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. Physician's and Surgeon's Certificate No. G36956 Respondent	Case No. 800-2017-032410

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: _____
Willilam Prasifka
Executive Director

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **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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CULPABILITY

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

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

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

ADDITIONAL PROVISIONS

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

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Disciplinary Order, including PDF and 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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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney Raymond J. McMahon, Esq. 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 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1/4/21

ROBERT FRITS BRUNST, M.D.
Respondent

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

DATED: January 7, 2021

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: January 7, 2021

Respectfully submitted,

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

GIOVANNI F. MEJIA
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2017-032410

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO
BY Jan 16 2020
ANALYST

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, Suite A200** **Encinitas, CA 92024** **Physician's and Surgeon's Certificate No. G 36956,** Respondent.	Case No. 800-2017-032410 **ACCUSATION**

Complainant alleges:

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 1, 1978, the Medical Board issued Physician's and Surgeon's Certificate No. G 36956 to Robert Frits Brunst, 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, 2020, unless renewed.

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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

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.

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

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

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7. 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.

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

(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.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has 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 (b), of the Code in that he committed gross negligence in his care and treatment of one or more patients as more particularly alleged hereinafter:

Patient A

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

11. On or about October 1, 2009, Patient A presented to Respondent with complaints of pain. In his office visit note for this encounter, Respondent documented a fibromyalgia diagnosis and prescribing Vicodin[5] to Patient A.

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

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

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

[3] Trazodone is a dangerous drug pursuant to Business and Professions Code section 4022, 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
05/04/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
06/15/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
06/28/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
07/12/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
07/24/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
08/09/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
08/21/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	80	26
08/22/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
08/29/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
09/06/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	90	30
09/29/12	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	100	33
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,

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[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.

use, or document the use of, any assessment or screening tools for these diagnoses. Respondent documented prescribing Patient A approximately 18 mg per day of Strattera[11] for 30 days.

23. For the period in or around July 2013 to October 2014 the CURES database lists multiple ongoing prescriptions for testosterone, hydrocodone bitartrate/acetaminophen 10 mg/325 mg (a more potent Norco variant), and at least two benzodiazepines (clonazepam and diazepam [Valium], the latter of which Respondent had 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

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

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

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

25. For the period in or around November to December 2014, the CURES database lists a prescription for amphetamine salt combo (Adderall), and ongoing prescriptions for at least three benzodiazepines (clonazepam, alprazolam and diazepam) and hydrocodone 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

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

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

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[12] Adderall is a brand name for dextroamphetamine and amphetamine, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. 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.

[13] Lorazepam, brand name Ativan, 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.

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 [Percocet[15]]), as well as at least one prescription for zolpidem tartrate (Ambien[16]):

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
05/28/15	Testosterone		70	30
07/07/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
07/14/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
07/16/15	Diazepam	10 mg	90	90
07/25/15	Testosterone		80	30
07/28/15	Clonazepam	1 mg	30	30
08/24/15	Testosterone			30
08/25/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
08/25/15	Diazepam	10 mg	60	30
08/25/15	Carisoprodol	350 mg	90	30
09/08/15	Testosterone			30
09/09/15	Carisoprodol	350 mg	90	30
09/28/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
09/28/15	Zolpidem Tartrate	10 mg	20	20
10/03/15	Carisoprodol	350 mg	90	30
10/03/15	Testosterone			30
10/05/15	Clonazepam	1 mg	60	30
10/12/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10/13/15	Carisoprodol	350 mg	90	30
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 OxyContin[17] 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
03/04/16	Testosterone			30
03/15/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
03/15/16	Dextroamphetamine/Amphetamine	10 mg	60	30
03/15/16	Diazepam	10 mg	90	30
03/24/16	Zolpidem Tartrate	10 mg	30	30
03/25/16	Carisoprodol	350 mg	90	30

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

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

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

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

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

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

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

43. For the period in or around April 2016 to July 2017, the CURES database lists recurring prescriptions for dextroamphetamine/amphetamine or amphetamine salt combo (Adderall), diazepam (Valium), and oxycodone HCL/acetaminophen (Percocet) 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, recurring prescriptions for at least one other opioid (hydrocodone bitartrate/acetaminophen [Norco]) and benzodiazepine (clonazepam), as 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
08/02/16	Carisoprodol	350 mg	90	30
08/02/16	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
08/16/16	Clonazepam	1 mg	60	30
08/21/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
08/22/16	Testosterone			30
08/25/16	Carisoprodol	350 mg	90	30
08/26/16	Zolpidem Tartrate	10 mg	30	30
08/26/16	Diazepam	10 mg	60	30
09/02/16	Oxycodone HCL/Acetaminophen	10//325	120	30
09/22/16	Clonazepam	1 mg	60	30
10/04/16	Diazepam	10 mg	60	30
10/05/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10/13/16	Testosterone			30
11/07/16	Diazepam	10 mg	60	30
11/07/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
11/18/16	Testosterone			30
11/28/16	Clonazepam	1 mg	60	30
12/06/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
12/06/16	Diazepam	10 mg	60	30
12/13/16	Carisoprodol	350 mg	90	30
12/15/16	Oxycodone HCL/Acetaminophen	10 mg/325 mg	40	10
12/23/16	Testosterone			30
12/29/16	Clonazepam	1 mg	60	30
01/06/17	Diazepam	10 mg	60	30
01/06/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
01/20/17	Carisoprodol	350 mg	90	30
01/26/17	Testosterone			30
02/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/01/17	Diazepam	10 mg	60	30
02/01/17	Amphetamine Salt Combo	20 mg	30	30
02/03/17	Clonazepam	1 mg	60	30
02/15/17	Carisoprodol	350 mg	90	30
03/01/17	Diazepam	10 mg	60	30
03/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30

Date Filled	Drug Name	Strength	Qty	Days Supply
03/14/17	Clonazepam	1 mg	60	30
03/14/17	Testosterone			30
03/17/17	Carisoprodol	350 mg	90	30
04/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
04/06/17	Diazepam	10 mg	60	30
04/07/17	Amphetamine Salt Combo	20 mg	30	30
04/13/17	Carisoprodol	350 mg	90	30
04/20/17	Clonazepam	1 mg	60	30
05/01/17	Dextroamphetamine/Amphetamine	20 mg	30	30
05/01/17	Testosterone			30
05/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
05/06/17	Diazepam	10 mg	30	30
05/10/17	Carisoprodol	350 mg	90	30
05/15/17	Clonazepam	1 mg	60	30
05/26/17	Carisoprodol	350 mg	12	4
06/01/17	Testosterone			30
06/01/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
06/04/17	Diazepam	10 mg	60	30
06/07/17	Carisoprodol	350 mg	90	30
06/15/17	Clonazepam	1 mg	60	30
07/02/17	Diazepam	10 mg	60	30
07/02/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
07/17/17	Clonazepam	1 mg	60	30
07/18/17	Testosterone			30
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

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

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

47. For the period in or around August 2017 to May 2018, the CURES database lists multiple prescriptions for diazepam (Valium) 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, recurring prescriptions for at least one other benzodiazepine (clonazepam), two different opioids (hydrocodone bitartrate/acetaminophen [Norco] and 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
02/24/18	Diazepam	10 mg	60	30
03/30/18	Testosterone			30
05/10/18	Testosterone			30

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.

55. 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 review the CURES database for controlled substance prescriptions listed for Patient A.

56. 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 enter into a pain agreement with Patient A.

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

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

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

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

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

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

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

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

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

(a) failing to perform proper risk stratification for Patient A;

(b) failing to adequately order or review urine toxicology testing for Patient A;

(c) failing to enter into pain agreement with Patient A;

(d) failing to adequately review the CURES database for controlled substance prescriptions listed for Patient A;

(e) failing to adequately recognize the likelihood of increased opioid or opiate tolerance in Patient A;

(f) improper concurrent prescribing of Norco and Percocet; or

(g) failing to prescribe naloxone to Patient A.

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

(a) failing to perform adequate assessment of Patient A's anxiety symptoms;

(b) failing to adequately consider safer treatment alternatives to benzodiazepines; or

(c) improper concurrent prescribing of Klonopin (clonazepam) and Valium (diazepam).

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

(a) document a medical indication for testosterone therapy;

(b) monitor for side effects of testosterone therapy;

(c) obtain or document informed consent for long-term testosterone therapy; or

(d) implement a breast cancer screening strategy.

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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 Lortab[18]) 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
02/27/11	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
03/30/11	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	100	25
04/21/11	Hydrocodone Bitartrate/Acetaminophen	500 mg/5 mg	120	30
05/03/11	Dextroamphetamine/Amphetamine	20 mg	60	60
05/03/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	60	15
05/14/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
06/05/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
06/27/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
07/26/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
08/22/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
09/15/11	Hydrocodone Bitartrate/Acetaminophen	5 mg/500 mg	120	30
11/18/11	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
12/14/11	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
01/10/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/04/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/24/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	100	25
03/15/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	100	25
04/04/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	100	25
04/24/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
05/20/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
07/16/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
08/06/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
09/04/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10/01/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10/30/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
11/30/12	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
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
02/28/14	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	360	90
04/18/14	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	360	90
07/13/14	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	360	90
10/03/14	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	320	80
10/03/14	Tramadol	50 mg	90	15
01/02/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
01/30/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/27/15	Tramadol	50 mg	90	30
02/27/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
03/29/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
04/29/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
05/27/15	Tramadol	50 mg	90	30
05/28/15	Hydrocodone bitartrate/Acetaminophen	10 mg/325 mg	120	30
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
07/07/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	20
07/27/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30

Date Filled	Drug Name	Strength	Qty	Days Supply
08/05/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
08/24/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
09/03/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
09/21/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10/01/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
10/19/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10/28/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
11/15/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
12/01/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	120	30
12/15/15	Hydrocodone Bitartrate/Acetaminophen	10 mg/300 mg	120	30
12/29/15	Oxycodone HCL/Acetaminophen	10 mg/325 mg	90	30
01/14/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
01/27/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
02/15/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/27/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
03/14/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
03/18/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
04/15/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
04/29/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
05/13/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
05/26/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
06/10/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
06/25/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
07/11/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
07/14/16	Tramadol	50 mg	60	30
07/14/16	Ambien	10 mg	30	30
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
11/19/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
12/09/16	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
12/17/16	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
01/06/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
01/13/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
02/02/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
02/10/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
03/02/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
03/10/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
03/31/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
04/08/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
04/27/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
05/05/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
05/24/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
06/02/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
06/21/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
06/29/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
07/18/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
07/26/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
08/13/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
08/22/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
09/10/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
09/18/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
10/04/17	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
10/07/17	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
10/23/17	Oxycodone/Acetaminophen	10 mg/325 mg	100	33
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
02/15/18	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
03/01/18	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
03/14/18	Oxycodone/Acetaminophen	10 mg/325 mg	120	30
03/29/18	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	120	30
04/11/18	Oxycodone/Acetaminophen	10 mg/325 mg	90	30
04/26/18	Hydrocodone Bitartrate/Acetaminophen	10 mg/325 mg	90	30
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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81. Paragraphs 9 to 79, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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

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

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

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

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

THIRD CAUSE FOR DISCIPLINE

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

84. 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 2242, of the Code in that he prescribed, dispensed, or furnished a dangerous drug on one or more occasions without an appropriate prior examination and a medical indication as more particularly alleged in paragraphs 9 to 83, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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FOURTH CAUSE FOR DISCIPLINE

(Repeated Acts of Clearly Excessive Prescribing)

85. 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 725, of the Code in that he committed repeated acts of clearly excessive prescribing, furnishing, dispensing or administering of a drug or treatment as more particularly alleged in paragraphs 9 to 84, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

86. 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 2266, of the Code in that he failed to maintain adequate and accurate records relating to his provision of services to one or more patients as more particularly alleged in paragraphs 9 to 83, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(Violation of the Medical Practice Act)

87. 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 (a), of the Code in that he violated or attempted to violate, directly or indirectly, any provision of the Medical Practice Act as more particularly alleged in paragraphs 9 to 86, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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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 No. G 36956, issued to Respondent Robert Frits Brunst, M.D.;

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

3. Ordering Respondent Robert Frits Brunst, 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: JAN 16 2020

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