

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

In the Matter of the Accusation
Against:

Mychael Luu, M.D.

Physician's and Surgeon's
Certificate No. A 61816

Respondent.

Case No.: 800-2020-069019

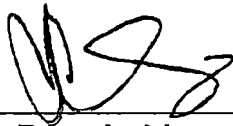
DECISION

The attached Stipulated Settlement 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 September 17, 2021.

IT IS SO ORDERED: August 18, 2021.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Vice Chair
Panel A

1 ROB BONTA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 LAWRENCE MERCER
Deputy Attorney General
4 State Bar No. 111898
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3488
6 Facsimile: (415) 703-5480
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2020-069019

13 **MYCHAEL LUU, M.D.**
14 **2050 Clarmar Way**
San Jose, CA 95128

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 **Physician's and Surgeon's Certificate No. A**
16 **61816**

Respondent.

17
18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Lawrence Mercer, Deputy
25 Attorney General.

26 2. Respondent Mychael Luu, M.D. (Respondent) is representing himself in this
27 proceeding and has chosen not to exercise his right to be represented by counsel.
28

1 2020-069019, a true and correct copy of which is attached hereto as Exhibit A, and that he has
2 thereby subjected his Physician's and Surgeon's Certificate, No. A 61816 to disciplinary action.

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

6 **CONTINGENCY**

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

17 12. Respondent agrees that if he ever petitions for early termination or modification of
18 probation, or if an accusation and/or petition to revoke probation is filed against him before the
19 Board, all of the charges and allegations contained in Accusation No. 800-2020-069019 shall be
20 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
21 other licensing proceeding involving Respondent in the State of California.

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

25 14. In consideration of the foregoing admissions and stipulations, the parties agree that
26 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
27 enter the following Disciplinary Order:
28

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 61816 issued
3 to Respondent Mychael Luu, M.D. is revoked. However, the revocation is stayed and
4 Respondent is placed on probation for five (5) years on the following terms and conditions:

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

15 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective
16 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
17 advance by the Board or its designee. Respondent shall provide the approved course provider
18 with any information and documents that the approved course provider may deem pertinent.
19 Respondent shall participate in and successfully complete the classroom component of the course
20 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
21 complete any other component of the course within one (1) year of enrollment. The prescribing
22 practices course shall be at Respondent's expense and shall be in addition to the Continuing
23 Medical Education (CME) requirements for renewal of licensure.

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

1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than 15 calendar days after successfully completing the course, or not later than
3 15 calendar days after the effective date of the Decision, whichever is later.

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

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

18 Respondent shall submit a certification of successful completion to the Board or its
19 designee not later than 15 calendar days after successfully completing the course, or not later than
20 15 calendar days after the effective date of the Decision, whichever is later.

21 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
22 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
23 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
24 Respondent shall participate in and successfully complete that program. Respondent shall
25 provide any information and documents that the program may deem pertinent. Respondent shall
26 successfully complete the classroom component of the program not later than six (6) months after
27 Respondent's initial enrollment, and the longitudinal component of the program not later than the
28 time specified by the program, but no later than one (1) year after attending the classroom

1 component. The professionalism program shall be at Respondent's expense and shall be in
2 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

11 5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
12 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
13 program approved in advance by the Board or its designee. Respondent shall successfully
14 complete the program not later than six (6) months after Respondent's initial enrollment unless
15 the Board or its designee agrees in writing to an extension of that time.

16 The program shall consist of a comprehensive assessment of Respondent's physical and
17 mental health and the six general domains of clinical competence as defined by the Accreditation
18 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
19 Respondent's current or intended area of practice. The program shall take into account data
20 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
21 Accusation(s), and any other information that the Board or its designee deems relevant. The
22 program shall require Respondent's on-site participation for a minimum of three (3) and no more
23 than five (5) days as determined by the program for the assessment and clinical education
24 evaluation. Respondent shall pay all expenses associated with the clinical competence
25 assessment program.

26 At the end of the evaluation, the program will submit a report to the Board or its designee
27 which unequivocally states whether the Respondent has demonstrated the ability to practice
28 safely and independently. Based on Respondent's performance on the clinical competence

1 assessment, the program will advise the Board or its designee of its recommendation(s) for the
2 scope and length of any additional educational or clinical training, evaluation or treatment for any
3 medical condition or psychological condition, or anything else affecting Respondent's practice of
4 medicine. Respondent shall comply with the program's recommendations.

5 Determination as to whether Respondent successfully completed the clinical competence
6 assessment program is solely within the program's jurisdiction.

7 If Respondent fails to enroll, participate in, or successfully complete the clinical
8 competence assessment program within the designated time period, Respondent shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified. The Respondent shall not resume the practice of medicine
11 until enrollment or participation in the outstanding portions of the clinical competence assessment
12 program have been completed. If the Respondent did not successfully complete the clinical
13 competence assessment program, the Respondent shall not resume the practice of medicine until a
14 final decision has been rendered on the accusation and/or a petition to revoke probation. The
15 cessation of practice shall not apply to the reduction of the probationary time period.]

16 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
17 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
18 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
19 licenses are valid and in good standing, and who are preferably American Board of Medical
20 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
21 relationship with Respondent, or other relationship that could reasonably be expected to
22 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
23 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
24 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

25 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
26 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
27 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
28 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role

1 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
2 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
3 signed statement for approval by the Board or its designee.

4 Within 60 calendar days of the effective date of this Decision, and continuing throughout
5 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
6 make all records available for immediate inspection and copying on the premises by the monitor
7 at all times during business hours and shall retain the records for the entire term of probation.

8 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
9 date of this Decision, Respondent shall receive a notification from the Board or its designee to
10 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
11 shall cease the practice of medicine until a monitor is approved to provide monitoring
12 responsibility.

13 The monitor(s) shall submit a quarterly written report to the Board or its designee which
14 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
15 are within the standards of practice of medicine and whether Respondent is practicing medicine
16 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
17 that the monitor submits the quarterly written reports to the Board or its designee within 10
18 calendar days after the end of the preceding quarter.

19 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
20 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
21 name and qualifications of a replacement monitor who will be assuming that responsibility within
22 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
23 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
24 notification from the Board or its designee to cease the practice of medicine within three (3)
25 calendar days after being so notified. Respondent shall cease the practice of medicine until a
26 replacement monitor is approved and assumes monitoring responsibility.

27 In lieu of a monitor, Respondent may participate in a professional enhancement program
28 approved in advance by the Board or its designee that includes, at minimum, quarterly chart

1 review, semi-annual practice assessment, and semi-annual review of professional growth and
2 education. Respondent shall participate in the professional enhancement program at Respondent's
3 expense during the term of probation.

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

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

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

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

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

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

24 11. GENERAL PROBATION REQUIREMENTS.

25 Compliance with Probation Unit

26 Respondent shall comply with the Board's probation unit.

27 Address Changes

28 Respondent shall, at all times, keep the Board informed of Respondent's business and

1 residence addresses, email address (if available), and telephone number. Changes of such
2 addresses shall be immediately communicated in writing to the Board or its designee. Under no
3 circumstances shall a post office box serve as an address of record, except as allowed by Business
4 and Professions Code section 2021, subdivision (b).

5 Place of Practice

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

9 License Renewal

10 Respondent shall maintain a current and renewed California physician's and surgeon's
11 license.

12 Travel or Residence Outside California

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

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

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

22 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
23 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
24 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
25 defined as any period of time Respondent is not practicing medicine as defined in Business and
26 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
27 patient care, clinical activity or teaching, or other activity as approved by the Board. If
28 Respondent resides in California and is considered to be in non-practice, Respondent shall

1 comply with all terms and conditions of probation. All time spent in an intensive training
2 program which has been approved by the Board or its designee shall not be considered non-
3 practice and does not relieve Respondent from complying with all the terms and conditions of
4 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
5 on probation with the medical licensing authority of that state or jurisdiction shall not be
6 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
7 period of non-practice.

8 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
9 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
10 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
11 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
12 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

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

24 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
25 of probation is a violation of probation. If Respondent violates probation in any respect, the
26 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
27 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
28 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have

1 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
2 the matter is final.

3 16. LICENSE SURRENDER. Following the effective date of this Decision, if
4 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
5 the terms and conditions of probation, Respondent may request to surrender his or her license.
6 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
7 determining whether or not to grant the request, or to take any other action deemed appropriate
8 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
9 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
10 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
11 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
12 application shall be treated as a petition for reinstatement of a revoked certificate.

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

18 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
19 a new license or certification, or petition for reinstatement of a license, by any other health care
20 licensing action agency in the State of California, all of the charges and allegations contained in
21 Accusation No. 800-2020-069019 shall be deemed to be true, correct, and admitted by
22 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
23 restrict license.

24 //

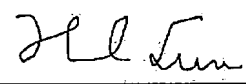
25
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

ACCEPTANCE

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

DATED: July 23, 2021



MYCHAEL LUU, M.D.
Respondent

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

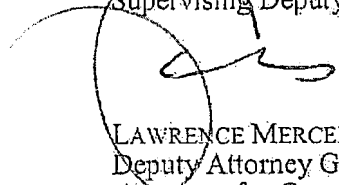
ENDORSEMENT

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

DATED: July 23 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
~~JANE ZACK SIMON~~
Supervising Deputy Attorney General



LAWRENCE MERCER
Deputy Attorney General
Attorneys for Complainant

SF2021400701
42791748.docx

Exhibit A

1 ROB BONTA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 LAWRENCE MERCER
Deputy Attorney General
4 State Bar No. 111898
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3488
6 Facsimile: (415) 703-5480
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2020-069019

13 **Mychael Luu, M.D.**
14 **2050 Clarmar Way**
San Jose, CA 95128

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 61816,**

Respondent.

17
18
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
22 (Board).

23 2. On or about March 14, 1997, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 61816 to Mychael Luu, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on October 31, 2022, unless renewed.

1 **JURISDICTION**

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

27 5. Section 2234 of the Code, states:

28 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

1 appropriate for that negligent diagnosis of the patient shall constitute a single
2 negligent act.

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

8 (d) Incompetence.

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

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

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

16 6. Section 2266 of the Code states:

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

19 FACTUAL ALLEGATIONS

20 7. At all relevant times, Respondent was a board-certified dermatologist with an office
21 practice in San Clara County, California.

22 8. Patient 1¹, a female then aged 65, was seen by Respondent on February 26, 2014 for
23 diagnosis and treatment of pruritic psoriasiform dermatitis (an itchy rash that has an appearance
24 similar to psoriasis). Respondent had a sample biopsied to determine whether the condition was
25 psoriasis or was due to the patient's chronic renal insufficiency. In addition to kidney disease,
26 Patient 1 had a history significant for hypertension and diabetes, but these were not noted in
27 Respondent's documented medical history for her. The biopsy results were non-specific and
28 Respondent initiated in-office phototherapy treatment and prescribed antibiotics, steroids and
antihistamine medications. Respondent documented treating the patient with multiple medications
but did not document an informed consent discussion regarding any of them. On February 24,
2015, in preparation for starting methotrexate, Respondent ordered a complete blood count, liver

¹ Patient names are redacted to protect privacy.

1 function tests and Hepatitis B serology; however, he did not prescribe methotrexate and kept the
2 patient on phototherapy.

3 9. On or about August 9, 2016, Patient 1 returned to see Respondent with renewed
4 itching. She had discontinued phototherapy due to a change in her insurance. Respondent
5 resumed treatment of the patient for pruritic psoriasiform dermatitis with topical steroids and
6 phototherapy and this continued through September 2017.

7 10. Patient 1 returned on March 12, 2019, with renewed itching to her body and scalp that
8 prevented her from sleeping. Respondent noted that the patient was now on home dialysis (started
9 six months previously) and that she was taking Ramipril (an ace inhibitor) and metoprolol (a beta-
10 blocker) for hypertension. A biopsy confirmed a diagnosis of psoriasis at that time and
11 Respondent restarted the patient on phototherapy. After resuming phototherapy, the patient
12 reported that her body itching was improved, but she still suffered from chronic itching of the
13 scalp.

14 11. On April 18, 2019, Respondent prescribed methotrexate, 10 mg, to be taken once
15 weekly. Methotrexate is a high-risk medication, with potential adverse effects, which may be
16 fatal. Methotrexate is indicated for treatment of psoriasis, among other conditions, only when
17 severe, recalcitrant, disabling disease is not adequately responsive to other forms of therapy.

18 12. Respondent did not discuss and/or did not document a discussion with Patient 1 of the
19 risks associated with methotrexate, including hepatotoxicity, hematologic toxicity (bone marrow
20 suppression), renal toxicity, increased risk of malignancy, painful mouth ulcers and blisters,
21 among other things. Patient 1 had relative contraindications to methotrexate. Methotrexate
22 elimination is reduced in patients with impaired renal function. Such patients require careful
23 monitoring for toxicity and require dose reduction or, in some cases, discontinuation of
24 methotrexate administration. A diabetic patient requires more careful monitoring of methotrexate
25 and its side effects given that diabetics have an increased risk for liver disease and infection. In
26 addition, Patient 1's age, hypoalbuminemia and other medications placed her at high risk for
27 hematologic toxicity. Respondent advised the patient to discuss changing her ace inhibitor and
28 beta-blocker medications. He sent a copy of his visit note, in which he recommended a change of

1 medications, to her primary care provider and nephrologist, Dr. Wang, but did not follow up to
2 determine whether such a change was made.

3 13. Although he had ordered a CBC and liver function tests in 2015, Respondent did not
4 order tests in 2019 to assess the patient's risk for serious toxic reactions, including bone marrow,
5 liver, lung and kidney toxicities. Prior to prescribing methotrexate a baseline assessment should
6 be performed, including a complete blood cell count and platelet count, renal function tests (blood
7 urea nitrogen and serum creatinine) and liver chemistries (alanine aminotransferase [ALT],
8 aspartate aminotransferase [AST], alkaline phosphatase, bilirubin, albumin). In a subsequent
9 interview, Respondent stated that he requested that the patient provide him with lab results from
10 tests ordered by Dr. Wang, but he did not confer with Dr. Wang or request those lab results
11 directly from Dr. Wang.

12 14. After prescribing methotrexate, Respondent did not closely monitor Patient 1 for
13 toxicities although, as set forth above, she was at high risk for them. He did not order laboratory
14 tests after starting methotrexate, nor did he screen for signs of possible toxicity at the time he
15 increased the methotrexate dosage from 10 mg to 20 mg on May 9, 2019. During this period,
16 Patient 1 was continuing phototherapy treatments in Respondent's office, but Respondent did not
17 ascertain and/or did not document what her response was to the medication or his rationale for
18 increasing the dosage.

19 15. After Respondent increased the dosage of methotrexate, Patient 1's family noticed
20 that she was not feeling well. On May 16, 2019, she had a routine dental cleaning and 3-4 days
21 later experienced facial swelling, difficulty swallowing due to pain and shortness of breath. Her
22 primary care physician admitted her to the hospital, where she was diagnosed with elevated liver
23 enzymes, kidney failure and pancytopenia (a severe decrease in red blood cells, white blood cells
24 and platelets). At that time, in-hospital consultants discovered that she had been on methotrexate
25 therapy since April and determined that her pancytopenia was caused by methotrexate-induced
26 bone marrow suppression. The pancytopenia severely limited the patient's ability to fight
27 infection and placed her at an extremely high risk of bleeding. Patient 1 developed necrotic
28

1 perineal ulcers with rectal bleeding, which was likely the source of the septic shock that caused
2 her death on June 6, 2019.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Gross Negligence/Repeated Negligent Acts)**

5 16. Respondent Mychael Luu, M.D. is subject to disciplinary action under section 2234
6 and/or 2234(b) and/or 2234(c) of the Code in that Respondent engaged in unprofessional conduct
7 and/or was grossly negligent and/or committed repeated acts of negligence in his care and
8 treatment of Patient 1 including, but not limited to, the following.

9 A. Respondent inappropriately prescribed methotrexate to Patient 1, who was at high
10 risk for serious toxic reactions.

11 B. Respondent failed to perform a baseline assessment or to consult with Patient 1's
12 primary care physician and nephrologist prior to prescribing methotrexate to Patient 1.

13 C. Respondent failed to obtain informed consent from Patient 1 for treatment with
14 multiple medications and particularly methotrexate.

15 D. Respondent failed to closely monitor Patient 1's response to the prescribed
16 methotrexate or to screen for signs of possible toxicity with CBC, renal and liver function lab
17 tests.

18 E. Respondent increased the dosage of methotrexate without an assessment of Patient
19 1's response to the prescribed methotrexate or a screen for signs of possible toxicity.

20 F. Respondent prescribed a drug that induced suppression of Patient 1's bone marrow
21 and resulted in profound pancytopenia.

22 **SECOND CAUSE FOR DISCIPLINE**

23 **(Inadequate and Inaccurate Records)**

24 17. Respondent Mychael Luu, M.D. is subject to disciplinary action under section 2266
25 of the Code in that Respondent failed to maintain adequate and accurate records relating to his
26 treatment of Patient 1 including, but not limited to the following.

27 A. Respondent failed to document the patient's multiple major medical conditions.

28 B. Respondent's notes lack a history of present illness or physical examination.

1 C. Respondent failed to document the patient's informed consent to treatment with
2 multiple medications, particularly methotrexate; and

3 D. Respondent failed to document the patient's response to methotrexate, whether she
4 was experiencing any side effects or whether she was benefiting from the treatment.

5
6 **PRAYER**

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


9 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 61816,
10 issued to Mychael Luu, M.D.;

11 2. Revoking, suspending or denying approval of Mychael Luu, M.D.'s authority to
12 supervise physician assistants and advanced practice nurses;

13 3. Ordering Mychael Luu, M.D., if placed on probation, to pay the Board the costs of
14 probation monitoring; and

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

16
17 DATED: JUN 17 2021



WILLIAM PRASIEKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

18
19
20
21
22 SF2021400701
23 42677798.docx
24
25
26
27
28