day of Valium (diazepam).

14 39. On or about April 14, 2016, Patient A presented to G.D. complaining of stomach
15 aches from Percocet. Office visit notes for this encounter state that Patient A received a
16 prescription for a 30-day supply of Norco corresponding to approximately 30 mg per day of
17 hydrocodone.

18 40. On or about May 5, 2016, Patient A presented to Respondent to discuss upcoming
19 travel with an animal for emotional support. In his office visit note for this encounter, Respondent
20 documented renewing a 30-day prescription of Percocet corresponding to approximately 40 mg
21 per day of oxycodone for Patient A.

22 41. On or about June 30, 2016, Patient A presented to Respondent with complaints of
23 nausea and anorexia. In his office visit notes for this encounter, Respondent documented that
24 Patient A had become intolerant to Percocet but was able to tolerate Norco. Respondent also
25 documented renewing prescriptions for Patient A for Percocet and Norco.

26 42. In multiple office visit notes for Patient A dated in 2016 including, but not limited to,
27 office visit notes dated May 26, June 9, and December 9, 2016, Respondent or G.D. documented
28 that Patient A exhibited "[n]o evidence of ADD." However, throughout 2016, Patient A

1 continued to receive multiple prescriptions for Adderall without adequate evaluation, assessment,
2 or medical indication.

3 43. For the period in or around April 2016 to July 2017, the CURES database lists
4 recurring prescriptions for dextroamphetamine/amphetamine or amphetamine salt combo
5 (Adderall), diazepam (Valium), and oxycodone HCL/acetaminophen (Percocet) issued by
6 Respondent or G.D. and filled by Patient A. Other such prescriptions listed in the CURES
7 database for this period include, without limitation, recurring prescriptions for at least one other
8 opioid (hydrocodone bitartrate/acetaminophen [Norco]) and benzodiazepine (clonazepam), as
9 well as prescriptions for testosterone, carisoprodol (Soma), and zolpidem tartrate (Ambien):

Date Filled	Drug Name	Strength	Qty	Days Supply
04/05/16	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
04/05/16	Clonazepam	1 mg	60	30
04/14/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
04/20/16	Carisoprodol	350 mg	90	30
04/20/16	Testosterone		80	30
05/04/16	Clonazepam	1 mg	60	30
05/05/16	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
05/13/16	Carisoprodol	350 mg	90	30
05/13/16	Diazepam	10 mg	60	30
05/20/16	Dextroamphetamine/Amphetamine	10 mg	60	30
05/26/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
05/31/16	Zolpidem Tartrate	10 mg	30	30
05/31/16	Clonazepam	1 mg	60	30
06/07/16	Testosterone			30
06/08/16	Diazepam	10 mg	60	30
06/08/16	Carisoprodol	350 mg	90	30
06/09/16	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
06/22/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
07/01/16	Clonazepam	1 mg	60	30
07/14/16	Testosterone			30
07/21/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
07/28/16	Diazepam	10 mg	60	30

	Date Filled	Drug Name	Strength	Qty	Days Supply
1					
2	08/02/16	Carisoprodol	350 mg	90	30
3	08/02/16	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
4	08/16/16	Clonazepam	1 mg	60	30
5	08/21/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
6	08/22/16	Testosterone			30
7	08/25/16	Carisoprodol	350 mg	90	30
8	08/26/16	Zolpidem Tartrate	10 mg	30	30
9	08/26/16	Diazepam	10 mg	60	30
10	09/02/16	Oxycodone HCL/Acetaminophen	10//325	120	30
11	09/22/16	Clonazepam	1 mg	60	30
12	10/04/16	Diazepam	10 mg	60	30
13	10/05/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
14	10/13/16	Testosterone			30
15	11/07/16	Diazepam	10 mg	60	30
16	11/07/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
17	11/18/16	Testosterone			30
18	11/28/16	Clonazepam	1 mg	60	30
19	12/06/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
20	12/06/16	Diazepam	10 mg	60	30
21	12/13/16	Carisoprodol	350 mg	90	30
22	12/15/16	Oxycodone HCL/Acetaminophen	10 mg/325 mg	40	10
23	12/23/16	Testosterone			30
24	12/29/16	Clonazepam	1 mg	60	30
25	01/06/17	Diazepam	10 mg	60	30
26	01/06/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
27	01/20/17	Carisoprodol	350 mg	90	30
28	01/26/17	Testosterone			30
29	02/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
30	02/01/17	Diazepam	10 mg	60	30
31	02/01/17	Amphetamine Salt Combo	20 mg	30	30
32	02/03/17	Clonazepam	1 mg	60	30
33	02/15/17	Carisoprodol	350 mg	90	30
34	03/01/17	Diazepam	10 mg	60	30
35	03/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30

	Date Filled	Drug Name	Strength	Qty	Days Supply
1					
2	03/14/17	Clonazepam	1 mg	60	30
3	03/14/17	Testosterone			30
4	03/17/17	Carisoprodol	350 mg	90	30
5	04/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
6	04/06/17	Diazepam	10 mg	60	30
7	04/07/17	Amphetamine Salt Combo	20 mg	30	30
8	04/13/17	Carisoprodol	350 mg	90	30
9	04/20/17	Clonazepam	1 mg	60	30
10	05/01/17	Dextroamphetamine/Amphetamine	20 mg	30	30
11	05/01/17	Testosterone			30
12	05/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
13	05/06/17	Diazepam	10 mg	30	30
14	05/10/17	Carisoprodol	350 mg	90	30
15	05/15/17	Clonazepam	1 mg	60	30
16	05/26/17	Carisoprodol	350 mg	12	4
17	06/01/17	Testosterone			30
18	06/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
19	06/04/17	Diazepam	10 mg	60	30
20	06/07/17	Carisoprodol	350 mg	90	30
21	06/15/17	Clonazepam	1 mg	60	30
22	07/02/17	Diazepam	10 mg	60	30
23	07/02/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
24	07/17/17	Clonazepam	1 mg	60	30
25	07/18/17	Testosterone			30
26	07/21/17	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30

44. Throughout the course of the prescribing of Adderall to Patient A for ADD by Respondent, or under Respondent's supervision, in or around November 2014 to May 2017, Respondent failed to adequately establish or document a basis for an ADD diagnosis or the prescribing of Adderall.

45. On or about August 15, 2017, Patient A presented to Respondent for a routine medical exam. In his office visit notes for this date, Respondent documented that Patient A was feeling well and that Respondent stopped prescribing Valium (diazepam) and replaced it with a

1 prescription for approximately 1 mg per day of Klonopin (clonazepam). Respondent failed to
2 adequately establish or document a rationale for this change.

3 46. On or about November 8, 2017, Patient A presented to Respondent complaining of a
4 cough. In his office visit notes for this encounter, Respondent documented that he issued a
5 prescription for approximately 20 mg per day of Valium (diazepam) for 30 days. Respondent
6 failed to adequately establish or document a rationale for renewing the Valium prescription to
7 Patient A.

8 47. For the period in or around August 2017 to May 2018, the CURES database lists
9 multiple prescriptions for diazepam (Valium) issued by Respondent or G.D. and filled by
10 Patient A. Other such prescriptions listed in the CURES database for this period include, without
11 limitation, recurring prescriptions for at least one other benzodiazepine (clonazepam), two
12 different opioids (hydrocodone bitartrate/acetaminophen [Norco] and
13 oxycodone HCL/acetaminophen [Percocet]), testosterone, and carisoprodol (Soma):

Date Filled	Drug Name	Strength	Qty	Days Supply
08/02/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
08/02/17	Diazepam	10 mg	60	30
08/16/17	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
08/16/17	Clonazepam	1 mg	30	30
09/06/17	Testosterone			30
09/18/17	Clonazepam	1 mg	60	30
09/29/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10/12/17	Diazepam	10 mg	60	30
10/12/17	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
10/26/17	Testosterone			30
10/26/17	Clonazepam	1 mg	60	30
11/08/17	Diazepam	10 mg	60	30
11/14/17	Carisoprodol	350 mg	90	30
12/21/17	Testosterone			30
01/02/18	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/05/18	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/08/18	Testosterone			30

	Date Filled	Drug Name	Strength	Qty	Days Supply
1	02/24/18	Diazepam	10 mg	60	30
2	03/30/18	Testosterone			30
3	05/10/18	Testosterone			30
4					

48. Throughout the course of Respondent's prescribing of testosterone to Patient A in or around 2011 to 2018, Respondent failed to adequately monitor Patient A for side effects of testosterone therapy.

49. Throughout the course of Respondent's prescribing of testosterone to Patient A in or around 2011 to 2018, Respondent failed to obtain or document adequate informed consent from Patient A for long-term testosterone therapy.

50. Throughout the course of Respondent's prescribing of testosterone to Patient A in or around 2011 to April 2017, Respondent failed to adequately document a medical indication for the prescribing of testosterone.

51. Throughout the course of Respondent's administration or supervision of estrogen therapy for Patient A in or around 2009 to June 2018, Respondent failed to adequately screen Patient A for breast cancer.

52. Throughout the course of Respondent's care and treatment of Patient A in or around 2009 to 2018, Respondent failed to order or review adequate radiologic and laboratory testing to rule out conditions other than fibromyalgia for Patient A's pain-related symptoms, or perform and document an adequate objective assessment for fibromyalgia.

53. Throughout the course of Respondent's treatment of Patient A for fibromyalgia or chronic pain in or around 2009 to 2018, Respondent failed to adequately consider treatment alternatives to long-term opioid or opiate therapy including, but not limited to, safer medications, acupuncture, or consultation with a rheumatologist, anesthesiologist, or pain management specialist.

54. Throughout the course of the chronic prescribing of opioids or opiates to Patient A by Respondent, or under Respondent's supervision, in or around 2009 to 2018, Respondent failed to adequately order or review urine toxicology testing for Patient A.

1 55. Throughout the course of the chronic prescribing of opioids or opiates to Patient A by
2 Respondent, or under Respondent's supervision, in or around 2009 to 2018, Respondent failed to
3 adequately review the CURES database for controlled substance prescriptions listed for Patient A.

4 56. Throughout the course of the chronic prescribing of opioids or opiates to Patient A by
5 Respondent, or under Respondent's supervision, in or around 2009 to 2018, Respondent failed to
6 enter into a pain agreement with Patient A.

7 57. Throughout the course of the prescribing of controlled substances to Patient A by
8 Respondent, or under Respondent's supervision, in or around 2009 to 2018, Respondent failed to
9 prescribe naloxone to Patient A.

10 58. On multiple occasions throughout the course of Respondent's care and treatment of
11 Patient A in or around 2009 to 2018, an office visit note authored or approved by Respondent
12 failed to adequately document details regarding Patient A's pain management including, but not
13 limited to, analgesia, adverse side effects, diagnostic examinations, functional goals, affect, or
14 aberrant behavior during chronic opioid or opiate therapy.

15 59. On multiple occasions throughout the course of Respondent's care and treatment of
16 Patient A, an office visit note authored or approved by Respondent A failed to adequately and
17 accurately document a prescription issued to Patient A.

18 60. Respondent committed gross negligence in his care and treatment of Patient A in that
19 he failed to adequately evaluate or attempt non-opiate management of Patient A's chronic pain
20 including, but not limited to, failing to adequately:

21 (a) establish or reevaluate an objective basis for Patient A's fibromyalgia
22 diagnosis;

23 (b) order or review radiologic and laboratory testing to rule out conditions other
24 than fibromyalgia;

25 (c) consult with a specialist with expertise in the treatment of fibromyalgia
26 including, but not limited to, a rheumatologist; or

27 (d) consider non-pharmacologic and non-opioid or opiate treatment options.

28 / / / /

1 61. Respondent committed gross negligence in his care and treatment of Patient A in that
2 he improperly initiated or monitored chronic opioid or opiate therapy for Patient A including, but
3 not limited to:

- 4 (a) failing to perform proper risk stratification for Patient A;
- 5 (b) failing to adequately order or review urine toxicology testing for Patient A;
- 6 (c) failing to enter into pain agreement with Patient A;
- 7 (d) failing to adequately review the CURES database for controlled substance
8 prescriptions listed for Patient A;
- 9 (e) failing to adequately recognize the likelihood of increased opioid or opiate
10 tolerance in Patient A;
- 11 (f) improper concurrent prescribing of Norco and Percocet; or
- 12 (g) failing to prescribe naloxone to Patient A.

13 62. Respondent committed gross negligence in his care and treatment of Patient A in that
14 he failed to properly manage the generalized anxiety disorder he diagnosed in Patient A
15 including, but not limited to:

- 16 (a) failing to perform adequate assessment of Patient A's anxiety symptoms;
- 17 (b) failing to adequately consider safer treatment alternatives to benzodiazepines;
- 18 or
- 19 (c) improper concurrent prescribing of Klonopin (clonazepam) and
20 Valium (diazepam).

21 63. Respondent committed gross negligence in his care and treatment of Patient A in that
22 he failed to properly establish and monitor testosterone and estrogen therapy for Patient A
23 including, but not limited to, failing to adequately:

- 24 (a) document a medical indication for testosterone therapy;
- 25 (b) monitor for side effects of testosterone therapy;
- 26 (c) obtain or document informed consent for long-term testosterone therapy; or
- 27 (d) implement a breast cancer screening strategy.

28 ////

Patient B

64. On or about February 19, 2008, "Patient B," an adult male patient then in his fifties with a history of alcohol, tobacco, and illicit drug use, presented to Respondent for medical care and treatment complaining of, among other things, coughing and congestion. Respondent would subsequently render medical care and treatment to Patient B on multiple occasions through at least in or around 2018.

65. On or about February 19, 2009, Patient B presented to Respondent complaining of an injury to a finger. In his office visit note for this encounter, Respondent documented prescribing hydrocodone to Patient B.

66. On multiple occasions in or around 2009 to June 2014, Respondent documented symptoms or ailments for Patient B including, but not limited to, pain in various locations, myositis, osteoarthritis, or tendinitis. On multiple such occasions, Respondent prescribed an opioid medication containing hydrocodone to Patient B without performing or documenting adequate examination, pain assessment, review of any imaging study, specialist consultation, or any combination thereof.

67. For the period in or around December 2010 to June 2015, the CURES database lists multiple, recurring prescriptions for hydrocodone bitartrate/acetaminophen 10 mg/325 mg (Norco or Lortab¹⁸) or hydrocodone bitartrate/acetaminophen 5 mg/500 mg (Vicodin), as well as a prescription for dextroamphetamine/amphetamine (Adderall) and prescriptions for tramadol,¹⁹ issued by Respondent and filled by Patient B:

Date Filled	Drug Name	Strength	Qty	Days Supply
12/08/10	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	40
12/30/10	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
01/29/11	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30

¹⁸ Lortab is a brand name for the drug combination of hydrocodone and acetaminophen. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of pain.

¹⁹ Tramadol is a Schedule IV controlled substance pursuant to 21 C.F.R. § 1308.14, and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid pain medication.

	Date Filled	Drug Name	Strength	Qty	Days Supply
1					
2	02/27/11	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
3	03/30/11	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	100	25
4	04/21/11	Hydrocodone Bitartrate/Acetaminophen	500 mg/5 mg	120	30
5	05/03/11	Dextroamphetamine/Amphetamine	20 mg	60	60
6	05/03/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	60	15
7	05/14/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
8	06/05/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
9	06/27/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
10	07/26/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
11	08/22/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
12	09/15/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
13	11/18/11	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
14	12/14/11	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
15	01/10/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
16	02/04/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
17	02/24/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	100	25
18	03/15/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	100	25
19	04/04/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	100	25
20	04/24/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
21	05/20/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
22	07/16/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
23	08/06/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
24	09/04/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
25	10/01/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
26	10/30/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
27	11/30/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
28	12/31/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	360	90
	03/26/13	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	360	90
	06/12/13	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	360	90
	08/17/13	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
	09/09/13	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
	10/02/13	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
	10/31/13	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	360	90
	01/06/14	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	360	90

	Date Filled	Drug Name	Strength	Qty	Days Supply
1	02/28/14	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	360	90
2	04/18/14	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	360	90
3	07/13/14	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	360	90
4	10/03/14	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	320	80
5	10/03/14	Tramadol	50 mg	90	15
6	01/02/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
7	01/30/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
8	02/27/15	Tramadol	50 mg	90	30
9	02/27/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
10	03/29/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
11	04/29/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
12	05/27/15	Tramadol	50 mg	90	30
13	05/28/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
14	06/28/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30

68. On or about July 7, 2015, Patient B presented to Respondent and reported recent rupture of his appendix requiring surgery while traveling. In his office visit notes for this encounter, Respondent documented that he issued Patient B a prescription for oxycodone acetaminophen 10/325 (i.e., Percocet), 120 total, to be administered every four hours, to Patient B.

69. On multiple occasions subsequent to July 2015 through at least in or around 2018, Respondent issued recurring Percocet prescriptions to Patient B, in addition to recurring prescriptions for Norco or Lortab.

70. For the period in or around July 2015 to May 2018, the CURES database lists recurring prescriptions for hydrocodone bitartrate/acetaminophen 10 mg/325 mg (Norco or Lortab), and oxycodone HCL/acetaminophen 10 mg/325 mg (Percocet), as well as one or more prescriptions for hydrocodone bitartrate/acetaminophen 10 mg/300 mg, tramadol and zolpidem tartrate (Ambien), issued by Respondent and filled by Patient B:

	Date Filled	Drug Name	Strength	Qty	Days Supply
26	07/07/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	20
27	07/27/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30

	Date Filled	Drug Name	Strength	Qty	Days Supply
1					
2	08/05/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
3	08/24/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
4	09/03/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
5	09/21/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
6	10/01/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
7	10/19/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
8	10/28/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
9	11/15/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10	12/01/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
11	12/15/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/300 mg	120	30
12	12/29/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
13	01/14/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
14	01/27/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
15	02/15/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
16	02/27/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
17	03/14/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
18	03/18/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
19	04/15/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
20	04/29/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
21	05/13/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
22	05/26/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
23	06/10/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
24	06/25/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
25	07/11/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
26	07/14/16	Tramadol	50 mg	60	30
27	07/14/16	Ambien	10 mg	30	30
28	07/23/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
	08/12/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
	08/21/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
	09/13/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
	09/23/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
	10/10/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/300 mg	120	30
	10/21/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
	11/11/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/300 mg	120	30

	Date Filled	Drug Name	Strength	Qty	Days Supply
1					
2	11/19/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
3	12/09/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
4	12/17/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
5	01/06/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
6	01/13/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
7	02/02/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
8	02/10/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
9	03/02/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10	03/10/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
11	03/31/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
12	04/08/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
13	04/27/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
14	05/05/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
15	05/24/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
16	06/02/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
17	06/21/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
18	06/29/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
19	07/18/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
20	07/26/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
21	08/13/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
22	08/22/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
23	09/10/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
24	09/18/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
25	10/04/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
26	10/07/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
27	10/23/17	Oxycodone/Acetaminophen	10 mg/325 mg	100	33
28	11/06/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
	11/14/17	Tramadol	50 mg	60	30
	11/19/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
	12/03/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
	12/17/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
	12/31/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
	01/16/18	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
	01/31/18	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30

	Date Filled	Drug Name	Strength	Qty	Days Supply
1	02/15/18	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
2	03/01/18	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
3	03/14/18	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
4	03/29/18	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
5	04/11/18	Oxycodone/Acetaminophen	10 mg/325 mg	90	30
6	04/26/18	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
7	05/08/18	Oxycodone/Acetaminophen	10 mg/325 mg	120	30

71. Throughout the course of Respondent's care and treatment of Patient B in or around 2009 to August 2018, Respondent failed to properly assess Patient B's reports of persistent pains including, but not limited to, failing to adequately order or review x-ray or other imaging studies, order or review laboratory blood testing, obtain an orthopedic or physical therapy evaluation, or perform and document musculoskeletal examination.

72. Throughout the course of Respondent's care and treatment of Patient B in or around 2009 to August 2018, Respondent failed to adequately consider or document the consideration of non-opiate therapy for Respondent's reports of persistent pain.

73. Throughout the course of Respondent's care and treatment of Patient B in or around 2009 to August 2018, Respondent failed to adequately order or review consultation from one or more pain management, mental health, or addiction specialists.

74. Throughout the course of Respondent's chronic prescribing of opioids or opiates to Patient B in or around 2009 to August 2018, Respondent failed to adequately order or review urine toxicology testing for Patient B.

75. Throughout the course of Respondent's chronic prescribing of opioids or opiates to Patient B in or around 2009 to August 2018, Respondent failed to adequately review the CURES database for controlled substance prescriptions listed for Patient B.

76. Throughout the course of Respondent's chronic prescribing of opioids or opiates to Patient B in or around 2009 to August 2018, Respondent failed to enter into a pain agreement with Patient B.

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77. On multiple occasions throughout the course of Respondent's care and treatment of Patient B, an office visit note authored by Respondent failed to adequately and accurately document details regarding pain assessment or intensity, functional goals, medication side effects, informed consent, or medications or medication amounts prescribed by Respondent.

78. Respondent committed gross negligence in his care and treatment of Patient B in that he failed to properly evaluate and manage Patient B's chronic pains, including, but not limited to, failing to adequately:

- (a) conduct evaluation of Patient B's persistent pains;
- (b) obtain specialist consultation including, but not limited to, surgery, physical therapy, or pain management evaluation; or
- (c) consider non-opiate treatment options.

79. Respondent committed gross negligence in his care and treatment of Patient B in that he improperly initiated and monitored Patient B's chronic opioid or opiate therapy including, but not limited to:

- (a) failing to perform proper risk stratification for Patient B;
- (b) failing to adequately order or review urine toxicology testing for Patient B;
- (c) failing to enter into a pain agreement with Patient B;
- (d) failing to adequately review the CURES database for controlled substance prescriptions listed for Patient B;
- (e) failing to adequately perform or document functional and pain assessments; or
- (f) improper concurrent prescribing of Norco and Percocet.

SECOND CAUSE FOR DISCIPLINE

(Repeated Acts of Negligence)

80. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 36956 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code in that he committed repeated negligent acts in his care and treatment of one or more patients as more particularly alleged hereinafter:

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1 81. Paragraphs 9 to 79, above, are hereby incorporated by reference and realleged as if
2 fully set forth herein.

3 82. Respondent committed negligence in his care and treatment of Patient A, including
4 but not limited to:

5 (a) prescribing Adderall to Patient A without adequate assessment, or consultation
6 with one or more mental health providers, to establish a sufficiently clear diagnosis of ADD
7 (or Attention-Deficit/Hyperactivity Disorder [ADHD]);

8 (b) improperly issuing concurrent prescriptions to Patient A for benzodiazepines and
9 opioids or opiates including, but not limited to, Norco, Percocet, Valium (diazepam) and
10 Klonopin (clonazepam); or

11 (c) failing to maintain adequate and accurate medical records for Patient A.

12 83. Respondent committed negligence in his care and treatment of Patient B in that he
13 failed to maintain adequate and accurate medical records for Patient B, including, but not limited
14 to, failing to adequately document details regarding chronic opioid or opiate therapy, informed
15 consent discussions with Patient B, or physical examination or pain assessment findings.

16 **THIRD CAUSE FOR DISCIPLINE**

17 **(Prescribing, Dispensing, or Furnishing of a Dangerous Drug without an**
18 **Appropriate Prior Examination and a Medical Indication)**

19 84. Respondent has further subjected his Physician's and Surgeon's Certificate
20 No. G 36956 to disciplinary action under sections 2227 and 2234, as defined by section 2242, of
21 the Code in that he prescribed, dispensed, or furnished a dangerous drug on one or more
22 occasions without an appropriate prior examination and a medical indication as more particularly
23 alleged in paragraphs 9 to 83, above, which are hereby incorporated by reference and realleged as
24 if fully set forth herein.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Repeated Acts of Clearly Excessive Prescribing)**

3 85. Respondent has further subjected his Physician's and Surgeon's Certificate
4 No. G 36956 to disciplinary action under sections 2227 and 2234, as defined by section 725, of
5 the Code in that he committed repeated acts of clearly excessive prescribing, furnishing,
6 dispensing or administering of a drug or treatment as more particularly alleged in
7 paragraphs 9 to 84, above, which are hereby incorporated by reference and realleged as if fully set
8 forth herein.

9 **FIFTH CAUSE FOR DISCIPLINE**

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

11 86. Respondent has further subjected his Physician's and Surgeon's Certificate
12 No. G 36956 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of
13 the Code in that he failed to maintain adequate and accurate records relating to his provision of
14 services to one or more patients as more particularly alleged in paragraphs 9 to 83, above, which
15 are hereby incorporated by reference and realleged as if fully set forth herein.

16 **SIXTH CAUSE FOR DISCIPLINE**

17 **(Violation of the Medical Practice Act)**

18 87. Respondent has further subjected his Physician's and Surgeon's Certificate
19 No. G 36956 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
20 subdivision (a), of the Code in that he violated or attempted to violate, directly or indirectly, any
21 provision of the Medical Practice Act as more particularly alleged in paragraphs 9 to 86, above,
22 which are hereby incorporated by reference and realleged as if fully set forth herein.

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1 PRAYER

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

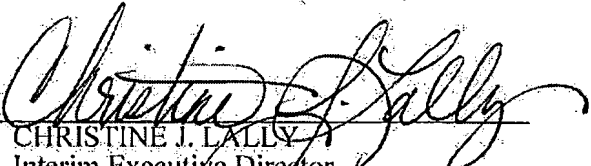
4 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 36956, issued
5 to Respondent Robert Frits Brunst, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Robert Frits Brunst,
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Robert Frits Brunst, M.D., if placed on probation, to pay the
9 Board the costs of probation monitoring; and

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

11
12 DATED: JAN 16 2020


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