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

In the Matter of the Accusation Against: **Arun Kumar Softa, M.D.** **Physician's & Surgeon's Certificate No. A 53661** **Respondent.**	**Case No. 800-2018-042368**

DECISION and ORDER

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. January 10, 2022.

IT IS SO ORDERED December 10, 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
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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: **ARUN KUMAR SOFTA, M.D.** **10401 Redbridge Way** **Bakersfield, CA 93311** **Physician's and Surgeon's Certificate No. A 53661** Respondent.	Case No. 800-2018-042368 OAH No. 2021010099 **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 Arun Kumar Softa, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, CA 92620.

3. On or about October 26, 1994, the Board issued Physician's and Surgeon's Certificate No. A 53661 to Arun Kumar Softa, 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. 800-2018-042368, and will expire on February 28, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-042368 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 August 13, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-042368 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. 800-2018-042368. 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. 800-2018-042368, 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. Respondent agrees that if in any future case he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2018-042368 shall be deemed true, correct and fully admitted by respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

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 imposition of discipline 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. 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.

14. 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:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 53661 issued to Respondent ARUN KUMAR SOFTA, M.D. is Publicly Reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's medical record keeping related to the treatment of three patients as set forth in Accusation No. 800-2018-042368, is as follows:.

This Public Reprimand is issued pursuant to Code section 2227, subdivision (a)(4) as a result of the allegations set forth in the Accusation.

1. 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.

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. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

4. 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. 800-2018-042368 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, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated 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: _____ _____
ARUN KUMAR SOFTA, M.D.
Respondent

I have read and fully discussed with Respondent Arun Kumar Softa, 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: _____ _____
RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

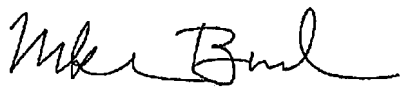
ENDORSEMENT

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

DATED: September 24, 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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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated 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: 9/24/2021

ARUN KUMAR SOFTA, M.D.
Respondent

I have read and fully discussed with Respondent Arun Kumar Softa, 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: September 24, 2021

RAYMOND J. MCMAHON, ESQ.
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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Exhibit A

Accusation No. 800-2018-042368

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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: **Arun Kumar Softa, M.D.** **10401 Redbridge Way** **Bakersfield, CA 93311-2962** **Physician's and Surgeon's Certificate No. A 53661,** Respondent.	Case No. 800-2018-042368 **ACCUSATION**

PARTIES

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

2. On or about October 26, 1994, the Medical Board issued Physician's and Surgeon's Certificate No. A 53661 to Arun Kumar Softa, 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 February 28, 2022, unless renewed.

JURISDICTION

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

4. 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 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.

5. 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.

DEFINITIONS

PERTINENT DRUGS AND DEFINITIONS

6. 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.

7. Controlled Substances Agreement, also known as a pain management contract or 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.

8. 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.

9. 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.

10. 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.

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11. Carisoprodol (Soma) is a muscle relaxant medication used to treat musculo-skeletal pain. Side effects include headache, dizziness, and sleepiness. Carisoprodol is a Schedule IV controlled substance.

12. Hydromorphone (Dilaudid®) is an opioid pain medication commonly called a narcotic that is used to treat moderate to severe pain. Dilaudid can slow or stop your breathing and should not be used in larger amounts or longer periods than prescribed. Dilaudid may be habit-forming and can cause addiction, overdose or death if misused. Dilaudid has a high potential for abuse. Dilaudid is a Schedule II controlled substance under Health and Safety Code section 11055, and a Schedule II controlled substance under section 1308.12 of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022.

13. Morphine (MS Contin®) is an opioid pain medication or narcotic that is used to treat pain. It can be taken as needed for pain in short acting formulations or as an extended-release form for constant pain depending upon the formulation. Morphine has a high potential for abuse. Morphine is a Schedule II controlled substance under Health and Safety Code section 11055, and a Schedule II controlled substance under section 1308.12 of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022.

14. 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.

15. 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.

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16. 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.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

17. Respondent's Physician's and Surgeon's Certificate No. A 53661 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 negligence. The circumstances are as follows:

18. At all times relevant herein, Respondent practiced in an outpatient clinic specializing in primary care and/or family medicine. Respondent reports treating approximately 25 patients each day, including adults and pediatrics. Respondent is supervised by a physician and surgeon, pursuant to a delegation of services agreement.

Patient A[1]

2016

19. On or about Jun 8, 2016, Patient A presented to Respondent for a routine follow-up and refills of his medications at 65 years old. Patient A's problem list included low back pain, hypertension, atresia of aorta, aortic valve disorder, coronary artery disease, peripheral vascular disease, hyperlipidemia, chronic atrial fibrillation, type 2 diabetes, pacemaker implantation, heart failure, lower abdominal pain, and unspecified pain. Respondent noted that Patient A was seeking refills of his medications, and had no new complaints at this visit. Respondent documented a complete physical examination with no abnormalities, and diagnosed Patient A with low back pain, hypertension, atresia of the aorta, aortic valve disorder, coronary artery disease, peripheral vascular disease, hyperlipidemia, and chronic atrial fibrillation. Respondent's plan for Patient A was to continue all present medications, and follow up in 4-6 weeks. Respondent prescribed Soma 350 mg three times daily, and Dilaudid 4 mg 3 times daily.

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

20. On or about July 8, 2016, Patient A presented to Respondent complaining of worsening back pain. Respondent prescribe Patient A zolpidem 10 mg for sleep, and referred him to pain management. Respondent continued to see Patient A on a monthly basis to refill his medications.

21. On or about November 4, 2016, Respondent referred Patient A to a pain management specialist.

22. In 2016, Patient A presented to Respondent's clinic for treatment approximately 7 times, meeting with Respondent approximately 6 times.

23. During the period of on or about June 8, 2016 through December 31, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
6/8/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/8/2016	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
7/8/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/8/2016	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
7/8/2016	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
8/4/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/4/2016	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
8/4/2016	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
9/7/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/7/2016	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
9/7/2016	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
10/5/2016	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
10/6/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/6/2016	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
11/4/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/4/2016	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
11/4/2016	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
12/4/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/4/2016	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
12/4/2016	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent

2017

24. On or about January 9, 2017, Patient A presented to a pain management specialist. Patient A was scheduled to receive a lumbar epidural steroid injection. The pain management

specialist reviewed Patient A's CURES report, prescribed him controlled substances for his pain, and counseled him regarding the use of controlled substances.

25. In 2017, Patient A presented to Respondent's clinic for treatment approximately 9 times, meeting with Respondent each time.

26. During the period of on or about January 11, 2017 through December 31, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/11/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
1/12/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/12/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
2/5/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/5/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
2/5/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
3/5/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/5/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
3/5/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
4/7/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/7/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
4/7/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
5/5/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/5/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
5/5/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
6/1/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
6/1/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
6/2/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/6/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/6/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
7/7/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
8/7/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
8/7/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
8/8/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/5/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/5/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
9/5/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
10/7/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/7/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
10/7/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
11/6/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/6/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
11/6/2017	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
12/5/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/5/2017	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent

2018

27. On or about February 6, 2018, Patient A presented to Respondent for follow up on his "regular medical problems," as noted in the medical records. Respondent documented that he a discussion of the risks of controlled substances with Patient A, and recommended that Patient A taper his use of controlled substances for pain.

28. In 2018, Patient A presented to Respondent's clinic for treatment approximately 6 times, meeting with Respondent each time.

29. During the period of on or about January 4, 2018 through December 31, 2018, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/4/2018	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
1/5/2018	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
1/9/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/6/2018	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
2/7/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/6/2018	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
3/9/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/9/2018	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
4/7/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/7/2018	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
4/7/2018	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
5/8/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/8/2018	HYDROMORPHONE HCL	TAB	4 MG	90	30	Respondent
6/11/2018	HYDROMORPHONE HCL	TAB	4 MG	90	30	A.S.
11/19/2018	CARISOPRODOL	TAB	350 MG	60	30	Respondent
11/19/2018	HYDROMORPHONE HCL	TAB	4 MG	60	30	Respondent
11/19/2018	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
12/19/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	V.M.

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2019

30. On or about March 26, 2019, Patient A presented to Respondent for a follow appointment following his release from an inpatient admission to the hospital for congestive heart failure. Respondent did not document a pain management agreement / pain contract, or document the review of Patient A's CURES report at any time from June 8, 2016 through March 26, 2019.

31. In 2019, Patient A presented to Respondent's clinic for treatment approximately 2 times through March 26, 2019, meeting with Respondent each time.

32. During the period of on or about January 17, 2019 through June 5, 2019, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/17/2019	CARISOPRODOL	TAB	350 MG	60	30	Respondent
1/17/2019	HYDROMORPHONE HCL	TAB	2 MG	60	30	R.K.
1/17/2019	MORPHINE SULFATE	TER	15 MG	60	30	R.K.
1/25/2019	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
2/15/2019	CARISOPRODOL	TAB	350 MG	60	30	Respondent
2/19/2019	HYDROMORPHONE HCL	TAB	2 MG	60	30	R.K.
2/19/2019	MORPHINE SULFATE	TER	15 MG	60	30	R.K.
3/4/2019	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	Respondent
3/26/2019	HYDROMORPHONE HCL	TAB	4 MG	60	30	W.M.
4/8/2019	CARISOPRODOL	TAB	350 MG	60	30	Respondent

Departures

33. Respondent prescribed long-term narcotics to Patient A, in combination with sedatives, which placed him at a high risk for respiratory depression, or death, without obtaining a pain management contract and/or documenting review of a CURES report. Respondent did not follow pain management guidelines related to his prescribing of controlled substances to Patient A, despite Patient A's multiple risk factors and simultaneous use of narcotics and sedatives. Respondent claims that he had a verbal pain management agreement with Patient A, but he failed to document a written agreement in Patient A's medical records. Patient A's CURES report was reviewed by the pain management specialist, but not by Respondent, who prescribed controlled substances to Patient A for years. Respondent could have obtained important information about the possibility of diversion of controlled substances by reviewing Patient A's CURES report.

Respondent's prescribing and management of Patient A's use of controlled substances constitutes negligence.

Patient B

34. On or about December 17, 2016, Patient B presented to Respondent at 37 years old, with a history that included hypertension, asthma, depression, migraine headaches, reflux, and breast lumps. Patient B complained of rib and thorax pain, which Respondent diagnosed as a muscle spasm. Patient C's history included a prior mammogram on July 17, 2015. Respondent ordered a CT exam, and directed Patient B to return in four weeks. Respondent did not document a breast examination.

35. In 2016, Patient B presented to Respondent's office for treatment approximately 1 time, and received care from a nurse practitioner.

36. During the period of on or about June 22, 2016 through December 31, 2016, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
6/22/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	K.H.
7/1/2016	PHENTERMINE HCL	TAB	37.5 MG	30	30	G.S.
7/22/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	K.H.
7/28/2016	PHENTERMINE HCL	TAB	37.5 MG	30	30	G.S.
8/20/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	K.H.
9/19/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	K.H.
10/19/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	K.H.
11/21/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
12/19/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	K.H.

2017

37. In 2017, Patient B presented to Respondent's office for treatment approximately 9 times, receiving treatment from Respondent approximately 2 times.

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38. During the period of on or about January 17, 2017 through December 31, 2017, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/17/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	R.H.
2/16/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	K.H.
3/17/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	K.H.
4/5/2017	LORAZEPAM	TAB	1 MG	15	10	A.M., PA.C.
4/19/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	K.H.
4/22/2017	LORAZEPAM	TAB	1 MG	90	30	R.H.
5/17/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
5/21/2017	LORAZEPAM	TAB	1 MG	90	30	R.H.
6/15/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
7/10/2017	LORAZEPAM	TAB	1 MG	30	10	Respondent
7/13/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
7/19/2017	LORAZEPAM	TAB	1 MG	30	10	Respondent
7/28/2017	LORAZEPAM	TAB	1 MG	30	10	Respondent
8/6/2017	LORAZEPAM	TAB	1 MG	12	4	Respondent
8/14/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
8/14/2017	LORAZEPAM	TAB	1 MG	30	10	Respondent
8/23/2017	LORAZEPAM	TAB	1 MG	30	10	Respondent
8/31/2017	LORAZEPAM	TAB	1 MG	30	10	Respondent
9/8/2017	LORAZEPAM	TAB	1 MG	30	10	Respondent
9/11/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	R.H.
9/16/2017	LORAZEPAM	TAB	1 MG	30	10	Respondent
9/24/2017	LORAZEPAM	TAB	1 MG	18	6	Respondent
9/29/2017	LORAZEPAM	TAB	1 MG	30	30	Respondent
10/9/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
10/31/2017	LORAZEPAM	TAB	1 MG	15	15	Respondent
11/2/2017	LORAZEPAM	TAB	1 MG	15	15	R.H.
11/6/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
11/16/2017	ALPRAZOLAM	TAB	1 MG	30	10	L.M.
11/30/2017	LORAZEPAM	TAB	1 MG	20	10	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
12/5/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
12/10/2017	LORAZEPAM	TAB	1 MG	10	10	Respondent
12/19/2017	LORAZEPAM	TAB	1 MG	20	10	Respondent
12/29/2017	LORAZEPAM	TAB	1 MG	12	6	A.M., M.D.

2018

39. On or about March 27, 2018, Patient B was sent out for a mammogram by a nurse practitioner. The test revealed no evidence of a malignancy.

40. On or about May 8, 2018, Patient A presented to Respondent for follow up of a mammogram. Respondent noted in the history of present illness that Patient B was diagnosed with a breast mass at age 22, and has continued to get annual diagnostic mammograms. Respondent documented "breast nodule" on Patient B's problem list. Respondent did not document a breast examination, despite Patient B's history of lumps and recent mammogram.

41. In 2018, Patient B presented to Respondent's office for treatment approximately 5 times, receiving treatment from Respondent approximately 3 times.

42. During the period of on or about January 4, 2018 through December 31, 2018, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/4/2018	LORAZEPAM	TAB	1 MG	30	10	Respondent
1/5/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
1/13/2018	LORAZEPAM	TAB	1 MG	30	10	Respondent
1/22/2018	LORAZEPAM	TAB	1 MG	60	20	Respondent
2/5/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
2/9/2018	LORAZEPAM	TAB	1 MG	60	20	Respondent
2/28/2018	LORAZEPAM	TAB	1 MG	60	20	Respondent
3/5/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
3/18/2018	LORAZEPAM	TAB	1 MG	60	20	Respondent
4/4/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
4/6/2018	LORAZEPAM	TAB	1 MG	20	10	R.L.
4/24/2018	LORAZEPAM	TAB	1 MG	20	10	R.L.
5/7/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
6/7/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
6/11/2018	LORAZEPAM	TAB	0.5 MG	60	60	V.S.
6/29/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	20	5	K.H.
7/6/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	K.H.
7/11/2018	LORAZEPAM	TAB	0.5 MG	60	30	V.S.
7/26/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	20	5	K.H.
8/6/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.
8/15/2018	LORAZEPAM	TAB	0.5 MG	45	22	V.S.
8/29/2018	BUTALBITAL-ACETAMINOPHEN-CAFFEINE	TAB	325 MG-50 MG-40 MG	30	10	Respondent
9/6/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.
9/14/2018	LORAZEPAM	TAB	1 MG	20	10	A.S.
9/24/2018	LORAZEPAM	TAB	0.5 MG	45	22	V.S.
10/4/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.
10/13/2018	LORAZEPAM	TAB	0.5 MG	45	22	V.S.
10/23/2018	BUTALBITAL-ACETAMINOPHEN-CAFFEINE	TAB	325 MG-50 MG-40 MG	20	10	A.S.
11/5/2018	LORAZEPAM	TAB	0.5 MG	45	22	V.S.
11/6/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.
11/14/2018	BUTALBITAL-ACETAMINOPHEN-CAFFEINE	TAB	325 MG-50 MG-40 MG	30	10	A.S.
12/4/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.

43. During the period of on or about January 2, 2019 through June 5, 2019, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/2/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.
1/14/2019	LORAZEPAM	TAB	0.5 MG	30	30	V.S.
2/5/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.
2/11/2019	LORAZEPAM	TAB	0.5 MG	30	30	V.S.
3/5/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.
3/18/2019	LORAZEPAM	TAB	0.5 MG	30	30	V.S.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/22/2019	PHENTERMINE HCL	TAB	37.5 MG	30	30	A.S.
4/4/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.
4/15/2019	LORAZEPAM	TAB	0.5 MG	30	30	V.S.
5/3/2019	PHENTERMINE HCL	TAB	37.5 MG	30	30	A.S.
5/9/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	K.H.
5/21/2019	LORAZEPAM	TAB	0.5 MG	30	30	V.S.
6/3/2019	PHENTERMINE HCL	TAB	37.5 MG	30	30	A.S.

Departures

44. Respondent did not document a breast examination related to Patient B's May 8, 2018 follow up appointment following her mammogram. Respondent told the Board's investigators that a gynecologist was also following Patient A, and it was possible that the gynecologist performed a breast examination. Respondent's failure to document a breast examination for Patient B constitutes negligence.

Patient C

2016

45. On or about July 6, 2016, Patient C presented to Respondent at 64 years old, with diagnoses including migraine, hypertension, obesity, and lumbago. At this time, Respondent was prescribing Patient C Norco 325mg, 120 each month. Respondent continued prescribing Norco through December 29, 2017.

46. In 2016, Patient C presented to Respondent's office for treatment approximately 6 times, receiving treatment from Respondent approximately 5 times.

47. During the period of on or about June 17, 2016 through December 31, 2016, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
6/17/2016	TRAMADOL HCL	TAB	50 MG	120	30	M.M.
7/7/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
7/22/2016	TRAMADOL HCL	TAB	50 MG	120	30	M.M.
7/28/2016	TRAMADOL HCL	TAB	50 MG	120	30	M.M.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
8/5/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	HAD.
8/27/2016	TRAMADOL HCL	TAB	50 MG	120	30	M.M.
9/6/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	HAD.
9/23/2016	TRAMADOL HCL	TAB	50 MG	60	30	S.B.
10/5/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
10/23/2016	TRAMADOL HCL	TAB	50 MG	60	30	S.B.
11/4/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
11/21/2016	TRAMADOL HCL	TAB	50 MG	60	30	S.B.
12/3/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
12/22/2016	TRAMADOL HCL	TAB	50 MG	60	20	J.L.

2017

48. On or about July 17, 2017, Patient C presented for a follow up her medical problems and refills of her medications. Respondent noted that Patient C was "feeling much better," and refilled her Norco prescription. Respondent did not document any explanation for not electing to discontinue or taper Patient C's prescription for Norco if she was indeed feeling much better. Respondent did not document a long-term plan related to the use of controlled substances for pain management. Respondent continued to treat Patient C regularly for nearly two years, with a similar lack of documentation related to the use of controlled substances.

49. On or about October 5, 2017, Patient C presented with complaints of blurry vision, extreme fatigue, waking up at night with urination, and needing refills of her medications. Respondent noted that Patient C had a strong family history of diabetes, and had questions about diabetes at this visit. Respondent performed a complete physical, but did not asses Patient C's visual acuity. Respondent identified several health problems in Patient C's assessment/plan, but not the blurry vision, extreme fatigue, and nocturia, which she complained of during this visit. Respondent did not document a differential diagnosis related to Patient C's complaints of blurry vision, extreme fatigue, and nocturia.

50. In 2017, Patient C presented to Respondent for treatment approximately 8 times.

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51. During the period of on or about January 16, 2017 through December 31, 2017, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/16/2017	TRAMADOL HCL	TAB	50 MG	60	20	J.L.
2/4/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
2/23/2017	TRAMADOL HCL	TAB	50 MG	90	30	J.L.
3/3/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
4/7/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
4/27/2017	TRAMADOL HCL	TAB	50 MG	90	30	J.L.
5/9/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
6/7/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
6/23/2017	TRAMADOL HCL	TAB	50 MG	90	30	J.L.
7/6/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
7/27/2017	TRAMADOL HCL	TAB	50 MG	90	30	J.L.
8/7/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
9/7/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	Respondent
9/8/2017	TRAMADOL HCL	TAB	50 MG	90	30	J.L.
10/5/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	90	22	Respondent
11/1/2017	TRAMADOL HCL	TAB	50 MG	60	30	J.L.
11/6/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	90	22	Respondent
12/5/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	90	22	Respondent
12/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	90	22	Respondent

2018

52. In 2018, Patient C presented to Respondent for treatment approximately 3 times.

53. During the period of on or about January 20, 2018 through December 31, 2018, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/20/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	A.P.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
2/21/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	A.P.
3/22/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	60	15	A.P.
4/8/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	W.M.
5/7/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	W.M.
6/7/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	A.P.
7/7/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	A.P.
8/5/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	A.P.
9/6/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	V.M.
10/5/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	A.P.
11/5/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	A.P.
12/6/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	R.K.

2019

54. During the period of on or about January 8, 2019 through June 5, 2019, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	R.K.
2/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	R.K.
3/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	30	R.K.
4/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	V.M.
5/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	R.K.

Departures

55. Respondent failed to adequately document the assessment and treatment plan relating to Patient C's complaint of pain. Respondent provided longer term monthly prescriptions for Norco, but did not document a treatment plan related to the use of controlled substances, a pain

management contract, or review Patient C's CURES reports. Respondent's failure to accurately document the assessment and treatment plan related to Patient C's pain constitutes negligence.

56. Respondent failed to document a differential diagnosis for Patient C's complaints of blurry vision, fatigue, and nocturia. Respondent did not include a differential diagnosis for Patient C's new symptoms, or consideration of numerous serious conditions including out of control diabetes, acute glaucoma, or a urinary tract infection. Respondent's failure to document an assessment and plan related to Patient C's complaint of blurry vision, fatigue and nocturia constitutes negligence.

Patient D

2016

57. On or about June 23, 2016, Respondent prescribed Patient D Lyrica 75 mg, #120.

58. On or about July 5, 2016, Respondent prescribed Patient D alprazolam, Norco, and promethazine with codeine.

59. On or about July 12, 2016, Patient D presented to Respondent at 56 years old, with medical problems including chronic low back pain, radiculopathy, anxiety, depression, peripheral vascular disease, non-Hodgkin's lymphoma, sleep apnea, obesity, and s/p bariatric surgery. Respondent's assessment for Patient D included low back pain, anxiety, depression, peripheral vascular disease, non-Hodgkin's lymphoma, sleep apnea, and s/p bariatric surgery. Respondent's plan was to continue prescribing Flexeril and alprazolam for anxiety, concurrently with Norco and promethazine with codeine. A general discussion of the side effects of the medications prescribed was documented at this visit. Respondent continued to treat Patient D on approximately a monthly basis, documenting a complete examination on each visit, and refilling her prescriptions. Respondent continued to prescribe promethazine with codeine at each visit, but only documented a pulmonary symptom on one visit. Respondent did not document any additional discussion of the side effects of Patient D's narcotics and sedatives in subsequent visits. Respondent noted that Patient D occasionally drank tequila, but did not document providing any warning to Patient D about the risk of using alcohol in combination with the

prescribed controlled substances. Respondent did not document a pain management agreement, or review of Patient D's CURES report in any of the records reviewed.

60. In 2016, Patient D presented to Respondent for treatment approximately 4 times.

61. During the period of on or about June 23, 2016 through December 31, 2016, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
6/23/2016	LYRICA	CAP	75 MG	60	30	Respondent
7/5/2016	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
7/5/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
7/5/2016	ALPRAZOLAM	TAB	0.25 MG	90	30	Respondent
7/19/2016	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
8/3/2016	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
8/3/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
8/4/2016	LYRICA	CAP	200 MG	60	30	M.B.
8/4/2016	LYRICA	CAP	75 MG	60	30	Respondent
8/31/2016	LYRICA	CAP	200 MG	60	30	M.B.
9/2/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
9/2/2016	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
9/2/2016	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
9/28/2016	LYRICA	CAP	200 MG	60	30	M.B.
9/29/2016	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
10/3/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
10/4/2016	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
10/14/2016	LYRICA	CAP	150 MG	60	30	M.B.
10/26/2016	LYRICA	CAP	200 MG	60	30	M.B.
11/3/2016	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
11/3/2016	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
11/3/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	Respondent
11/11/2016	LYRICA	CAP	150 MG	60	30	M.B.
12/5/2016	LYRICA	CAP	150 MG	60	30	M.B.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
12/5/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
12/5/2016	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
12/5/2016	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
12/6/2016	LYRICA	CAP	200 MG	60	30	M.B.

2017

62. In 2017, Patient D presented to Respondent for treatment approximately 8 times.

63. During the period of on or about January 3, 2017 through December 31, 2017, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/3/2017	LYRICA	CAP	200 MG	60	30	M.B.
1/4/2017	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
1/4/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	Respondent
1/4/2017	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	240	8	Respondent
1/18/2017	LYRICA	CAP	75 MG	60	30	M.B.
1/30/2017	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
1/31/2017	LYRICA	CAP	200 MG	60	30	M.B.
2/2/2017	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
2/2/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	Respondent
2/16/2017	LYRICA	CAP	75 MG	60	30	M.B.
3/1/2017	LORCET HD	TAB	325 MG-10 MG	90	30	Respondent
3/1/2017	ALPRAZOLAM	TAB	2 MG	90	90	Respondent
3/1/2017	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	240	8	Respondent
3/17/2017	LYRICA	CAP	75 MG	60	30	M.B.
4/1/2017	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	240	30	Respondent
4/3/2017	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
4/3/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
4/29/2017	LYRICA	CAP	75 MG	60	30	M.B.
5/1/2017	LYRICA	CAP	200 MG	120	40	K.H.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
5/1/2017	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
5/3/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
5/3/2017	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
6/1/2017	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
6/1/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
6/2/2017	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
6/8/2017	LYRICA	CAP	200 MG	120	40	K.H.
6/14/2017	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
6/30/2017	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	300	10	Respondent
6/30/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
7/6/2017	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
7/24/2017	LYRICA	CAP	200 MG	120	40	K.H.
7/28/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
8/4/2017	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
8/31/2017	ALPRAZOLAM	TAB	2 MG	90	30	A.S., M.D.
8/31/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
9/14/2017	LYRICA	CAP	200 MG	120	30	M.B.
9/27/2017	ALPRAZOLAM	TAB	2 MG	90	30	Respondent
9/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	Respondent
10/19/2017	LYRICA	CAP	200 MG	90	30	W.M.
10/27/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	W.M.
11/2/2017	ALPRAZOLAM	TAB	2 MG	25	25	A.S., P.A.
11/6/2017	LYRICA	CAP	200 MG	120	30	M.B.
11/22/2017	ALPRAZOLAM	TAB	2 MG	90	30	A.T.
11/28/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	A.P.
12/1/2017	LYRICA	CAP	200 MG	120	30	M.B.
12/26/2017	LYRICA	CAP	200 MG	90	30	A.P.
12/26/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	A.P.

2018

64. During the period of on or about February 1, 2018 through December 31, 2018, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
2/1/2018	ALPRAZOLAM	TAB	2 MG	90	30	A.T.
2/2/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	M.B.
2/26/2018	LYRICA	CAP	200 MG	120	30	M.B.
3/5/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	M.B.
3/22/2018	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
3/29/2018	LYRICA	CAP	200 MG	120	30	M.B.
4/3/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	30	M.B.
4/19/2018	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
5/1/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	30	M.B.
5/2/2018	LYRICA	CAP	200 MG	120	30	M.B.
5/23/2018	ALPRAZOLAM	TAB	2 MG	90	30	S.A.
5/30/2018	LYRICA	CAP	200 MG	120	30	M.B.
6/1/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	30	M.B.
6/21/2018	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
7/3/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	30	M.B.
7/14/2018	LYRICA	CAP	200 MG	90	30	M.B.
8/1/2018	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
8/3/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	30	M.B.
8/23/2018	LYRICA	CAP	200 MG	90	30	M.S.
8/29/2018	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
9/4/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	30	M.B.
9/4/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	48	12	M.B.
10/2/2018	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
10/2/2018	LYRICA	CAP	200 MG	90	30	M.S.
10/3/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	M.B.
10/30/2018	LYRICA	CAP	200 MG	90	30	M.S.
11/1/2018	ALPRAZOLAM	TAB	2 MG	90	30	M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
11/2/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	M.B.
11/29/2018	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
11/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	M.B.
11/30/2018	LYRICA	CAP	200 MG	90	30	M.B.
12/27/2018	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
12/31/2018	LYRICA	CAP	200 MG	90	30	M.B.

2019

65. During the period of on or about January 3, 2019 through June 5, 2019, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/3/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	M.B.
1/23/2019	LYRICA	CAP	200 MG	90	30	M.B.
1/24/2019	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
2/4/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	M.B.
2/18/2019	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
2/19/2019	LYRICA	CAP	200 MG	90	30	M.B.
3/4/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	M.B.
3/28/2019	LYRICA	CAP	200 MG	90	30	M.B.
3/28/2019	ALPRAZOLAM	TAB	2 MG	90	30	S.W.
4/3/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	M.B.
4/25/2019	ALPRAZOLAM	TAB	2 MG	90	30	M.D.
5/2/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	M.B.
5/2/2019	LYRICA	CAP	200 MG	90	30	M.B.
5/31/2019	LYRICA	CAP	200 MG	90	30	M.B.
5/31/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	M.B.
6/4/2019	ALPRAZOLAM	TAB	2 MG	90	30	M.D.

Departures

66. Respondent prescribed multiple controlled substances to Patient D, who was at a high risk for complications, and did not adequately monitor or provide informed consent to Patient D.

Patient D's history included multiple conditions that increased her risk for dangerous side effects including respiratory depression and death. In addition, Patient D's conditions included sleep apnea and obesity, which increased her risk of respiratory depression even more. Respondent did not document any specific warnings to Patient D regarding these risks, what side effects to be aware of, or the need to avoid combining alcohol in combination with her narcotics and sedatives. Respondent repeatedly prescribed a cough suppressant, promethazine with codeine, absent any documentation of symptoms that would justify the prescription to Patient D. Respondent never documented a pain management agreement for Patient D, and failed to review the CURES reports for Patient D before or during the time that he prescribed controlled substances to Patient D. Respondent's prescribing and monitoring of controlled substances to Patient D constitutes negligence.

SECOND CAUSE FOR DISCIPLINE

(Medical Record Keeping)

67. Respondent's Physician's and Surgeon's Certificate No. A 53661 is subject 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, Patient C, and Patient D, as more particularly alleged in paragraphs 18 through 66, which are hereby incorporated by reference and realleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

68. To determine the degree of discipline, if any, to be imposed on Respondent Arun Kumar Softa, M.D., Complainant alleges that on or about April 24, 2019, in a prior disciplinary action titled "In the Matter of the First Amended Accusation Against Arun Kumar Softa, M.D." before the Medical Board of California, in Case No. 800-2015-012107, Respondent was publicly reprimanded, and ordered to complete a court in medical recordkeeping. That decision is now final and is 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 No. A 53661, issued to Arun Kumar Softa, M.D.;

2. Revoking, suspending or denying approval of Arun Kumar Softa, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Arun Kumar Softa, 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: AUG 13 2020

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

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