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

In the Matter of the Accusation Against: James Clyde Maclaren, Jr., M.D. Physician's and Surgeon's Certificate No. G 48964 Respondent.	Case No.: 800-2017-029586

DECISION

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

This Decision shall become effective at 5:00 p.m. on November 18, 2021.

IT IS SO ORDERED: October 19, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D. , Chair
Panel B

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
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: **JAMES CLYDE MACLAREN, JR., M.D.** **911 E. Tuolumne Rd.** **Turlock, CA 95382** **Physician's and Surgeon's Certificate No. G 48964** Respondent.	Case No. 800-2017-029586 OAH No. 2020090617 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Michael C. Brummel, Deputy Attorney General.

2. Respondent James Clyde Maclaren, Jr., M.D. (Respondent) is represented in this proceeding by attorney William M. White, whose address is: 7690 North Palm Avenue, Suite 105, Fresno, California 93711.

3. On or about September 27, 1982, the Board issued Physician's and Surgeon's Certificate No. G 48964 to James Clyde Maclaren, Jr., M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-029586, and will expire on July 31, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-029586 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 23, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-029586 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. 800-2017-029586. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2017-029586, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

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

CONTINGENCY

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

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2017-029586 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 48964 issued to Respondent James Clyde Maclaren, Jr., M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

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

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

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

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

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

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

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

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

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

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

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

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

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

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

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

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

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

application shall be treated as a petition for reinstatement of a revoked certificate.

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

15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-029586 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

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

DATED: 8/2/21

JAMES CLYDE MACLAREN, JR., M.D.
Respondent

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

DATED: 8/2/21

WILLIAM M. WHITE
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, William M. White. 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: _____ _____
JAMES CLYDE MACLAREN, JR., M.D.
Respondent

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

DATED: _____ _____
WILLIAM M. WHITE
Attorney for Respondent

ENDORSEMENT

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

DATED: August 2, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-029586

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Jan. 23 20 20
BY M. Francis ANALYST

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

In the Matter of the Accusation Against:	Case No. 800-2017-029586
James Clyde Maclaren, Jr., M.D. **911 E. Tuolumne Rd.** **Turlock, CA 95382** **Physician's and Surgeon's Certificate No. G 48964,** Respondent.	**ACCUSATION**

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 September 27, 1982, the Medical Board issued Physician's and Surgeon's Certificate License No. G 48964 to James Clyde Maclaren, Jr., 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 July 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 (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:

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

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

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

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

(d) Incompetence.

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

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

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

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

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

PERTINENT DRUGS AND DEFINITIONS

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

8. Controlled Substances Agreement, also known as a pain management contract or pain management agreement. A pain management agreement is recommended for patients on short-acting opioids at the time of the third visit; on long acting opioids; or expected to require more than three months of opioids. A pain management agreement outlines the responsibilities of the

physician and patient during the time that controlled substances are prescribed. See Medical Board of California: Guidelines for Prescribing Controlled Substances for Pain, November 2014.

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

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

11. Acetaminophen and oxycodone (Endocet®, Percocet®, Roxicet®) is a combination of two medicines used to treat moderate to severe pain. Oxycodone is an opioid pain medication, commonly referred to as a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of oxycodone. Oxycodone has a high potential for abuse. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022. Respiratory depression is the chief hazard from all opioid agonist preparations. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2 of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers and alcohol.

12. Baclofen is a muscle relaxant and antispasmodic agent used to treat muscle symptoms, such as spasm, pain, and stiffness. It is a dangerous drug pursuant to Business and Professions Code section 4022.

13. Benzodiazepines are a class of agents that work on the central nervous system, acting on select receptors in the brain that inhibit or reduce the activity of nerve cells within the brain. Valium, diazepam, alprazolam and temazepam are all examples of benzodiazepines. All

benzodiazepines are Schedule IV controlled substances and have the potential for abuse, addiction and diversion.

14. Cyclobenzaprine (Flexeril®) is a muscle relaxant that works by blocking nerve impulses that are sent to your brain. It is a dangerous drug pursuant to Business and Professions Code section 4022.

15. Diazepam (Valium®) 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. Diazepam is in the class of benzodiazepines.

16. Duloxetine (Cymbalta®) is a selective serotonin norepinephrine reuptake inhibitor antidepressant (SSNRI). It affects chemicals in the brain that may be unbalanced in people with depression. It is used to treat major depressive disorder, generalized anxiety disorder, and fibromyalgia. It is a dangerous drug pursuant to Business and Professions Code section 4022.

17. Gabapentin (Neurontin®) is an anti-epileptic drug, also called an anticonvulsant that affects chemicals and nerves in the body that are involved in the cause of seizures and some types of pain. It is used to treat neuropathic pain and seizures. It is a dangerous drug pursuant to Business and Professions Code section 4022.

18. Lorazepam (Ativan) is a benzodiazepine that affects chemicals in the brain that may be unbalanced in people with anxiety. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

19. Methadone is an opioid medication that has a high potential for abuse. It is a dangerous drug as defined in section 4022 and a Schedule II controlled substance and narcotic as defined by section 11055 of the Health and Safety Code. Methadone is used as a pain reliever and as part of drug addiction detoxification and maintenance programs. It may cause a prolonged QT interval (a rare heart problem that may cause irregular heartbeat, fainting, or sudden death).

20. "MME" is an abbreviation for the Morphine Milligram Equivalents used to evaluate the levels of opioids prescribed to a patient. The Centers for Diseaase Control recommends avoiding or carefully justifying any dosage greater than 90 MME/day.

21. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodon®, Xtampza ER®) is a white odorless crystalline power derived from an opium alkaloid. It is a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of oxycodone include anxiolysis, euphoria and feelings of relaxation. Oxycodone has a high potential for abuse. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022. Respiratory depression is the chief hazard from all opioid agonist preparations. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2 of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers and alcohol.

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

23. Pregabalin (Lyrica®) is an antiepileptic drug, also called an anticonvulsant. It works by slowing down impulses in the brain that cause seizures. It also affects chemicals in the brain that send pain signals across the nervous system. It is a dangerous drug pursuant to Business and Professions Code section 4022. It is a Schedule V controlled substance and narcotic as defined by section 11058 of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.15 (e)(4) of Title 21 of the code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022.

24. Soma®, a brand name for carisoprodol, is a muscle relaxant with a known potentiating effect on narcotics. It is a muscle relaxer that works by blocking pain sensations between the nerves and the brain. In December 2011, the Federal Drug Administration listed

carisoprodol as a Schedule IV controlled substance (76 Fed.Reg. 77330 (Dec. 12, 2011).) Soma is also a dangerous drug pursuant to Business and Professions Code section 4022.

25. Tramadol (Ultram®) is a narcotic like pain reliever used to treat severe pain. Tramadol has the potential for abuse. Tramadol is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

26. Xanax® (alprazolam) is in the class of benzodiazepine medications. It affects chemicals in the brain that may be unbalanced in people with anxiety. Xanax is used to treat anxiety disorders, panic disorders and anxiety caused by depression. Xanax has the potential for abuse. Xanax 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.

27. Zolpidem tartrate (Ambien®) 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 sedative used to treat insomnia and has potential for abuse.

FACTUAL ALLEGATIONS

28. On or about May 23, 2019, Respondent participated in an interview with investigators working on behalf of the Board. Respondent explained that he currently practices family medicine, and that his only inpatient work is limited to newborns and hospice consults. Respondent stated that he is Board Certified in Family and Palliative Medicine. Respondent admitted that he was not utilizing pain management agreements in the treatment of his patients prior to learning of the Board's investigation. After learning of the Board's investigation, Respondent began using pain management agreements with patients. Respondent stated that he previously underestimated the importance of the Board's November 2014 Guidelines for Prescribing Controlled Substances for Pain.

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CIRCUMSTANCES RELATED TO PATIENT A[1]

2014

29. During the period on or about February 13, 2014, through on or about December 19, 2014, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-02-13	ZOLPIDEM TARTRATE	TER	12.5 MG	30	Respondent
2014-02-24	METHADONE HCL	TAB	5 MG	60	Respondent
2014-03-13	ZOLPIDEM TARTRATE	TER	12.5 MG	30	Respondent
2014-03-21	METHADONE HCL	TAB	5 MG	60	J.K.
2014-04-11	ZOLPIDEM TARTRATE	TER	12.5 MG	30	Respondent
2014-04-18	METHADONE HCL	TAB	5 MG	60	Respondent
2014-05-10	ZOLPIDEM TARTRATE	TER	12.5 MG	30	Respondent
2014-05-19	METHADONE HCL	TAB	5 MG	60	Respondent
2014-06-09	ZOLPIDEM TARTRATE	TER	12.5 MG	30	Respondent
2014-06-16	METHADONE HCL	TAB	5 MG	60	Respondent
2014-07-08	ZOLPIDEM TARTRATE	TER	12.5 MG	30	Respondent
2014-07-11	METHADONE HCL	TAB	5 MG	90	Respondent
2014-08-06	ZOLPIDEM TARTRATE	TER	12.5 MG	30	Respondent
2014-08-15	ALPRAZOLAM	TAB	0.25 MG	60	Respondent
2014-08-25	METHADONE HCL	TAB	5 MG	90	Respondent
2014-09-02	ZOLPIDEM TARTRATE	TER	12.5 MG	30	Respondent
2014-09-15	ALPRAZOLAM	TAB	0.25 MG	60	Respondent
2014-09-22	METHADONE HCL	TAB	5 MG	90	Respondent
2014-09-30	ZOLPIDEM TARTRATE	TER	12.5 MG	30	Respondent
2014-10-17	ALPRAZOLAM	TAB	0.25 MG	60	Respondent
2014-10-22	METHADONE HCL	TAB	5 MG	90	Respondent
2014-11-03	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2014-11-18	ALPRAZOLAM	TAB	0.25 MG	60	Respondent
2014-11-20	METHADONE HCL	TAB	5 MG	90	Respondent
2014-12-05	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2014-12-16	ALPRAZOLAM	TAB	0.25 MG	60	Respondent
2014-12-19	METHADONE HCL	TAB	5 MG	90	Respondent

2015

30. On or about March 10, 2015, Patient A presented to Respondent at 62 years of age for a follow up visit related to his complaints of anxiety and lower back pain. Respondent noted that Patient A was requesting additional pain and anxiety medications for his conditions. Respondent documented a cursory examination, which revealed no abnormal findings. In the History of

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

Present Illness section of the medical records, Respondent noted that Patient A's lower back pain was stable. Respondent documented a nonfocal neurological examination, but did not document any objective findings related to the diagnosis of low back pain. Respondent did not document an adequate informed consent, treatment plan, physical examination or objectives for Patient A's low back pain and continued use of controlled substances. Respondent's plan for Patient A was to prescribe Xanax and methadone. In an interview with investigators, Respondent stated that he did not know if Patient A was still working at the time of the March 10, 2015 visit. Respondent admitted that he didn't document any information relating to Patient A's anxiety during the encounter, but assumed that Patient A must have been anxious since he was being treated for anxiety.

31. On or about July 1, 2015, Patient A returned to Respondent for refills on his medications and complaining of low back pain, and chest pain. Respondent noted that Patient A's heart rate was rapid and ordered a stress test. Respondent documented a nonfocal neurological examination, but did not document any objective findings related to the diagnosis of low back pain. Respondent did not document an adequate informed consent, treatment plan, physical examination or objectives for Patient A's low back pain and continued use of controlled substances.

32. On or about November 19, 2015, Patient A returned to Respondent following a transition of care from a recent inpatient hospital stay. Patient A reported that his back pain was worse, and gabapentin was not helpful in relieving his pain. Patient A reported that he "wants more pain medication..." Respondent did not document any information related to Patient A's continued use of Xanax and methadone. Respondent documented a nonfocal neurological examination, but did not document any objective findings related to the diagnosis of low back pain. Respondent did not document an adequate informed consent, treatment plan, physical examination or objectives for Patient A's low back pain and continued use of controlled substances. Respondent's plan for Patient A was to prescribe Cymbalta.

33. On or about December 5, 2015, Respondent ordered that Patient A undergo a urine drug screen. Patient A tested positive for benzodiazepines and opiates.

34. Patient A returned to Respondent for appointments to refill his medications approximately three times in 2015. Respondent's medical records for Patient A typically identified the chief complaint as "this is a follow-up visit," and the plan was to refill medications. Respondent did not document a treatment plan, informed consent, physical examination or pain management agreement.

35. During the period on or about January 5, 2015, through on or about December 30, 2015, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-01-05	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-01-15	METHADONE HCL	TAB	5 MG	90	Respondent
2015-01-16	ALPRAZOLAM	TAB	0.25 MG	60	Respondent
2015-02-03	ZOLPIDEM TARTRATE	TAB	10 MG	5	Respondent
2015-02-04	ZOLPIDEM TARTRATE	TAB	10 MG	25	Respondent
2015-02-12	METHADONE HCL	TAB	5 MG	90	Respondent
2015-02-14	ALPRAZOLAM	TAB	0.25 MG	60	Respondent
2015-02-28	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-03-10	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-03-11	METHADONE HCL	TAB	5 MG	90	Respondent
2015-03-29	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-04-09	METHADONE HCL	TAB	5 MG	90	Respondent
2015-04-09	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-04-23	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-05-07	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-05-09	METHADONE HCL	TAB	5 MG	90	Respondent
2015-05-17	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-06-01	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-06-06	METHADONE HCL	TAB	5 MG	90	Respondent
2015-06-17	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-07-01	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-07-04	METHADONE HCL	TAB	5 MG	90	Respondent
2015-07-10	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-07-26	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-08-01	METHADONE HCL	TAB	5 MG	90	Respondent
2015-08-08	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-08-25	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-08-30	METHADONE HCL	TAB	5 MG	90	Respondent
2015-09-09	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-09-24	ALPRAZOLAM	TAB	0.5 MG	60	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-09-29	METHADONE HCL	TAB	5 MG	90	Respondent
2015-10-08	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-10-24	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-10-29	METHADONE HCL	TAB	5 MG	90	Respondent
2015-11-02	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-11-23	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-11-28	METHADONE HCL	TAB	5 MG	90	Respondent
2015-11-29	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2015-12-22	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2015-12-28	METHADONE HCL	TAB	5 MG	90	J.K.
2015-12-30	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent

2016

36. Patient A returned to Respondent for appointments to refill his medications approximately three times in 2016. Respondent's medical records for Patient A typically identified the chief complaint as "this is a follow-up visit," and the plan was to refill medications. Respondent did not document a treatment plan, informed consent, physical examination or pain management agreement.

37. On or about February 24, 2016, Patient A returned to Respondent for refills of his medications. Respondent noted that Patient A's low back pain was stable, and that he was frequently suffering from anxiety. Respondent documented a nonfocal neurological examination, but did not document any objective findings related to the diagnosis of low back pain. Respondent did not document an adequate informed consent, treatment plan, physical examination or objectives for Patient A's low back pain and continued use of controlled substances. Respondent continued to prescribe Xanax, methadone and Ambien, and provided a new prescription for Prozac, with one refill. During an interview with investigators, Respondent admitted that he did not perform a thorough examination on Patient A's back during this visit, despite continuing to prescribe him methadone for pain. Respondent stated that he has since changed his practice, and today he would normally conduct a thorough examination of Patient A's back at a similar visit related to the prescribing of controlled substances.

38. On or about May 23, 2016, Patient A returned to Respondent for a follow up visit. Respondent noted that Patient A's back pain was worse and required a higher dose of methadone,

but failed to document an adequate physical examination related to Patient A's back pain. Respondent's only documentation of a physical examination consisted of recording Patient A's vital signs. Respondent did not document an adequate informed consent, treatment plan, physical examination or objectives for Patient A's low back pain and continued use of controlled substances. Respondent's plan for Patient A was to refill his prescriptions of methadone and provide samples of Lyrica.

39. On or about June 18, 2016, Patient A was admitted to the hospital after an apparent suicide attempt. Patient A presented with a history of "chronic pain and prescription drug abuse" after making a suicidal gesture to his friends and stating that he was going to kill himself. Patient A's family reported that he had previously suffered from an accidental overdose. His discharge diagnosis included major depressive disorder, and history of prescription drug abuse.

40. On or about November 17, 2016, Patient A returned to Respondent seeking refills of his methadone. Respondent noted that Patient A's back pain was stable, but failed to document an adequate physical examination related to Patient A's back pain. Respondent did not document an adequate informed consent, treatment plan, physical examination or objectives for Patient A's low back pain and continued use of controlled substances. Respondent documented a nonfocal neurological examination, but did not document any objective findings related to the diagnosis of low back pain. Respondent's plan for Patient A was to refill his prescriptions of methadone and Xanax.

41. During the period on or about January 5, 2016, through on or about December 28, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-19	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-01-25	METHADONE HCL	TAB	5 MG	90	Respondent
2016-01-27	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-02-21	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-02-24	METHADONE HCL	TAB	5 MG	90	Respondent
2016-02-24	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-03-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	20	S.Y.
2016-03-21	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-03-21	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-03-25	METHADONE HCL	TAB	5 MG	90	Respondent
2016-04-18	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-04-18	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-04-24	METHADONE HCL	TAB	5 MG	90	Respondent
2016-05-15	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-05-15	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-05-23	METHADONE HCL	TAB	5 MG	90	Respondent
2016-06-13	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-06-15	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-06-21	METHADONE HCL	TAB	5 MG	90	Respondent
2016-07-14	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-07-14	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-07-21	METHADONE HCL	TAB	5 MG	90	Respondent
2016-08-07	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-08-12	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-08-17	METHADONE HCL	TAB	5 MG	90	Respondent
2016-09-07	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-09-10	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-09-10	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-09-13	METHADONE HCL	TAB	5 MG	90	Respondent
2016-10-07	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-10-07	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-10-10	METHADONE HCL	TAB	5 MG	90	Respondent
2016-11-04	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2016-11-04	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-11-08	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-11-09	METHADONE HCL	TAB	5 MG	90	Respondent
2016-11-22	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2016-12-01	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-12-05	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2016-12-09	METHADONE HCL	TAB	5 MG	90	Respondent
2016-12-21	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2016-12-28	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent

2017

42. Patient A returned to Respondent for appointments to refill his medications approximately three times in 2017. Respondent's medical records for Patient A typically identified the chief complaint as "this is a follow-up visit," with the exception of a note dated August 17, 2017, which listed only a series of existing medical problems. The typical plan for

Patient A was to refill his medications. Respondent did not document a treatment plan, informed consent, physical examination or pain management agreement. Respondent continued to refill Patient A's medications, but did not document any new information relating to Patient A's pain symptoms.

43. On or about March 27, 2017, Patient A returned to Respondent seeking refills of his methadone. Respondent noted that Patient A's back pain was stable, but failed to document an adequate physical examination related to Patient A's back pain. Respondent did not document an adequate informed consent, treatment plan, physical examination or objectives for Patient A's low back pain and continued use of controlled substances. Respondent documented a nonfocal neurological examination, but did not document any objective findings related to the diagnosis of low back pain. Respondent's plan for Patient A was to refill his prescriptions of methadone and Xanax.

44. On or about August 1, 2017, Patient A returned to Respondent seeking refills of his methadone. Respondent's only documentation of a physical examination consisted of recording Patient A's vital signs. Respondent did not document an adequate informed consent, treatment plan, physical examination or objectives for Patient A's low back pain and continued use of controlled substances. Respondent's plan for Patient A was to refill his prescriptions of methadone and Xanax.

45. During the period on or about January 1, 2017, through on or about March 23, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-01	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2017-01-08	METHADONE HCL	TAB	5 MG	90	Respondent
2017-01-22	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2017-01-28	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2017-02-06	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2017-02-09	METHADONE HCL	TAB	5 MG	90	Respondent
2017-02-23	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2017-03-02	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2017-03-06	METHADONE HCL	TAB	5 MG	90	Respondent
2017-03-23	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent

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2018

46. During the period on or about May 7, 2018, through on or about December 6, 2018, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-05-07	METHADONE HCL	TAB	5 MG	90	Respondent
2018-07-06	METHADONE HCL	TAB	5 MG	90	Respondent
2018-09-04	METHADONE HCL	TAB	5 MG	90	Respondent
2018-10-04	METHADONE HCL	TAB	5 MG	90	Respondent
2018-10-10	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2018-10-10	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2018-11-03	METHADONE HCL	TAB	5 MG	90	Respondent
2018-11-08	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2018-12-03	METHADONE HCL	TAB	5 MG	90	Respondent
2018-12-06	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent

2019

47. During the period on or about January 2, 2019, through on or about December 3, 2019, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-01-02	METHADONE HCL	TAB	5 MG	90	Respondent
2019-01-04	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2019-01-11	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2019-02-02	METHADONE HCL	TAB	5 MG	90	Respondent
2019-02-05	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2019-02-08	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2019-03-04	METHADONE HCL	TAB	5 MG	90	Respondent
2019-03-07	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2019-03-11	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2019-04-02	METHADONE HCL	TAB	5 MG	90	Respondent
2019-04-04	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2019-04-09	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2019-05-02	METHADONE HCL	TAB	5 MG	90	Respondent
2019-05-02	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2019-05-09	ALPRAZOLAM	TAB	0.5 MG	90	Respondent
2019-05-31	METHADONE HCL	TAB	5 MG	90	Respondent
2019-06-03	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2019-06-07	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2019-07-01	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2019-07-01	METHADONE HCL	TAB	5 MG	90	Respondent
2019-07-09	ALPRAZOLAM	TAB	0.5 MG	60	Respondent
2019-07-29	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-07-30	METHADONE HCL	TAB	5 MG	75	Respondent
2019-08-08	ALPRAZOLAM	TAB	0.25 MG	60	Respondent
2019-08-30	ALPRAZOLAM	TAB	0.5 MG	40	R.S.
2019-09-04	METHADONE HCL	TAB	5 MG	60	Respondent
2019-09-04	ZOLPIDEM TARTRATE	TAB	10 MG	30	A.P.
2019-10-04	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2019-10-07	METHADONE HCL	TAB	5 MG	60	Respondent
2019-10-18	ALPRAZOLAM	TAB	0.5 MG	40	Respondent
2019-11-05	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent
2019-11-11	METHADONE HCL	TAB	5 MG	23	Respondent
2019-11-21	ALPRAZOLAM	TAB	0.5 MG	40	Respondent
2019-12-03	ZOLPIDEM TARTRATE	TAB	10 MG	30	Respondent

48. On or about May 23, 2019, Respondent participated in an interview with investigators working on behalf of the Board, in which he stated that he referred Patient A to a psychiatrist on more than one occasion, but Patient A never attended the appointments. Respondent admitted that he did not document the psychiatric referrals in the medical records for Patient A. Respondent stated that he examined Patient A's back at each visit, but did not document the back examinations in the medical records. Respondent admitted that he did not perform any urine testing on Patient A while prescribing controlled substances. Respondent stated that he needs to implement and apply the Board's pain management guidelines more thoroughly in the care of his patients, and that he needs "to document physical findings and other things more thoroughly in [the] record." Respondent stated that Patient A had been stable on a prescription of "60 morphine equivalents per day...for five years" but that he needed to "try to taper that again."

CIRCUMSTANCES RELATED TO PATIENT B

2007-2012

49. On or about July 17, 2007, Patient B first presented to Respondent for a B12 injection at 58 years old. Patient returned to Respondent for appointments approximately fifteen times from 2007 through 2012. The chief complaints at these visits were varied, including B12 injections, influenza immunizations, urgent care visits, cellulitis of the left foot, and a boil.

50. On or about August 29, 2010, Patient B's current medications included Flexeril, and Vicodin 5mg/500mg.

2013

51. Patient B returned to Respondent for appointments approximately three times in 2013, on or about February 28, April 19, and May 29, 2013. The chief complaints at these visits stated that she was returning for a B12 injection or a follow-up visit. Respondent provided care for Patient B related to several medical conditions, including chronic pain management related to her lower back pain. Respondent's medical records for Patient B largely consisted of notes related to her anemia and diabetes. Respondent did not document a clear diagnosis to support the prescription of controlled substances for Patient B. Respondent's medical records for Patient B do not include any consultations or follow up with other providers relating to Patient B's back pain. Respondent states that Patient B had seen a neurosurgeon in the past, but the records fail to contain a re-assessment and re-evaluation by a surgeon when the symptoms persisted to the extent that they required prescriptions for controlled substances. Respondent's medical records for Patient B typically did not include documentation of evaluations, treatment plans, objectives, or plans for follow up care for Patient B, despite continued chronic pain in her lower back. Respondent did not document providing informed consent to Patient B related to the risks and benefits of taking controlled substances.

52. On or about May 29, 2013, Patient B returned to Respondent for a follow-up visit, complaining of cold symptoms. Patient B's current medications included hydrocodone/acetaminophen 7.5mg/500mg, and Paxil. Respondent did not perform a neurologic examination of Patient B. Respondent did not document objectives such as pain relief and/or improved physical and psychosocial function, by which the effectiveness of a treatment plan could be evaluated. Respondent did not indicate if any additional diagnostic evaluations or other non-opiate treatment was indicated or planned in the care of Patient B. Respondent noted a diagnosis of otitis externa, an abscess of the face, and prescribed Bactrim.

2014

53. Patient B returned to Respondent for appointments approximately three times in 2014, on or about August 8, September 17, and October 13, 2014. The chief complaints at these visits stated that she was returning for a B12 injection or influenza immunization. The medical

records for these visits do not include a list of current medications. Respondent did not document providing informed consent to Patient B related to the risks and benefits of taking controlled substances.

2015

54. Patient B returned to Respondent for appointments approximately ten times in 2015, on a monthly basis. The chief complaints at these visits were identical at each visit, identifying her current age, at times inaccurately, and that she was returning for a B12 injection.

55. On or about August 31, 2015, Respondent documented an examination of Patient B's complaint of low back pain. Respondent documented a nonfocal neurological examination, but did not document objectives such as pain relief and/or improved physical and psychosocial function, by which the effectiveness of a treatment plan could be evaluated. Respondent did not indicate if any additional diagnostic evaluations or other non-opiate treatment was indicated or planned in the care of Patient B. Respondent listed low back pain as under the assessment, and the plan was to provide refills of Norco. Respondent did not document providing informed consent to Patient B related to the risks and benefits of taking controlled substances.

56. On or about March 19, 2015, Patient B's current medication list included Paxil, and Norco.

57. On or about September 24, 2015, Patient B's current medication list included Paxil, Soma, and Norco.

58. On or about December 28, 2015, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-12-28	CARISOPRODOL	TAB	350 MG	60	Respondent

2016

59. Patient B returned to Respondent for appointments approximately seven times in 2016. The chief complaints at these visits varied, including UTI symptoms, an urgent care visit, B12 injections, and follow-up visits.

60. On or about January 14, 2016, Patient B returned to Respondent at the urgent care complaining of symptoms consistent with a urinary tract infection. Despite continuing to prescribe Norco to Patient B, the plan does not document a prescription for Norco.

61. On or about March 31, 2016, Patient B presented to Respondent for a follow up visit related to her middle and lower lumbar spine pain. Respondent noted that she was negative for depression, and documented a nonfocal neurologic examination. Respondent documented that the neurovascular examination revealed deep tendon reflexes at 2/4 in the Achilles and patella bilaterally. Respondent indicated that Patient B was negative for the straight leg raise test. Respondent did not document objectives such as pain relief and/or improved physical and psychosocial function, by which the effectiveness of a treatment plan could be evaluated. Respondent did not indicate if any additional diagnostic evaluations or other non-opiate treatment was indicated or planned in the care of Patient B. Despite continuing to prescribe Norco and prescribing oxycodone to Patient B, the plan does not document these prescriptions in the medical records related to this visit.

62. On or about June 21, 2016, Patient B presented to Respondent's office for a B12 injection at 57 years of age. Respondent did not document a periodic review of the course of treatment of Patient B, and any new information about the etiology of her state of health related to her pain complaint.

63. On or about September 1, 2016, Respondent performed a limited history and physical on Patient B. Respondent performed a psychological screening that included a limited substance abuse history. Respondent did not document a full patient history and physical. Respondent did not document Patient B's prior pain treatments, physical function, or a medical diagnosis related to the prescription of opiate medications. Respondent did not document objective information such as pain relief and/or improved physical and psychosocial function, by which the effectiveness of a treatment plan could be evaluated. Respondent did not indicate if any additional diagnostic evaluations or other non-opiate treatments were indicated or planned for Patient B. Respondent did not document a periodic review of the course of treatment of Patient B, and any new information about the etiology of her state of health related to her pain complaint.

Respondent diagnosed Patient B with chronic low back pain, and the plan was to refill her prescription of Norco.

64. During the period on or about January 14, 2016, through on or about December 20, 2016, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	50	K.K.
2016-01-26	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-02-25	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-02-29	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	50	Respondent
2016-03-23	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	36	N.A.
2016-03-23	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-04-01	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	60	Respondent
2016-04-01	TRAMADOL HCL	TAB	50 MG	9	J.O.
2016-04-24	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-05-01	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	60	Respondent
2016-05-23	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-06-21	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-06-21	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	60	Respondent
2016-07-19	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-08-15	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-09-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	60	Respondent
2016-09-13	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-10-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	60	Respondent
2016-10-11	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-11-02	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	60	Respondent
2016-11-13	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-11-22	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	60	Respondent
2016-12-12	CARISOPRODOL	TAB	350 MG	60	Respondent
2016-12-20	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	60	Respondent

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2017

65. Patient B returned to Respondent for appointments approximately four times in 2017, on or about April 20, May 17, June 30, and October 5, 2017. The history of presenting illness at these visits were identical at each visit, stating that she was there for a B12 injection. Respondent did not document providing informed consent to Patient B related to the risks and benefits of taking controlled substances.

66. During the period on or about January 9, 2017, through on or about December 19, 2017, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-09	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-01-19	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	60	Respondent
2017-02-07	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-02-20	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	60	Respondent
2017-03-12	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-03-22	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2017-04-12	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-04-23	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2017-05-18	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-05-26	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2017-07-18	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-07-23	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	J.K.
2017-08-18	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-08-22	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2017-09-19	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-09-27	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2017-10-17	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-10-27	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2017-11-16	CARISOPRODOL	TAB	350 MG	60	Respondent
2017-12-19	CARISOPRODOL	TAB	350 MG	60	Respondent

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2018

67. During the period on or about January 2, 2018, through on or about December 5, 2018, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-01-02	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-01-18	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-02-04	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-02-27	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-03-03	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-03-26	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-04-03	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-04-27	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-05-06	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-05-29	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-06-05	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-06-29	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-07-06	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-07-29	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-08-05	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-08-28	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-09-05	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-10-02	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-10-05	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-11-02	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-11-04	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2018-12-03	CARISOPRODOL	TAB	350 MG	60	Respondent
2018-12-05	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent

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2019

68. On or about May 23, 2019, Respondent participated in an interview with investigators working on behalf of the Board. Respondent admitted that he didn't routinely review CURES reports in the care and treatment of Patient B while she was prescribed controlled substances. Respondent stated that he was not seeing Patient B as often as he should have while prescribing controlled substances.

69. During the period on or about January 3, 2019, through on or about December 20, 2019, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-01-03	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2019-01-03	CARISOPRODOL	TAB	350 MG	60	Respondent
2019-02-02	CARISOPRODOL	TAB	350 MG	60	Respondent
2019-02-03	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	70	Respondent
2019-03-04	CARISOPRODOL	TAB	350 MG	60	Respondent
2019-03-20	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	60	Respondent
2019-04-07	CARISOPRODOL	TAB	350 MG	60	Respondent
2019-04-23	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-60 MG	60	Respondent
2019-05-07	CARISOPRODOL	TAB	350 MG	60	J.K.
2019-05-23	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-30 MG	50	Respondent
2019-06-04	CARISOPRODOL	TAB	350 MG	30	Respondent
2019-06-20	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-30 MG	30	Respondent
2019-07-23	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	12	V.F.
2019-07-26	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	6	B.R.
2019-11-20	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-30 MG	10	M.P.
2019-12-20	CARISOPRODOL	TAB	350 MG	30	C.D.

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CIRCUMSTANCES RELATED TO PATIENT C

2013

70. On or about March 6, 2013, Patient C first presented to Respondent's clinic at 59 years old, complaining of lower back pain. Patient C's history included a motor vehicle accident, spinal fractures, spinal fusion surgery, lumbar decompression surgery, and he was taking controlled substances prescribed by his prior physician. Patient C was currently taking Neurontin, aspirin, baclofen, oxycodone HCl, Oxycontin, and Valium. Respondent's plan for Patient C was to continue his current medication regimen without change, return in one month for a follow up visit, and to "taper oxycodone as tolerated."

71. Patient C returned to Respondent for appointments approximately nine times in 2013. The chief complaint for each visit varied, including follow up visits, and urgent care visits.

2014

72. Patient C returned to Respondent for appointments approximately eight times in 2014. The chief complaint for each visit varied, including follow up visits, urgent care visits, and a preoperative clearance examination.

73. On or about March 6, 2014, Patient C's current medications included baclofen, Valium, gabapentin, oxycodone, OxyContin, acetaminophen, and aspirin.

2015

74. Patient C returned to Respondent for appointments approximately eleven times in 2015. The chief complaint for each visit varied, including follow up visits, contusions, abdominal pain, immunizations, lesions, rib pain, and urgent care visits.

75. On or about October 14, 2015, Patient C's current medications included baclofen, gabapentin, oxycodone, OxyContin, acetaminophen, Cymbalta and aspirin.

2016

76. Patient C returned to Respondent for appointments approximately nine times in 2016. The chief complaint for each visit varied, including follow up visits, lesions, leg swelling, rib pain, emergency room discharge follow-up, urgent care visits, and on occasion the chief complaint only stated his age, and identified him as a white male.

77. During the period on or about January 2, 2016, through on or about December 12, 2016, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-02	OXYCODONE HCL	TAB	10 MG	150	Respondent
2016-01-04	OXYCONTIN	TER	20 MG	180	Respondent
2016-02-03	OXYCODONE HCL	TAB	10 MG	150	Respondent
2016-02-03	OXYCONTIN	TER	20 MG	180	Respondent
2016-03-04	OXYCODONE HCL	TER	20 MG	180	Respondent
2016-03-04	OXYCODONE HCL	TAB	10 MG	150	Respondent
2016-04-06	OXYCODONE HCL	TER	20 MG	180	Respondent
2016-04-06	OXYCODONE HCL	TAB	10 MG	150	Respondent
2016-05-05	OXYCODONE HCL	TAB	10 MG	150	Respondent
2016-05-05	OXYCODONE HCL	TER	20 MG	150	Respondent
2016-06-06	OXYCODONE HCL	TER	20 MG	150	Respondent
2016-06-06	OXYCODONE HCL	TAB	10 MG	150	Respondent
2016-07-19	OXYCODONE HCL	TAB	10 MG	150	Respondent
2016-07-29	OXYCODONE HCL	TER	20 MG	150	Respondent
2016-08-30	OXYCODONE HCL	TER	20 MG	90	Respondent
2016-09-02	OXYCODONE HCL	TAB	10 MG	90	Respondent
2016-10-03	OXYCODONE HCL	TER	20 MG	90	Respondent
2016-10-11	OXYCODONE HCL	TAB	10 MG	90	Respondent
2016-11-09	OXYCODONE HCL	TER	20 MG	90	Respondent
2016-12-12	OXYCODONE HCL	TER	20 MG	90	Respondent

2017

78. Patient C returned to Respondent for appointments approximately six times in 2017. The chief complaint for each visit varied, including follow up visits, requests for refills of oxycodone and OxyContin, and a list of his existing health problems placed under the chief complaint heading.

79. On or about August 21, 2017, Patient C presented to Respondent for a follow-up visit. Respondent noted that Patient C's pain was stable, but he wanted refills of his pain medications. The plan simply stated, "oxycontin and oxycodone rf x3."

80. On or about October 2, 2017, Respondent added an addendum to the August 21, 2017 chart note. The addendum included a more thorough treatment plan and objectives for Patient C's low back pain. Respondent stated that he discussed with Patient C that "opioids cause dependence and tolerance and can cause respiratory depression or death." Respondent did not

document any discussion of the potential benefits and other risks associated with opiates, including the potential negative effects on his kidney, liver and testosterone levels. Respondent did not sufficiently document the discussion of informed consent to adequately inform Patient C of the risks associated with using opiates. Respondent provided Patient C a referral for further diagnostic evaluation by a neurologist, but did not recommend any alternative treatment modalities for his pain other than the continued use of controlled substances.

81. During the period on or about January 10, 2017, through on or about December 5, 2017, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-10	OXYCODONE HCL	TAB	10 MG	60	A.P.
2017-01-10	OXYCONTIN	TER	20 MG	90	A.P.
2017-02-14	OXYCONTIN	TER	20 MG	90	Respondent
2017-03-17	OXYCONTIN	TER	20 MG	90	Respondent
2017-04-18	OXYCONTIN	TER	20 MG	90	Respondent
2017-05-16	OXYCODONE HCL	TAB	10 MG	60	Respondent
2017-05-17	OXYCONTIN	TER	20 MG	90	Respondent
2017-06-15	OXYCODONE HCL	TAB	10 MG	60	Respondent
2017-06-16	OXYCODONE HCL	TER	20 MG	90	Respondent
2017-07-17	OXYCODONE HCL	TAB	10 MG	60	Respondent
2017-07-17	OXYCODONE HCL	TER	20 MG	90	Respondent
2017-08-14	OXYCODONE HCL	TAB	10 MG	150	Respondent
2017-08-15	OXYCODONE HCL	TER	20 MG	120	Respondent
2017-09-20	OXYCODONE HCL	TER	20 MG	120	Respondent
2017-09-20	OXYCODONE HCL	TAB	10 MG	120	Respondent
2017-10-24	OXYCODONE HCL	TER	20 MG	120	Respondent
2017-10-24	OXYCODONE HCL	TAB	10 MG	120	Respondent
2017-12-05	OXYCODONE HCL	TAB	10 MG	60	Respondent
2017-12-05	OXYCONTIN	TER	20 MG	120	Respondent

2018

82. During the period on or about January 3, 2018, through on or about December 22, 2018, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-01-03	OXYCODONE HCL	TAB	10 MG	60	Respondent
2018-01-03	OXYCODONE HCL	TER	20 MG	120	Respondent
2018-02-04	OXYCODONE HCL	TAB	10 MG	60	Respondent
2018-02-04	OXYCONTIN	TER	20 MG	120	Respondent
2018-03-10	OXYCODONE HCL	TAB	10 MG	60	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-03-14	OXYCONTIN	TER	20 MG	120	Respondent
2018-04-15	OXYCODONE HCL	TAB	10 MG	75	Respondent
2018-04-15	OXYCONTIN	TER	20 MG	90	Respondent
2018-04-30	LORAZEPAM	TAB	1 MG	2	J.K.
2018-05-13	OXYCODONE HCL	TAB	10 MG	75	Respondent
2018-05-14	OXYCONTIN	TER	20 MG	90	Respondent
2018-06-18	OXYCODONE HCL	TAB	10 MG	75	Respondent
2018-06-21	OXYCONTIN	TER	20 MG	90	Respondent
2018-07-21	OXYCODONE HCL	TAB	10 MG	90	Respondent
2018-07-21	OXYCONTIN	TER	20 MG	90	Respondent
2018-08-20	OXYCODONE HCL	TAB	10 MG	90	J.M.
2018-08-20	OXYCONTIN	TER	20 MG	90	J.M.
2018-09-23	OXYCODONE HCL	TER	20 MG	90	Respondent
2018-09-23	OXYCODONE HCL	TAB	10 MG	90	Respondent
2018-10-23	OXYCODONE HCL	TER	20 MG	90	Respondent
2018-10-23	OXYCODONE HCL	TAB	10 MG	90	Respondent
2018-11-22	OXYCODONE HCL	TAB	10 MG	90	Respondent
2018-11-22	OXYCODONE HCL	TER	20 MG	90	Respondent
2018-12-22	OXYCODONE HCL	TAB	10 MG	90	Respondent
2018-12-22	OXYCODONE HCL	TER	20 MG	90	Respondent

2019

83. During the period on or about January 21, 2019, through on or about December 19, 2019, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-01-21	OXYCODONE HCL	TER	20 MG	60	Respondent
2019-01-21	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	120	Respondent
2019-03-01	OXYCODONE HCL - ACETAMINOPHEN	TAB	325 MG-10 MG	90	Respondent
2019-03-01	OXYCONTIN	TER	20 MG	60	Respondent
2019-03-31	OXYCODONE HCL	TER	10 MG	90	Respondent
2019-03-31	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	Respondent
2019-04-30	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	Respondent
2019-04-30	OXYCONTIN	TER	10 MG	90	Respondent
2019-05-31	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	Respondent
2019-05-31	OXYCONTIN	TER	10 MG	90	Respondent
2019-07-01	OXYCONTIN	TER	10 MG	60	Respondent
2019-07-03	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-08-01	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	Respondent
2019-08-01	OXYCONTIN	TER	10 MG	60	Respondent
2019-08-17	OXYCODONE HCL	TAB	15 MG	30	A.H.
2019-09-04	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	60	J.R.
2019-09-04	OXYCONTIN	TER	10 MG	67	J.R.
2019-10-03	OXYCODONE HCL	TAB	5 MG	135	Respondent
2019-11-02	OXYCODONE HCL	TAB	5 MG	75	Respondent

84. On or about May 23, 2019, Respondent participated in an interview with investigators working on behalf of the Board. Respondent admitted that he did not utilize pain management agreements or urine drug testing with Patient C, but has implemented both measures after learning of the Board's investigation and prior to his interview.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

85. Respondent's Physician's and Surgeon's Certificate License No. G 48964 is subject to disciplinary action under section 2227, as defined by section 2234, subdivision (b), in that he committed act(s) and/or omission(s) constituting gross negligence. The factual circumstances set forth above relating to Patient A and Patient B in paragraphs 28 through 69 are hereby incorporated by reference as if set forth fully herein.

PATIENT A

86. Respondent did not document an adequate treatment plan that included objectives by which the treatment plan could be evaluated related to Patient A's use of opiate medications. Respondent did not utilize or document the consideration of multiple non-opiate treatment modalities and/or rehabilitation as alternatives to Patient A's continued use of opiate medications. Respondent failed to document an adequate treatment plan and objectives for Patient A related to Patient A's use of opiate medications. Each such failure constitutes gross negligence.

87. Respondent did not provide and/or document informed consent for Patient A related to the benefits and risks of controlled substances prior to prescribing controlled substances, which constitutes gross negligence.

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88. Respondent did not document an adequate history and physical for Patient A. On some visits, Respondent continued to prescribe controlled substances to Patient A without documenting an adequate history and physical related to Patient A's lower back pain. Respondent repeatedly failed to document an assessment of Patient A's pain, an assessment of any underlying or coexisting diseases or conditions, Patient A's history of prior pain treatment, or documentation of the presence of a medical condition that indicated the continued use of controlled substances. Respondent failed to document a physical examination utilizing both subjective and objective components to support the diagnosis of low back pain. Respondent did not document positive and negative physical examination findings related to Patient A's low back pain, which could have identified and/or ruled out potential causes for Patient A's continued low back pain. Respondent failed to document an adequate physical examination to support the prescription and continued use of opiates to treat Patient A's low back pain. Respondent failed to perform and/or document an adequate medical history and physical examination for Patient A. Each such failure constitutes gross negligence.

89. Despite routine patient encounters with Patient A approximately every three months, Respondent did not document adequate evaluation of Patient A's progress while using controlled substances. The documentation for Patient A's follow up visits was typically cursory, and sometimes contained no more than documentation of Patient A's vital signs. Respondent failed to adequately document new information regarding the etiology of Patient A's pain, or the state of his health at follow-up visits. Respondent did not include pertinent positive and negative findings in physical examinations, which could have aided in a review of Patient A's progression and current functional status, and lead to a more specific diagnosis of Patient A's pain. Respondent failed to assess the appropriateness of the continued use of opiates in the treatment plan for Patient A, and failed to document consideration of other non-opiate treatment modalities. Respondent did not document and/or perform an adequate periodic review of Patient A's plan of care while prescribing controlled substances. Each such failure constitutes gross negligence.

90. Despite ordering a single urine drug screen, Respondent did not document and/or obtain any other consultations or studies for Patient A. Respondent did not order any referrals to

specialists or obtain imaging studies to obtain a more specific diagnosis of Patient A's lower back pain. Respondent did not refer and/or document consideration of referring Patient A to a pain management specialist. Respondent did not offer Patient A consultations for supervised physical therapy, chiropractic care, home exercise, injections, or a pain psychologist. Respondent did not seek appropriate consultations while prescribing controlled substances to Patient A. Each such failure constitutes gross negligence.

91. Respondent did not adequately document a treatment plan and objectives related to the care of Patient A. Respondent failed to maintain adequate and complete medical records relating to the medical history and physical examination, evaluations and consultations, treatment plan and objectives, informed consent, treatments, medicals, rationale for changes in the treatment plan or medications, agreements with the patient, and periodic reviews of Patient A's treatment plan. Respondent failed to document an informed consent for the use of opiate medications prior to initiating opiate therapy. Respondent failed to document an informed consent, and periodically review it with Patient A while prescribing opiates. Respondent commonly documented the opiate medications prescribed to Patient A, absent any further explanation of why he chose to continue opiate therapy. Respondent failed to maintain adequate medical records in the care and treatment of Patient A. Each such failure constitutes gross negligence.

PATIENT B

92. Respondent did not document an adequate medical history and physical examination for Patient B prior to prescribing controlled substances. Despite documenting a limited history and physical on or about September 1, 2016, Respondent did not document an adequate history for Patient B related to the prescription of controlled substances. Respondent did not document Patient B's prior pain treatments, response to prior pain treatments, physical function, or document a medical diagnosis that required the prescription of opiate medications. Respondent failed to document an adequate medical history and physical examination for Patient B. Each such failure constitutes gross negligence.

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93. Respondent did not document any consultations or follow up by other providers related to Patient B's complaint of low back pain. Respondent documented that Patient B previously visited a neurosurgeon, but failed to seek a reevaluation or reassessment of Patient B by the neurosurgeon in light of his continued prescriptions for controlled substances. Respondent did not refer patient B to a pain management specialist or other professionals in order to address her pain, and address her treatment goals. Respondent failed to adequately seek consultations and evaluations for Patient B related to her pain. Each such failure constitutes gross negligence.

94. Respondent's treatment plan for Patient B was commonly limited to a note that the medications would be refilled. Respondent did not document objectives such as pain relief and/or improved physical and psychosocial function, by which the effectiveness of a treatment plan could be evaluated. Respondent did not indicate if any additional diagnostic evaluations or other non-opiate treatment was indicated or planned in the care of Patient B. Respondent failed to adequately document a treatment plan and objectives related to the prescription of opiate medications in the care and treatment of Patient B. Each such failure constitutes gross negligence.

95. Respondent did not document adequate evaluation of Patient B's progress while using controlled substances. Respondent failed to adequately document new information regarding the etiology of Patient A's pain, or the state of her health at follow-up visits. Respondent did not include pertinent positive and negative findings in physical examinations, which could have aided in a review of Patient B's progression and current functional status, and lead to a more specific diagnosis of Patient B's pain. Respondent failed to assess the appropriateness of the continued use of opiates in the treatment plan for Patient B, and failed to document consideration of other non-opiate treatment modalities. Respondent did not document and/or perform an adequate periodic review of Patient B's plan of care while prescribing controlled substances. Each such failure constitutes gross negligence.

96. Respondent did not obtain and/or document providing informed consent to Patient B prior to prescribing controlled substances. Respondent's medical records for Patient B contain no documentation of a discussion that includes the risks and benefits of using controlled substances

or other treatment modalities with Patient B. Respondent failed to provide and/or document providing informed consent to Patient B. Each such failure constitutes gross negligence.

97. Respondent failed to maintain adequate and complete medical records relating to the medical history and physical examination, evaluations and consultations, treatment plan and objectives, informed consent, treatments, medical rationale for changes in the treatment plan or medications, agreements with the patient, and periodic reviews of Patient B's treatment plan. Respondent failed to document an informed consent for the use of opiate medications prior to initiating opiate therapy. Respondent failed to document an informed consent, and periodically review it with Patient B while prescribing opiates. Respondent provided follow-up care to Patient B on numerous occasions, without documenting the additional care provided in the medical records. Respondent prescribed oxycodone and Norco to Patient B in 2016, but failed to document the prescriptions in her medical records. Respondent failed to maintain adequate medical records in the care and treatment of Patient B. Each such failure constitutes gross negligence.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

98. Respondent has subjected his Physician's and Surgeon's Certificate License No. G 48964 to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code, in that he committed multiple acts and/or omissions constituting negligence. The circumstances are set forth in Paragraphs 28 through 84, which are hereby incorporated by reference as if fully set forth herein.

PATIENT C

99. Respondent did not adequately document a treatment plan for Patient C related to the use of opiate medications. Despite documenting a limited treatment plan on or about August 17, 2017, Respondent did not provide alternative non-opiate treatment modalities including physical therapy to Patient C. Respondent failed to provide and/or document an adequate treatment plan in the care and treatment of Patient C. Each such failure constitutes negligence.

100. Respondent did not provide or document a sufficient discussion of the risks and benefits of controlled substances to Patient C prior to prescribing opiates. Despite documenting an informed consent discussion on October 2, 2017, Respondent did not discuss the possible negative effects of opiates including effects on Patient C's kidneys, liver, or testosterone levels. Respondent failed to provide and/or document sufficient discussion of informed consent of the risks and benefits of controlled substances with Patient C prior to prescribing opiates. Each such failure constitutes negligence.

101. Respondent did not document adequate evaluation of Patient C's progress while using controlled substances. Respondent failed to assess the appropriateness of the continued use of opiates in the treatment plan for Patient C, and failed to document consideration of other non-opiate treatment modalities. Respondent did not document and/or perform an adequate periodic review of Patient A's plan of care while prescribing controlled substances. Each such failure constitutes negligence.

102. Respondent did obtain a consultation for further diagnostic evaluation by a neurologist, but he failed to provide alternative treatment modalities to Patient C. Respondent failed to document consultation with a pain management specialist, despite the continued prescribing of opiates. Each such failure constitutes negligence.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Medical Records)

103. Respondent has subjected his Physician's and Surgeon's Certificate License No. G 48964 to disciplinary action under section 2227, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in connection with his care and treatment of Patient A, Patient B, and Patient C, as more particularly alleged in paragraphs 28 through 84, which are hereby incorporated by reference 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 License No. G 48964, issued to James Clyde Maclaren, Jr., M.D.;

2. Revoking, suspending or denying approval of James Clyde Maclaren, Jr., M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering James Clyde Maclaren, Jr., 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 2 3 2020

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

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