ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
State Bar No. 236116
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2307
Facsimile: (559) 445-5106
Attorneys for Complainant

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

In the Matter of the Accusation Against, **BALDEV DAVID SINGH, M.D.** 5771 N Fresno St., # 110 Fresno. CA 93710 Physician's and Surgeon's Certificate No. C 40540 Respondent.	Case No. 800-2018-045647 **DEFAULT DECISION AND ORDER** [Gov. Code, §11520]

FINDINGS OF FACT

1. On or about July 7, 2021, Complainant William Prasifka, in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs, filed Accusation No. 800-2018-045647 against Baldev David Singh, M.D. (Respondent) before the Medical Board of California.

2. On or about July 2, 1982, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate No. C 40540 to 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 September 30, 2021, unless renewed. A copy of Respondent's Certificate of Licensure is attached as Exhibit A and incorporated herein by reference.

3. On or about July 7, 2021, Anna Fulton, an employee of the Complainant Agency, served by Certified Mail a copy of the Accusation No. 800-2018-045647, Statement to Respondent, Notice of Defense, Request for Discovery, and Government Code sections 11507.5, 11507.6, and 11507.7 to Respondent's address of record with the Board, which was and remains 5771 N Fresno St., # 110, Fresno CA 93710. A copy of the Accusation, the related documents, Declaration of Service, and USPS Certified Mail Tracking are attached as Exhibit B, and are incorporated herein by reference.

4. Service of the Accusation was effective as a matter of law under the provisions of Government Code section 11505, subdivision (c).

5. Receiving no response to the Accusation, on or about August 3, 2021, the Board's counsel had served upon Respondent by U.S. and Certified Mail a Courtesy Notice of Default, including a copy of the Accusation and related documents, to Respondent's address of record stated above. A copy of the Courtesy Notice of Default, the related documents, Declaration of Service, and USPS Certified Mail Tracking are attached as Exhibit C, and are incorporated herein by reference.

6. On or about September 1, 2021, after receiving no response to the Courtesy Notice of Default, the Board's counsel had served upon Respondent by U.S. and Certified Mail a Second Courtesy Notice of Default. The Second Courtesy Notice of Default, along with a copy of the Accusation and related documents were served on Respondent at his address of record, as well as at his last known home address. A copy of the Second Courtesy Notice of Default, the related documents, Declaration of Service, and USPS Certified Mail Tracking are attached as Exhibit D, and are incorporated herein by reference.

7. Government Code section 11506 states, in pertinent part:

> (c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing.

Respondent failed to file a Notice of Defense within 15 days after service upon him of the Accusation, and therefore waived his right to a hearing on the merits of Accusation No. 800-2018-045647.

8. California Government Code section 11520 states, in pertinent part:

> (a) If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent.

9. Exhibit E, attached and incorporated herein by reference, is a Declaration of Deputy Attorney General Michael C. Brummel, which establishes that no Notice of Defense was received by the Board or the Attorney General's office, and further that each exhibit in the Default Decision Packet is a true and correct copy of the original.

10. Exhibit F, attached and incorporated herein by reference, is a Declaration of Gary D. Bennett, M.D., the physician who evaluated the care that Respondent rendered to Patients A, Patient B, Patient C, Patient D, and Patient E, on behalf of the Medical Board, in order to determine whether his treatment of the patients was within the standard of care. Dr. Bennett reviewed the medical records of the patients and other pertinent information obtained during the Medical Board's investigation of Respondent's care and treatment of each patient. His findings and conclusions in his declaration establish that Respondent was engaged in gross negligence, and repeated negligent acts in the care and treatment of the patients. In addition, Dr. Bennett's declaration establishes that Respondent failed to maintain adequate and accurate records of the care provided to each patient.

11. Pursuant to its authority under Government Code section 11520, the Board finds Respondent is in default. The Board will take action without further hearing and, based on Respondent's express admissions by way of default and the evidence before it, contained in exhibits A, B, C, D, E and F, finds that the allegations in Accusation No. 800-2018-045647 are true.

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DETERMINATION OF ISSUES

1. Based on the foregoing findings of fact, Respondent Baldev David Singh, M.D. has subjected his Physician's and Surgeon's Certificate No. C 40540 to discipline.

2. A copy of the Accusation and the related documents and Declaration of Service are attached.

3. The agency has jurisdiction to adjudicate this case by default.

4. The Medical Board of California is authorized to revoke Respondent's Physician's and Surgeon's Certificate based upon the following violations alleged in the Accusation:

a. Gross negligence with respect to his care and treatment of Patients A, Patient B, Patient C, Patient D, and Patient E, pursuant to sections 2227 and 2234(b) of the Business and Professions Code;

b. Repeated negligent acts in the care and treatment of Patients A, Patient B, Patient C, Patient D, and Patient E, pursuant to sections 2227 and 2234(c) of the Business and Professions Code;

c. Failure to maintain medical records for the care and treatment of Patients A, B, C, D, and E pursuant to section 2266 of the Business and Professions Code.

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ORDER

IT IS SO ORDERED that Physician's and Surgeon's Certificate No. C 40540, heretofore issued to Respondent Baldev David Singh, M.D., is revoked.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective at 5:00 p.m. on January 28, 2022.

It is so ORDERED December 29, 2021.

Reji Varghese
Deputy Director

for: William Prasifka
Executive Director
FOR THE MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
State Bar No. 236116
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2307
Facsimile: (559) 445-5106
E-mail: Michael.Brummel@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **Baldev David Singh, M.D.** **5771 N. Fresno St., # 110** **Fresno, CA 93710** **Physician's and Surgeon's Certificate No. C 40540,** Respondent.	Case No. 800-2018-045647 **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 July 2, 1982, the Medical Board issued Physician's and Surgeon's Certificate Number C 40540 to Baldev David Singh, 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 September 30, 2021, unless renewed.

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3. On or about July 18, 1992, in case No. D-5626, Respondent entered into a stipulation and order with the Arizona State Board of Medical Examiners to undergo an indefinite monitored treatment program for substance abuse. The case arose from allegations that Respondent, who was practicing medicine in Arizona, was an alcoholic. Respondent was required to participate in a Monitored Aftercare Treatment Program; participate in 90 twelve-step meetings within 90 days; attend a minimum of 3 twelve-step meetings each week; abstain from the consumption of alcoholic beverages, abstain from drugs, medications, and controlled substances; submit to random biological fluid testing at the request of the board; maintain a log of any and all medications prescribed to him; submit to mental, physical, or medical competency examinations as directed by the Board; submit to therapy as ordered by the Board; and obey all laws.

4. On or about August 30, 1994, the Medical Board of California issued an Order placing Respondent's Physicians and Surgeon's Certificate No. C-40540 on probation for a period of five years related to the Arizona enforcement action. Respondent was ordered to obey all laws; submit quarterly probation declarations; comply with probation requirements; appear at interviews upon request; abstain from controlled substances; abstain from deadly or dangerous drugs; maintain a record of all controlled substances prescribed, dispensed or administered by Respondent; abstain from alcoholic beverages; submit to biological fluid testing; enroll and participate in the Board's diversion program; take and pass an oral or written examination prior to resuming practice in California; participate in a psychiatric examination; and, undergo psychiatric treatment as directed by the Board.

5. On or about December 9, 2004, the Medical Board of California issued an Order revoking Respondent's Physicians and Surgeon's Certificate No. C-40540, staying the revocation, and placing Respondent on probation for five years with terms and conditions in Case No. 08-2002-133010. The case alleged gross negligence and failure to maintain adequate and accurate records in the care and treatment of multiple patients. In the care of one of the patients, Respondent failed to maintain adequate records relating to the diagnosis and medical indication of Oxycontin; failed to record the patient's progress, treatment results, or other evaluation; and provided regular refills of Oxycontin to the patient despite not seeing the patient in person for

more than a year. Respondent admitted to the truth of the allegations contained in First Amended Accusation No. 08-2002-133010. Respondent was required to complete a Medical Record Keeping Course, Ethics Course, Clinical Training Program, use a Practice Monitor; and comply with the standard terms and conditions of probation. That Decision became effective January 10, 2005.

6. On or about January 10, 2010, in Case No. 08-2002-133010, Respondent completed his term of probation.

JURISDICTION

7. 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.

8. Section 2228.1 of the Code states:

> (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:
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> (1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:
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> (A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.
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> (B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.
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> (C) Criminal conviction directly involving harm to patient health.
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> (D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.
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> (2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section

would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

9. 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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that 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.

10. 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

11. 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.

12. 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.

13. 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.

14. Alprazolam (Xanax®) 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.

15. Amphetamine and dextroamphetamine (Adderall®, Adderall XR®, Mydayis®) is a central nervous system stimulant that affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control. It is used in combination to treat narcolepsy and attention deficit hyperactivity disorder. 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.

16. Aripiprazole (Abilify®) is an antipsychotic medicine that is used to treat the symptoms of psychotic conditions such as schizophrenia, bipolar disorder, and major depressive disorder. It is a dangerous drug pursuant to Business and Professions Code section 4022.

17. Belsomra® (suvorexant) is a sleep medicine that is used to regulate your sleep and wake cycle, and used to treat insomnia. Belsomra 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.

18. 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.

19. 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.

20. 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.

21. 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.

22. Fentanyl (Duragesic®) is an opioid pain medication, sometimes called a narcotic, used to treat moderate to severe chronic pain around the clock. 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.

23. Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a

dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to Schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

24. Klonopin® (clonazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that 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. When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders. Concomitant use of Klonopin® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Klonopin®, as drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

25. 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).

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

27. MS Contin® (morphine sulfate), an opioid analgesic, 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. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Drug Enforcement Administration has identified oxycodone as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 39.) The Federal Drug Administration has issued a black box warning for MS Contin® which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also cautions about the risks associated with concomitant use of MS Contin® with benzodiazepines or other central nervous system (CNS) depressants.

28. 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 is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, 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. When properly prescribed and indicated, oxycodone is used for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative treatment options are inadequate. Respiratory depression is the chief hazard from all opioid agonist preparations. The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression. 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. The DEA has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.)

29. Oxymorphone (Numorphan HCl®, Opana®, Opana ER®) is an opioid medication that is used to treat moderate to severe pain. The extended release form is used for around-the-clock treatment of pain. It 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.

30. 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.

31. Suboxone® (buprenorphine and naloxone) is an opioid medication. The naloxone blocks the effect of the opioid medication, including pain relief or feelings of well-being, that can lead to opioid abuse. Suboxone is used to treat narcotic/opiate addition, and is not for use as a pain medication. Suboxone is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

32. 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.

33. 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

Facts Common to All Patients

34. On or about April 13, 2021, Respondent was interviewed by the Board's investigator regarding the care provided to Patient A[1], Patient B, Patient C, Patient D, and Patient E. Respondent stated that he typically keeps his records for seven years, and knew that the Board's expectation was that physicians and surgeons keep their records for seven years. He added that the records for these patients were "either given to patients to take to new doctors or were sent to the new doctors" that would manage the patients' continued treatment. Respondent stated that he did not maintain a copy of any of the records for any of these patients. When asked, Respondent stated that he did nothing in his practice to check for abuse or diversion of controlled substances.

Facts Pertaining to Patient A

35. Patient A reported that he was injured on the job more than a decade prior, and was referred to Respondent's practice for treatment. Respondent prescribed multiple pain management medications to Patient A, and at times referred him to other providers including physical therapy, and mental health treatment. Respondent tried to lower the doses prescribed, the combinations of medications prescribed, and tried using Suboxone at one point in time. Patient A stated that he had tried acupuncture and other therapies to control his pain, but was unsuccessful. Patient A stated that Respondent ordered x-rays, CT scans, and other tests to make sure he was taking his medications.

36. On or about July 25, 2015, Respondent prescribed Patient A 120 tablets of hydrocodone/acetaminophen 10/325 mg, totaling 40 MME.

37. On or about September 18, 2015, Respondent significantly increased the dose of opiates prescribed to Patient A. In addition to the hydrocodone/acetaminophen, Respondent added 360 tablets of oxycodone 30 mg, approximately 12 tablets of oxycodone per day, totaling

[1] Patients are identified by letter to protect their privacy.

540 MME. When added to the hydrocodone prescription, Patient A was prescribed opiates totaling 580 MME per day.

38. During the period of on or about July 25, 2015 through December 26, 2015, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
7/25/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
8/25/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
9/18/2015	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
9/25/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
10/18/2015	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
10/25/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
11/18/2015	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
11/25/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
12/18/2015	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
12/26/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent

39. During the period of on or about January 18, 2016 through December 27, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
1/26/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
2/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
2/25/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
3/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/25/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
4/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
4/25/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
5/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
5/25/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
6/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
6/27/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
7/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
7/27/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
8/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
8/27/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
9/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
9/27/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
10/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
10/27/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
11/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
11/27/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
12/18/2016	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
12/27/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent

40. During the period of on or about January 18, 2017 through December 29, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/18/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
1/27/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
2/18/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
2/27/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
3/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
3/28/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
4/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
4/28/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
5/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
5/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
6/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
6/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
7/6/2017	DIAZEPAM	TAB	5 MG	90	30	R.E.
7/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
7/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
8/9/2017	DIAZEPAM	TAB	5 MG	90	30	R.E.
8/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
8/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
9/5/2017	DIAZEPAM	TAB	5 MG	90	30	A.H.
9/17/2017	DIAZEPAM	TAB	5 MG	90	30	A.H.
9/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
9/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
10/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
10/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
11/14/2017	DIAZEPAM	TAB	5 MG	90	30	A.H.
11/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
11/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
12/14/2017	DIAZEPAM	TAB	5 MG	90	30	A.H.
12/19/2017	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
12/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent

41. On or about November 18, 2018, Respondent prescribed Patient A 360 tablets of oxycodone 30 mg, approximately 12 tablets of oxycodone per day, totaling 540 MME. Respondent continued to prescribe Patient A oxycodone on a monthly basis.

42. On or about November 25, 2018, Respondent prescribed Patient A 120 tablets of hydrocodone/acetaminophen 10/325 mg, totaling 40 MME.

43. During the period of on or about January 12, 2018 through December 30, 2018, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/12/2018	DIAZEPAM	TAB	5 MG	90	30	A.H.
1/19/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
1/29/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
2/3/2018	DIAZEPAM	TAB	5 MG	90	30	A.H.
2/19/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
2/27/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
3/14/2018	DIAZEPAM	TAB	5 MG	90	30	A.H.
3/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
3/29/2018	DIAZEPAM	TAB	5 MG	90	30	A.H.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/29/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
4/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
4/29/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
4/30/2018	DIAZEPAM	TAB	5 MG	90	30	A.H.
5/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
5/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
6/1/2018	DIAZEPAM	TAB	5 MG	90	30	A.H.
6/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
6/22/2018	DIAZEPAM	TAB	10 MG	90	30	A.H.
6/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
7/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
7/26/2018	DIAZEPAM	TAB	10 MG	90	30	A.H.
7/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
8/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
8/29/2018	DIAZEPAM	TAB	10 MG	90	30	A.H.
8/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
9/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
9/28/2018	DIAZEPAM	TAB	10 MG	90	30	A.H.
9/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
10/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
10/26/2018	DIAZEPAM	TAB	10 MG	90	30	A.H.
10/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
11/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
11/28/2018	DIAZEPAM	TAB	10 MG	90	30	A.H.
11/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
12/20/2018	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
12/26/2018	DIAZEPAM	TAB	10 MG	90	30	A.H.
12/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent

44. In recent years, Patient A reported that pharmacies were refusing to fill prescriptions that he received from Respondent. Patient A stated that in August 2019, pharmacies in the Fresno area refused to fill his prescriptions for controlled substances from Respondent, even after they verified the prescriptions with Respondent's office. When the pharmacies refused to fill his prescriptions, Patient A stated that he went through withdrawal and ended up bedridden. Patient A stated that he needed to undergo treatment at a methadone clinic to help with his withdrawal symptoms, still has pain, and uses a walker to assist with his mobility.

45. On or about August 20, 2019, Respondent prescribed Patient A 360 oxycodone 30 mg, representing 360 MME/day.

46. On or about August 28, 2019, Respondent prescribed Patient A 120 tablets of hydrocodone/acetaminophen 10/325 mg, totaling 40 MME.

47. On or about October 28, 2019, Respondent slightly decreased the prescription for oxycodone, prescribing Patient A 210 oxycodone 30 mg, representing 315 MME/day.

48. In or about November 2019, Respondent told Patient A that he was retiring and that Patient A would have to find another physician to treat him by the end of the year. Patient A stated that he was able to get one more prescription from Respondent in November 2019, but the pharmacies would not fill the prescriptions from Respondent. Patient A provided investigators with copies of the prescriptions from Respondent that he was unable to get filled. When Patient A did locate a new provider, he was unable to get his medical records from Respondent. Patient A stated that he made repeated records requests, but was unable to get any records from Respondent.

49. During the period of on or about January 20, 2019 through December 31, 2019, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/20/2019	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
1/20/2019	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
1/25/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
1/30/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
1/30/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
2/20/2019	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
2/25/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
2/28/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
3/20/2019	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
3/27/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
3/28/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
4/11/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
4/20/2019	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
4/26/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
5/10/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
5/20/2019	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
5/28/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
6/10/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
6/20/2019	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
6/28/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
7/12/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
7/21/2019	OXYCODONE HCL	TAB	30 MG	360	30	Respondent
7/28/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
8/12/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
8/28/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
8/28/2019	OXYCODONE HCL	TAB	30 MG	240	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
9/27/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
9/28/2019	OXYCODONE HCL	TAB	30 MG	210	30	Respondent
10/28/2019	OXYCODONE HCL	TAB	30 MG	210	30	Respondent
11/19/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.
12/31/2019	DIAZEPAM	TAB	10 MG	90	30	A.H.

50. On or about November 17, 2020, Patient A received his first prescription for a controlled substance following the closure of Respondent's practice. Patient A received a prescription from another provider for 24 morphine sulfate 15 mg, nearly eight months after his last prescription from Respondent.

51. During the period of on or about March 5, 2020 through December 29, 2020, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/5/2020	DIAZEPAM	TAB	10 MG	90	30	A.H.
4/23/2020	DIAZEPAM	TAB	10 MG	90	30	A.H.
6/2/2020	DIAZEPAM	TAB	10 MG	90	30	A.H.
6/30/2020	DIAZEPAM	TAB	10 MG	90	30	A.H.
8/6/2020	DIAZEPAM	TAB	10 MG	90	30	A.H.
9/24/2020	DIAZEPAM	TAB	10 MG	90	30	A.H.
10/29/2020	DIAZEPAM	TAB	10 MG	90	30	A.H.
11/17/2020	MORPHINE SULFATE	TAB	15 MG	24	3	K.S.
11/20/2020	MORPHINE SULFATE	TAB	30 MG	18	3	K.S.
11/24/2020	MORPHINE SULFATE	TAB	30 MG	28	7	K.S.
12/2/2020	MORPHINE SULFATE	TAB	30 MG	2	1	S.S.
12/3/2020	DIAZEPAM	TAB	5 MG	9	3	K.S.
12/3/2020	MORPHINE SULFATE	TAB	30 MG	18	6	K.S.
12/8/2020	MORPHINE SULFATE	TAB	30 MG	8	4	K.S.
12/11/2020	MORPHINE SULFATE	TAB	15 MG	10	5	K.S.
12/15/2020	MORPHINE SULFATE	TAB	15 MG	21	7	K.S.
12/22/2020	MORPHINE SULFATE	TAB	15 MG	12	8	K.S.
12/29/2020	MORPHINE SULFATE	TAB	15 MG	11	7	K.S.

52. On or about April 13, 2021, during an interview with the Board's investigator, Respondent could not recall what justification warranted the controlled substances prescribed to

Patient A. Although Respondent could not recall why he prescribed high quantities of controlled substances to Patient A, he said "it must have seemed appropriate to me at that time..."

53. During the period of on or about January 5, 2021 through March 22, 2021, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/5/2021	BUPRENORPHINE-NALOXONE	TAB	2 MG-0.5 MG	8	2	K.S.
1/6/2021	BUPRENORPHINE-NALOXONE	TAB	2 MG-0.5 MG	8	2	K.S.
1/8/2021	BUPRENORPHINE-NALOXONE	TAB	2 MG-0.5 MG	28	7	K.S.
1/15/2021	BUPRENORPHINE-NALOXONE	TAB	2 MG-0.5 MG	84	21	K.S.
2/3/2021	BUPRENORPHINE-NALOXONE	TAB	2 MG-0.5 MG	60	15	K.S.
2/19/2021	BUPRENORPHINE-NALOXONE	TAB	2 MG-0.5 MG	12	3	K.S.
2/22/2021	BUPRENORPHINE-NALOXONE	TAB	2 MG-0.5 MG	75	15	K.S.
3/8/2021	BUPRENORPHINE-NALOXONE	TAB	2 MG-0.5 MG	45	15	K.S.
3/22/2021	BUPRENORPHINE-NALOXONE	TAB	2 MG-0.5 MG	63	21	K.S.

54. Concurrent with his treatment by Respondent, Patient A received regular prescriptions from another provider of 90 diazepam 10 mg, every thirty days.

Facts Pertaining to Patient B

55. On or about July 31, 2015, Respondent prescribed Patient B 120 80 mg Oxycontin for the first time based upon the records available for review. Two weeks later, on or about August 17, 2015, Patient B filled another prescription from Respondent for 120 30 mg oxycodone. The total daily dose of oxycodone totaled 660 MME per day. Respondent continued to refill these two overlapping prescriptions every thirty days on a regular basis.

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56. During the period of on or about July 31, 2015 through December 23, 2015, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
7/31/2015	OXYCONTIN	TER	80 MG	120	30	Respondent
8/1/2015	DEXTROAMPH SACC-AMPH ASP-DEXTROAM S	TAB	10 MG	60	30	S.D.
8/17/2015	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
8/31/2015	CLONAZEPAM	TAB	1 MG	105	30	S.D.
8/31/2015	DEXTROAMPH SACC-AMPH ASP-DEXTROAM S	TAB	10 MG	60	30	S.D.
8/31/2015	OXYCONTIN	TER	80 MG	120	30	Respondent
9/16/2015	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
9/28/2015	OXYCONTIN	TER	80 MG	120	30	Respondent
10/4/2015	CLONAZEPAM	TAB	1 MG	90	30	S.D.
10/4/2015	DEXTROAMPH SACC-AMPH ASP-DEXTROAM S	TAB	10 MG	60	30	S.D.
10/14/2015	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
10/26/2015	OXYCONTIN	TER	80 MG	120	30	Respondent
11/13/2015	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
11/23/2015	CLONAZEPAM	TAB	1 MG	75	30	S.D.
11/23/2015	DEXTROAMPH SACC-AMPH ASP-DEXTROAM S	TAB	10 MG	60	30	S.D.
11/24/2015	OXYCONTIN	TER	80 MG	120	30	Respondent
12/11/2015	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
12/23/2015	OXYCONTIN	TER	80 MG	120	30	Respondent

57. During the period of on or about January 10, 2016 through December 26, 2016, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/10/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
1/22/2016	CLONAZEPAM	TAB	1 MG	75	30	S.D.
1/22/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
2/9/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
2/20/2016	CLONAZEPAM	TAB	1 MG	75	30	S.D.
2/20/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
3/3/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
3/20/2016	OXYCONTIN	TER	80 MG	120	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/24/2016	CLONAZEPAM	TAB	1 MG	60	30	S.D.
4/6/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
4/18/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
4/27/2016	CLONAZEPAM	TAB	1 MG	60	30	S.D.
5/5/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
5/16/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
5/26/2016	CLONAZEPAM	TAB	1 MG	60	30	S.D.
6/5/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
6/15/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
7/3/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
7/6/2016	CLONAZEPAM	TAB	1 MG	60	30	S.D.
7/13/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
8/1/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
8/4/2016	CLONAZEPAM	TAB	1 MG	60	30	S.D.
8/11/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
8/29/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
9/1/2016	CLONAZEPAM	TAB	1 MG	60	30	S.D.
9/9/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
9/26/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
9/30/2016	CLONAZEPAM	TAB	1 MG	60	30	S.D.
10/9/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
10/27/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
11/9/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
11/21/2016	CLONAZEPAM	TAB	1 MG	30	15	O.H.
11/25/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
12/9/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
12/20/2016	CLONAZEPAM	TAB	1 MG	30	30	O.H.
12/26/2016	OXYCODONE HCL	TAB	30 MG	120	30	Respondent

58. During the period of on or about January 9, 2017 through December 27, 2017 Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/9/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
1/26/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
1/27/2017	CLONAZEPAM	TAB	1 MG	30	15	O.H.
2/9/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
2/25/2017	CLONAZEPAM	TAB	1 MG	30	15	O.H.
2/27/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
3/10/2017	OXYCONTIN	TER	80 MG	120	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/23/2017	CLONAZEPAM	TAB	2 MG	30	15	O.H.
3/27/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
4/10/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
4/20/2017	CLONAZEPAM	TAB	2 MG	30	15	O.H.
4/24/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
5/8/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
5/22/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
5/23/2017	CLONAZEPAM	TAB	2 MG	30	15	O.H.
6/6/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
6/21/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
6/24/2017	CLONAZEPAM	TAB	2 MG	30	15	O.H.
7/4/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
7/22/2017	CLONAZEPAM	TAB	2 MG	30	15	O.H.
7/22/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
8/1/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
8/20/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
8/21/2017	CLONAZEPAM	TAB	1 MG	60	30	S.N.
8/29/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
9/19/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
9/21/2017	CLONAZEPAM	TAB	1 MG	60	30	S.N.
9/26/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
10/18/2017	CLONAZEPAM	TAB	1 MG	60	30	S.N.
10/19/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
10/25/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
11/18/2017	CLONAZEPAM	TAB	1 MG	60	30	R.D.
11/18/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
11/22/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
12/18/2017	CLONAZEPAM	TAB	1 MG	50	25	R.D.
12/18/2017	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
12/27/2017	OXYCONTIN	TER	80 MG	120	30	Respondent

59. During the period of on or about January 18, 2018 through December 26, 2018, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/18/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
1/22/2018	CLONAZEPAM	TAB	1 MG	60	30	R.D.
1/24/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
2/15/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
2/20/2018	CLONAZEPAM	TAB	1 MG	60	30	R.D.
2/21/2018	OXYCONTIN	TER	80 MG	120	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/17/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
3/20/2018	CLONAZEPAM	TAB	1 MG	60	30	R.D.
3/22/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
4/14/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
4/19/2018	CLONAZEPAM	TAB	1 MG	60	30	R.D.
4/20/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
5/13/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
5/17/2018	CLONAZEPAM	TAB	1 MG	60	30	R.D.
5/18/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
6/11/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
6/20/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
7/9/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/9/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
7/19/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
8/7/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
8/16/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
9/5/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
9/13/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
10/3/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
10/15/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
10/31/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
11/19/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
11/28/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
12/26/2018	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
12/26/2018	OXYCONTIN	TER	80 MG	120	30	Respondent

60. On or about September 12, 2019, Respondent prescribed Patient B 90 oxycodone 30 mg, followed by 90 Oxycontin 80 mg two weeks later. Patient B filled all of her prescriptions at the same pharmacy during the time period reviewed.

61. During the period of on or about January 23, 2019 through December 31, 2019, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/23/2019	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
1/23/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
2/23/2019	OXYCODONE HCL	TAB	30 MG	120	30	R.S.
2/27/2019	OXYCONTIN	TER	80 MG	28	7	Respondent
3/6/2019	OXYCONTIN	TER	80 MG	120	30	R.S.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/24/2019	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
4/5/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
4/24/2019	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
5/4/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
5/22/2019	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
6/3/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
6/19/2019	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
7/1/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
7/17/2019	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
7/30/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
8/15/2019	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
8/28/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
9/12/2019	OXYCODONE HCL	TAB	30 MG	90	30	Respondent
9/28/2019	OXYCONTIN	TER	80 MG	90	30	Respondent
10/10/2019	OXYCODONE HCL	TAB	30 MG	90	30	Respondent
10/30/2019	OXYCONTIN	TER	80 MG	90	30	Respondent
11/7/2019	OXYCODONE HCL	TAB	30 MG	90	30	Respondent
11/27/2019	OXYCONTIN	TER	80 MG	90	30	Respondent
12/31/2019	OXYCODONE HCL	TAB	30 MG	45	15	A.B.
12/31/2019	OXYCONTIN	TER	80 MG	30	15	A.B.

62. During the period of on or about January 15, 2020 through December 18, 2020, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/15/2020	OXYCODONE HCL	TAB	30 MG	45	15	A.B.
1/15/2020	OXYCONTIN	TER	80 MG	30	15	A.B.
2/4/2020	OXYCODONE HCL	TAB	30 MG	45	15	A.B.
2/4/2020	OXYCONTIN	TER	40 MG	30	15	A.B.
2/24/2020	OXYCODONE HCL	TAB	30 MG	90	30	L.H.
3/2/2020	OXYCONTIN	TER	40 MG	10	5	A.B.
3/10/2020	XTAMPZA ER	CER	36 MG	60	30	L.H.
3/24/2020	OXYCODONE HCL	TAB	30 MG	90	30	L.H.
4/8/2020	XTAMPZA ER	CER	36 MG	60	30	L.H.
4/22/2020	OXYCODONE HCL	TAB	30 MG	90	30	L.H.
4/22/2020	OXYCONTIN	TER	40 MG	60	30	L.H.
5/22/2020	OXYCODONE HCL	TAB	30 MG	90	30	L.H.
5/22/2020	OXYCONTIN	TER	40 MG	60	30	L.H.
6/20/2020	OXYCODONE HCL	TAB	30 MG	90	30	L.H.
6/20/2020	OXYCONTIN	TER	40 MG	60	30	L.H.
7/19/2020	OXYCODONE HCL	TAB	30 MG	90	30	L.H.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
7/20/2020	OXYCONTIN	TER	40 MG	60	30	L.H.
8/19/2020	OXYCODONE HCL	TAB	30 MG	15	5	L.H.
8/19/2020	OXYCONTIN	TER	40 MG	10	5	L.H.
8/24/2020	OXYCODONE HCL	TAB	30 MG	90	30	L.H.
8/24/2020	OXYCONTIN	TER	40 MG	60	30	L.H.
9/22/2020	OXYCODONE HCL	TAB	30 MG	90	30	E.L.
9/22/2020	OXYCONTIN	TER	40 MG	60	30	E.L.
10/21/2020	OXYCODONE HCL	TAB	30 MG	90	30	E.L.
10/21/2020	OXYCONTIN	TER	40 MG	60	30	E.L.
11/19/2020	OXYCODONE HCL	TAB	30 MG	90	30	E.L.
11/20/2020	OXYCONTIN	TER	40 MG	60	30	E.L.
12/18/2020	OXYCODONE HCL	TAB	30 MG	90	30	E.L.
12/18/2020	OXYCONTIN	TER	40 MG	60	30	E.L.

63. Patient B received treatment from another provider following Respondent's retirement. The new physician reduced her prescriptions from 660 MME/day with Respondent, to 187 MME/day.

64. On or about April 13, 2021, during an interview with the Board's investigator, Respondent stated that he had no recollection of Patient B.

65. During the period of on or about January 16, 2021 through June 9, 2021, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/16/2021	OXYCODONE HCL	TAB	30 MG	90	30	E.L.
1/16/2021	OXYCONTIN	TER	40 MG	60	30	E.L.
2/14/2021	OXYCODONE HCL	TAB	30 MG	90	30	E.L.
2/14/2021	OXYCONTIN	TER	40 MG	60	30	E.L.
3/15/2021	OXYCODONE HCL	TAB	30 MG	90	30	E.L.
3/15/2021	OXYCONTIN	TER	40 MG	60	30	E.L.
4/12/2021	OXYCODONE HCL	TAB	30 MG	90	30	E.L.
4/12/2021	OXYCONTIN	TER	40 MG	60	30	E.L.
5/12/2021	OXYCODONE HCL	TAB	30 MG	90	30	E.L.
5/12/2021	OXYCONTIN	TER	40 MG	60	30	E.L.
6/9/2021	OXYCODONE HCL	TER	40 MG	60	30	E.L.
6/9/2021	OXYCODONE HCL	TAB	30 MG	90	30	E.L.

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Facts Pertaining to Patient C

66. On or about August 7, 2015, the earliest date available for review, Respondent prescribed Patient C 120 80 mg Oxycontin and fentanyl transdermal 75 mcg/hr. The two opioid prescriptions totaled 620 MME/day. In addition to the opiates, Respondent prescribed 90 carisoprodol 350 mg, for three tablets each day. Patient C received repeated prescriptions for these three drugs, Oxycontin, fentanyl, and carisoprodol, every thirty days for several years.

67. During the period of on or about August 7, 2015 through December 9, 2015, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
8/7/2015	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
8/7/2015	OXYCONTIN	TER	80 MG	120	30	Respondent
9/9/2015	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
9/9/2015	OXYCONTIN	TER	80 MG	120	30	Respondent
10/12/2015	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
10/12/2015	OXYCONTIN	TER	80 MG	120	30	Respondent
11/9/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/9/2015	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
11/9/2015	OXYCONTIN	TER	80 MG	120	30	Respondent
12/9/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/9/2015	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
12/9/2015	OXYCONTIN	TER	80 MG	120	30	Respondent

68. During the period of on or about January 6, 2016 through December 1, 2016, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/6/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/6/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
1/6/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
2/3/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/3/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
2/3/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
3/9/2016	CARISOPRODOL	TAB	350 MG	120	30	Respondent
3/9/2016	FENTANYL	TDM	75 MCG/1 HR	10	30	Respondent
3/9/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
4/6/2016	CARISOPRODOL	TAB	350 MG	120	30	Respondent
4/6/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
4/6/2016	OXYCONTIN	TER	80 MG	120	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
5/4/2016	CARISOPRODOL	TAB	350 MG	120	30	Respondent
5/4/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
5/4/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
6/3/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
6/3/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
7/6/2016	CARISOPRODOL	TAB	350 MG	120	30	Respondent
7/6/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
7/6/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
8/3/2016	CARISOPRODOL	TAB	350 MG	120	30	Respondent
8/3/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
8/3/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
8/31/2016	CARISOPRODOL	TAB	350 MG	120	30	Respondent
8/31/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
8/31/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
9/28/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/28/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
9/28/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
10/31/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/31/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
10/31/2016	OXYCONTIN	TER	80 MG	120	30	Respondent
12/1/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/1/2016	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
12/1/2016	OXYCONTIN	TER	80 MG	120	30	Respondent

69. On or about February 13, 2017, Respondent prescribed Patient C 90 hydromorphone 8 mg, or 24 mg/day, totaling 96 MME/day. Patient C's hydromorphone and oxycodone prescriptions totaled 536 MME/day. Respondent failed to document any rationale for the change in Patient C's prescription for oxycodone.

70. During the period of on or about January 6, 2017 through December 23, 2017, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/6/2017	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
2/3/2017	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
2/13/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
2/27/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/3/2017	FENTANYL	TDM	75 MCG/1 HR	15	30	Respondent
3/13/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
3/29/2017	OXYCONTIN	TER	80 MG	120	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
4/12/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
4/26/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/26/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
5/10/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/24/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
5/30/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/7/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
6/26/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
6/28/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/7/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
7/24/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
8/4/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
8/24/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/24/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
9/1/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
9/21/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
9/29/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/29/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
10/19/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
10/27/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
10/28/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/16/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
11/25/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
11/29/2017	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/14/2017	OXYCONTIN	TER	80 MG	120	30	Respondent
12/23/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent

71. During the period of on or about January 2, 2018 through December 22, 2018, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/2/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/11/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
1/20/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
1/30/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/8/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
2/17/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
2/27/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/8/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
3/17/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
3/30/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
4/5/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
4/14/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
4/27/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/3/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
5/12/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/25/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/31/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
6/9/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
6/21/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/28/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
7/7/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
7/20/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/26/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
8/4/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
8/18/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/23/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
9/1/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
9/19/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/20/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
9/29/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
10/17/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/18/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
10/27/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
11/14/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/15/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
11/24/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
12/12/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/13/2018	OXYCONTIN	TER	80 MG	120	30	Respondent
12/22/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent

72. On or about August 28, 2019, Patient C filled a prescription for 90 Oxycontin 80 mg, which reflected a significant reduction from his previous prescription.

73. On or about September 25, 2019, Patient C received a prescription for 60 Oxycontin 80 mg from Respondent. When combined with Patient C's other medications, this represented a decrease from 536 MME/day to 336 MME/day. Respondent did not document any rationale for the change in Patient C's prescriptions.

74. During the period of on or about January 9, 2019 through December 18, 2019, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/9/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/11/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
1/19/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
2/6/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/8/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
2/16/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
3/6/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/8/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
3/16/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
4/3/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/5/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
4/13/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/2/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/3/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
5/11/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/30/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/31/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
6/8/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
6/27/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/28/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
7/6/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
7/26/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/26/2019	OXYCONTIN	TER	80 MG	120	30	Respondent
8/3/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
8/23/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/28/2019	OXYCONTIN	TER	80 MG	90	30	Respondent
8/31/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
9/20/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/25/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
9/28/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
10/18/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/23/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
10/28/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
11/15/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/22/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
11/25/2019	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
12/18/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent

75. Following Respondent's retirement, there is no evidence that Patient C received controlled substances from any other providers.

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76. On or about April 13, 2021, during an interview with the Board's investigator, Respondent was asked why he was prescribing extended release oxycodone every six hours. Respondent answered, "No, I don't recall," adding that he had no recollection of Patient C.

Facts Pertaining to Patient D

77. On or about July 20, 2015, based upon the records available for review, Respondent prescribed 90 30 mg oxycodone to Patient D.

78. On or about August 16, 2015, Respondent prescribed Patient D 60 Oxycontin 80 mg, and 240 additional oxycodone 15 mg. The two opiates prescribed by Respondent totaled 420 MME/day. Patient D continued to receive refills of her Oxycontin and oxycodone every thirty days until October 10, 2016.

79. During the period of on or about July 20, 2015 through December 5, 2015, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
7/20/2015	OXYCODONE HCL	TAB	30 MG	90	30	Respondent
8/13/2015	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A.
8/16/2015	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
8/16/2015	OXYCONTIN	TER	80 MG	60	30	Respondent
9/11/2015	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
9/13/2015	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
9/13/2015	OXYCONTIN	TER	80 MG	60	30	Respondent
10/10/2015	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
10/11/2015	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
10/11/2015	OXYCONTIN	TER	80 MG	60	30	Respondent
11/7/2015	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
11/8/2015	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
11/8/2015	OXYCONTIN	TER	80 MG	60	30	Respondent
12/5/2015	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
12/5/2015	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
12/5/2015	OXYCONTIN	TER	80 MG	60	30	Respondent

80. On or about October 10, 2016, Respondent increased Patient D's prescription of oxycodone to 360 15 mg tablets. The combination of the two opiates prescribed by Respondent now totaled 570 MME/day.

81. During the period of on or about January 1, 2016 through December 28, 2016, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/1/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
1/2/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
1/2/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
1/29/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
1/30/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
1/30/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
2/26/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
2/27/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
2/27/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
3/25/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
3/25/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
3/25/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
4/22/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
4/23/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
4/23/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
5/13/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
5/21/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
5/21/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
6/11/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
6/19/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
6/19/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
7/10/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
7/18/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
7/18/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
8/6/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
8/16/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
8/16/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
9/6/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
9/14/2016	OXYCODONE HCL	TAB	15 MG	240	30	Respondent
9/14/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
10/5/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
10/10/2016	OXYCODONE HCL	TAB	15 MG	360	30	Respondent
10/13/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
11/4/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
11/9/2016	OXYCODONE HCL	TAB	15 MG	360	30	Respondent
11/9/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
11/30/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
12/9/2016	OXYCODONE HCL	TAB	15 MG	360	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
12/9/2016	OXYCONTIN	TER	80 MG	60	30	Respondent
12/28/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.

82. On or about June 22, 2017, Respondent decreased the prescription of oxycodone to 180 15 mg tablets. The total of the opiates prescribed to Patient D by Respondent totaled 375 MME/day.

83. During the period of on or about January 8, 2017 through December 13, 2017, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/8/2017	OXYCODONE HCL	TAB	15 MG	360	30	Respondent
1/8/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
1/26/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
2/6/2017	OXYCODONE HCL	TAB	15 MG	245	20	Respondent
2/6/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
2/23/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
2/24/2017	OXYCODONE HCL	TAB	15 MG	115	10	Respondent
3/7/2017	OXYCODONE HCL	TAB	15 MG	265	22	Respondent
3/7/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
3/22/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	T.V.
3/29/2017	OXYCODONE HCL	TAB	15 MG	95	8	Respondent
4/5/2017	OXYCODONE HCL	TAB	15 MG	360	30	Respondent
4/5/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
4/18/2017	ALPRAZOLAM	TAB	0.5 MG	30	10	A.S.
4/18/2017	OXYCODONE HCL	TER	20 MG	4	1	A.S.
4/18/2017	OXYCODONE HCL	TER	80 MG	6	3	A.S.
4/18/2017	OXYCODONE HCL	TAB	15 MG	36	3	A.S.
4/20/2017	OXYCODONE HCL	TER	80 MG	30	15	A.S.
4/20/2017	OXYCODONE HCL	TAB	15 MG	60	5	A.S.
4/30/2017	OXYCODONE HCL	TER	80 MG	30	15	A.S.
4/30/2017	OXYCODONE HCL	TAB	15 MG	60	5	A.S.
5/1/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
5/7/2017	OXYCODONE HCL	TAB	15 MG	60	5	A.S.
5/10/2017	ALPRAZOLAM	TAB	0.5 MG	30	10	A.S.
5/13/2017	OXYCODONE HCL	TAB	15 MG	60	5	A.S.
5/18/2017	OXYCODONE HCL	TAB	15 MG	60	5	A.S.
5/21/2017	OXYCODONE HCL	TER	80 MG	30	15	A.S.
5/22/2017	OXYCODONE HCL	TAB	15 MG	30	3	A.S.
5/23/2017	OXYCODONE HCL	TAB	15 MG	24	2	A.S.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
5/29/2017	ALPRAZOLAM	TAB	0.5 MG	30	10	A.S.
5/29/2017	OXYCODONE HCL	TAB	15 MG	30	3	A.S.
5/29/2017	OXYCODONE HCL	TAB	5 MG	18	1	A.S.
6/1/2017	OXYCODONE HCL	TAB	10 MG	4	1	A.S.
6/1/2017	OXYCODONE HCL	TAB	5 MG	1	1	A.S.
6/1/2017	OXYCODONE HCL	TAB	15 MG	60	6	A.S.
6/3/2017	OXYCODONE HCL	TER	80 MG	24	12	A.S.
6/6/2017	OXYCODONE HCL	TAB	5 MG	2	1	A.S.
6/6/2017	OXYCODONE HCL	TAB	10 MG	8	1	A.S.
6/6/2017	OXYCODONE HCL	TAB	15 MG	60	5	A.S.
6/11/2017	OXYCODONE HCL	TAB	15 MG	60	5	A.S.
6/12/2017	ALPRAZOLAM	TAB	0.5 MG	60	20	A.S.
6/14/2017	OXYCODONE HCL	TER	80 MG	30	15	A.S.
6/22/2017	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
6/22/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
7/15/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	T.A.
7/21/2017	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
7/21/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
8/11/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	T.A.
8/19/2017	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
8/19/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
9/12/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
9/17/2017	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
9/17/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
10/12/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
10/16/2017	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
10/16/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
11/10/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
11/14/2017	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
11/14/2017	OXYCONTIN	TER	80 MG	60	30	Respondent
12/11/2017	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
12/13/2017	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
12/13/2017	OXYCONTIN	TER	80 MG	60	30	Respondent

84. During the period of on or about January 11, 2018 through December 29, 2018, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/11/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
1/11/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
1/12/2018	ALPRAZOLAM	TAB	0.5 MG	60	30	T.A.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
2/9/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
2/9/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
2/14/2018	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
3/10/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
3/10/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
3/13/2018	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
4/9/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
4/11/2018	ALPRAZOLAM	TAB	0.5 MG	60	30	A.A. (PAC)
5/9/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
5/9/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
5/18/2018	ALPRAZOLAM	TAB	0.5 MG	45	30	A.A. (PAC)
6/8/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
6/8/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
6/19/2018	ALPRAZOLAM	TAB	0.5 MG	30	30	A.A. (PAC)
7/7/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
7/7/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
8/5/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
8/5/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
9/3/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
9/3/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
9/8/2018	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
10/2/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
10/3/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
10/7/2018	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
10/31/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
11/1/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
11/6/2018	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
11/29/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
11/30/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
12/5/2018	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
12/28/2018	OXYCONTIN	TER	80 MG	60	30	Respondent
12/29/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent

85. On or about June 20, 2019, Respondent increased the amount of opiates again, prescribing Patient D 180 oxycodone 30 mg, and 60 Oxycontin 80 mg. The combination of the two opiates prescribed by Respondent totaled 510 MME/day. In addition to the prescriptions Patient D received from Respondent, she was also receiving regular prescriptions of alprazolam, a benzodiazepine, from other providers.

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86. On or about September 15, 2019, Respondent prescribed Patient D opiates for the final time based upon the records reviewed. Respondent prescribed Patient D 120 oxycodone 30 mg, and 60 Oxycontin 80 mg. The combination of the two opiates prescribed by Respondent totaled 420 MME/day.

87. During the period of on or about January 8, 2019 through December 26, 2019, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/8/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
1/26/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
1/26/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
2/6/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
2/24/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
2/24/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
3/7/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
3/25/2019	OXYCODONE HCL	TAB	30 MG	180	30	D.S. DDS
3/25/2019	OXYCONTIN	TER	80 MG	60	30	D.S. DDS
4/5/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
4/23/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
4/23/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
5/3/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
5/22/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
5/22/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
6/1/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
6/20/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
6/20/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
6/30/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
7/19/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
7/19/2019	OXYCONTIN	TER	80 MG	50	25	Respondent
7/29/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
8/13/2019	OXYCONTIN	TER	80 MG	10	5	Respondent
8/17/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
8/17/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
8/27/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
9/15/2019	OXYCODONE HCL	TAB	30 MG	120	30	Respondent
9/15/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
9/26/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
10/15/2019	OXYCODONE HCL	TAB	30 MG	90	30	Respondent
10/16/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
10/25/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
11/13/2019	OXYCODONE HCL	TAB	30 MG	90	30	Respondent
11/14/2019	OXYCONTIN	TER	80 MG	60	30	Respondent
11/26/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)
12/12/2019	OXYCODONE HCL	TAB	30 MG	90	30	S.C.
12/12/2019	OXYCONTIN	TER	80 MG	60	30	S.C.
12/26/2019	ALPRAZOLAM	TAB	0.25 MG	60	30	A.A. (PAC)

88. During the period of on or about January 11, 2020 through December 30, 2020, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/11/2020	OXYCODONE HCL	TAB	30 MG	90	30	D.O.
1/11/2020	OXYCONTIN	TER	80 MG	60	30	D.O.
2/3/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
2/9/2020	OXYCODONE HCL	TAB	30 MG	90	30	S.C.
2/9/2020	OXYCONTIN	TER	80 MG	60	30	S.C.
3/9/2020	OXYCODONE HCL	TAB	30 MG	90	30	P.K.
3/10/2020	OXYCONTIN	TER	80 MG	50	25	P.K.
3/11/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
4/3/2020	OXYCONTIN	TER	80 MG	10	5	S.C.
4/8/2020	OXYCODONE HCL	TAB	30 MG	90	30	S.C.
4/8/2020	OXYCONTIN	TER	80 MG	60	30	S.C.
4/9/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
5/7/2020	OXYCODONE HCL	TAB	30 MG	90	30	D.O.
5/7/2020	OXYCONTIN	TER	80 MG	60	30	D.O.
5/11/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
6/5/2020	OXYCODONE HCL	TAB	20 MG	100	25	D.O.
6/5/2020	OXYCONTIN	TER	80 MG	60	30	D.O.
6/9/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
6/29/2020	OXYCODONE HCL	TAB	10 MG	40	5	P.K.
7/3/2020	OXYCODONE HCL	TAB	20 MG	100	25	D.O.
7/3/2020	OXYCONTIN	TER	80 MG	60	30	D.O.
7/8/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
7/29/2020	OXYCODONE HCL	TAB	20 MG	20	5	S.C.
8/2/2020	OXYCODONE HCL	TAB	20 MG	120	30	S.C.
8/2/2020	OXYCONTIN	TER	80 MG	50	25	S.C.
8/5/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
8/27/2020	OXYCONTIN	TER	80 MG	10	5	S.C.
9/1/2020	OXYCODONE HCL	TAB	20 MG	60	15	D.O.
9/1/2020	OXYCONTIN	TER	80 MG	60	30	D.O.
9/5/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
9/16/2020	OXYCODONE HCL	TAB	20 MG	60	15	S.C.
10/1/2020	OXYCODONE HCL	TAB	20 MG	120	30	S.C.
10/1/2020	OXYCONTIN	TER	80 MG	60	30	S.C.
10/5/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
10/31/2020	OXYCODONE HCL	TAB	20 MG	120	30	D.O.
10/31/2020	OXYCONTIN	TER	80 MG	60	30	D.O.
11/3/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
11/30/2020	OXYCODONE HCL	TAB	20 MG	120	30	S.C.
11/30/2020	OXYCONTIN	TER	80 MG	60	30	S.C.
12/4/2020	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
12/30/2020	OXYCONTIN	TER	80 MG	60	30	P.K.

89. On or about April 13, 2021, during an interview with the Board's investigator, Respondent justified the high levels of controlled substances to Patient D by explaining that she was an airline stewardess that was involved in rough landings. Respondent added that he recalled her imaging studies revealing very bad results.

90. During the period of on or about January 4, 2021 through June 20, 2021, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/4/2021	OXYCODONE HCL	TAB	20 MG	120	30	P.K.
1/5/2021	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
2/4/2021	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
2/4/2021	OXYCODONE HCL	TAB	20 MG	60	15	D.O.
2/4/2021	OXYCONTIN	TER	80 MG	60	30	D.O.
2/19/2021	OXYCODONE HCL	TAB	20 MG	60	15	D.O.
3/6/2021	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
3/8/2021	OXYCODONE HCL	TAB	10 MG	24	3	D.O.
3/11/2021	OXYCODONE HCL	TAB	10 MG	56	7	D.O.
3/11/2021	OXYCONTIN	TER	80 MG	60	30	D.O.
3/18/2021	OXYCODONE HCL	TAB	20 MG	40	10	D.O.
3/28/2021	OXYCODONE HCL	TAB	10 MG	56	7	S.C.
4/3/2021	OXYCODONE HCL	TAB	10 MG	56	7	S.C.
4/6/2021	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
4/10/2021	OXYCODONE HCL	TAB	10 MG	56	7	D.O.
4/10/2021	OXYCONTIN	TER	80 MG	60	30	S.C.
4/18/2021	OXYCODONE HCL	TAB	10 MG	56	7	D.O.
4/25/2021	OXYCODONE HCL	TAB	10 MG	56	7	S.C.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
5/2/2021	OXYCODONE HCL	TAB	10 MG	56	7	B.V.
5/7/2021	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
5/9/2021	OXYCODONE HCL	TAB	10 MG	56	7	S.C.
5/11/2021	OXYCONTIN	TER	80 MG	10	5	D.O.
5/16/2021	OXYCODONE HCL	TAB	10 MG	56	7	D.O.
5/23/2021	OXYCODONE HCL	TAB	10 MG	56	7	D.O.
5/30/2021	OXYCODONE HCL	TAB	10 MG	56	7	S.C.
6/3/2021	OXYCONTIN	TER	80 MG	60	30	D.O.
6/6/2021	OXYCODONE HCL	TAB	10 MG	56	7	D.O.
6/8/2021	ALPRAZOLAM	TAB	0.25 MG	60	30	B.V.
6/13/2021	OXYCODONE HCL	TAB	10 MG	56	7	D.O.
6/20/2021	OXYCODONE HCL	TAB	10 MG	56	7	S.C.

Facts Pertaining to Patient E

91. On or about July 22, 2015, Respondent prescribed Patient E controlled substances for the first time based upon the records available for review. Respondent prescribed Patient E 120 40 mg oxymorphone, which totals 160 mg of oxymorphone per day.

92. On or about August 6, 2015, Respondent prescribed Patient E #180 30 mg oxycodone. The oxycodone, when combined with the ongoing prescription of oxymorphone, totaled 750 MME/day.

93. On or about August 28, 2015, Respondent prescribed Patient E another prescription of 180 hydrocodone/acetaminophen 10/325.

94. On or about September 2, 2015, Respondent prescribed Patient E 90 8 mg hydromorphone. When combined with the ongoing prescription of oxymorphone, this totaled 576 MME/day.

95. On or about October 16, 2015, Respondent increased Patient E's prescription of oxymorphone to 240 mg/day. The combined opiates prescribed by Respondent now totaled 816 MME/day, with ongoing refills provided every thirty days.

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96. During the period of on or about July 22, 2015 through December 26, 2015, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
7/22/2015	OXYMORPHONE HCL	TER	40 MG	120	30	Respondent
8/6/2015	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
8/20/2015	OXYMORPHONE HCL	TER	40 MG	120	30	Respondent
8/28/2015	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	30	Respondent
9/2/2015	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
9/18/2015	OXYMORPHONE HCL	TER	40 MG	120	30	Respondent
10/1/2015	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
10/16/2015	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
10/31/2015	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
11/14/2015	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
11/29/2015	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
12/1/2015	BELSOMRA	TAB	20 MG	30	30	A.K.
12/12/2015	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
12/26/2015	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent

97. During the period of on or about January 8, 2016 through December 12, 2016, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/8/2016	BELSOMRA	TAB	20 MG	30	30	A.K.
1/10/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
1/25/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
2/5/2016	BELSOMRA	TAB	20 MG	30	30	A.K.
2/8/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
2/17/2016	ALPRAZOLAM	TAB	2 MG	60	30	S.H.
2/23/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
3/7/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
3/15/2016	BELSOMRA	TAB	20 MG	30	30	A.K.
3/22/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
3/31/2016	ALPRAZOLAM	TAB	1 MG	90	30	S.H.
4/5/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
4/13/2016	BELSOMRA	TAB	10 MG	30	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
4/21/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/2/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
5/5/2016	ALPRAZOLAM	TAB	1 MG	120	30	C.C.
5/19/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/30/2016	BELSOMRA	TAB	20 MG	30	30	C.C.
5/30/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
6/2/2016	ALPRAZOLAM	TAB	1 MG	60	30	C.C.
6/16/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
6/27/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
6/30/2016	BELSOMRA	TAB	20 MG	30	30	C.C.
7/14/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
7/25/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
8/11/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
8/22/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
9/8/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
9/19/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
10/9/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
10/17/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
11/10/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
11/14/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
12/12/2016	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
12/12/2016	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent

98. During the period of on or about January 9, 2017 through December 12, 2017, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/9/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
1/9/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
2/6/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
2/6/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
3/6/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
3/6/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
4/3/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
4/3/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
5/1/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/1/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
5/30/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/30/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
6/27/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
6/27/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
7/25/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
7/25/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
8/22/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
8/22/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
9/19/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
9/19/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
10/17/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
10/17/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
11/14/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
11/14/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
12/12/2017	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
12/12/2017	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent

99. During the period of on or about January 9, 2018 through December 16, 2018, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/9/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
1/9/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
2/6/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
2/6/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
3/6/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
3/6/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
4/4/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
4/4/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
5/3/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/3/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
5/31/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
5/31/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
6/28/2018	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
6/28/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
7/26/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
7/27/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
8/25/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
8/25/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
9/18/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
9/23/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
10/21/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
10/21/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
11/18/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
11/18/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
12/16/2018	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
12/16/2018	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent

100. On or about August 3, 2019, Respondent prescribed Patient E 180 oxycodone 30 mg, and 180 oxymorphone 40 mg. The combined opioid medication prescribed by Respondent had increased to 990 MME/day.

101. On or about November 17, 2019, Patient E received a prescription of oxycodone/acetaminophen 10/325 mg.

102. On or about December 2, 2019, Respondent prescribed Patient E 150 oxycodone 30 mg, and 180 oxymorphone 40 mg, the final prescription from Respondent on record. The opiates prescribed to Patient E totaled 945 MME/day. Following Respondent's retirement, Patient E continued care from another provider that included the prescribing of controlled substances. The new provider began a gradual weaning process from the first prescription, and subsequently reduced the overall level of opiates prescribed to Patient E consistent with the standard of care.

103. During the period of on or about January 13, 2019 through December 2, 2019, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/13/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
1/21/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
2/11/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
2/11/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
3/11/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
3/11/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
4/8/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
4/8/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
5/6/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
5/6/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
6/3/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
6/3/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
7/1/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
7/1/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
7/29/2019	OXYMORPHONE HCL	TER	40 MG	70	11	Respondent
8/7/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
8/7/2019	OXYMORPHONE HCL	TER	40 MG	110	18	Respondent
8/28/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
9/6/2019	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
9/26/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
10/5/2019	OXYCODONE HCL	TAB	30 MG	150	30	Respondent
10/28/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent
11/17/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	40	10	C.D.
12/2/2019	OXYCODONE HCL	TAB	30 MG	150	30	Respondent
12/2/2019	OXYMORPHONE HCL	TER	40 MG	180	30	Respondent

104. During the period of on or about January 29, 2020 through December 9, 2020 Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/29/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	D.O.
1/29/2020	OXYMORPHONE HCL	TER	40 MG	120	30	D.O.
2/26/2020	OXYMORPHONE HCL	TER	40 MG	120	30	P.K.
3/31/2020	OXYMORPHONE HCL	TER	40 MG	120	30	D.O.
4/28/2020	OXYMORPHONE HCL	TER	40 MG	120	30	D.O.
5/26/2020	OXYMORPHONE HCL	TER	40 MG	120	30	D.O.
6/26/2020	OXYMORPHONE HCL	TER	40 MG	120	30	S.C.
8/3/2020	OXYMORPHONE HCL	TER	40 MG	120	30	D.O.
9/12/2020	OXYMORPHONE HCL	TER	40 MG	120	30	D.O.
10/21/2020	OXYMORPHONE HCL	TER	40 MG	120	30	D.O.
12/9/2020	OXYCODONE HCL	TAB	20 MG	90	30	D.O.

105. On or about April 13, 2021, during an interview with the Board's investigator, Respondent was asked if he had any recollection of Patient E at all. Respondent replied, "No, I don't re- -- vaguely."

106. During the period of on or about May 10, 2021 through May 24, 2021, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
5/10/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	10	3	J.M.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
5/24/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	12	3	G.B.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

107. Respondent has subjected his Physician's and Surgeon's License No. C 40540 to disciplinary action under section 2227, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in the care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 33 through 105, which are hereby incorporated by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

Patient A – Departures from the Standard of Care

108. Respondent did not verify that Patient A established care with another provider prior to terminating his practice. Respondent did not provide Patient A his medical records when he closed his practice. Following the closure of the practice, Respondent failed to provide Patient A with a copy of his medical records despite repeated requests. Respondent did not provide Patient A's new physician with a copy of his medical records. Respondent failed to document any supporting evidence regarding the final disposition of Patient A's medical records. Respondent failed to document and/or provide Patient A with a referral to a subsequent pain management physician to treat his chronic pain. Following Respondent's retirement, Patient A was suddenly unable to receive prescriptions for his chronic pain. The sudden cessation of high doses of opioid medications caused Patient A to experience significant pain and withdrawal symptoms. Respondent's abrupt termination of treatment absent sufficient written notification or referral to an alternative treating physician specializing in pain management constitutes a departure from the standard of care.

109. Respondent failed to retain a copy of Patient A's medical records. Patient A reports that Respondent did not provide Patient A's medical records to Patient A, or to Patient A's new treating provider. Respondent did not maintain any documentation regarding the disposition of

Patient A's records. Despite Patient A's complicated history and high doses of prescribed controlled substances, Respondent did not even maintain a copy of his medical records for three years. Respondent admitted that he did not retain a copy of Patient A's medical records, even though he believed he should have kept a copy for seven years following the treatment of Patient A. Respondent failed to retain Patient A's medical records, which constitutes an extreme departure from the standard of care.

110. Respondent has not produced any documentation that he maintained adequate medical records for Patient A. Patient A's medical history was complex, and he was regularly treated with high doses of controlled substances. Patient A and his subsequent treating providers are unable to confirm what treatment was provided, and what complications occurred during Patient A's treatment by Respondent. The lack of medical records unnecessarily delayed Patient A's ability to obtain medical care from another physician following Respondent's retirement. The discontinuity of care resulted in Patient A being forced to abruptly discontinue his prescribed opioids, resulting in severe withdrawal symptoms. Respondent failed to maintain appropriate and adequate medical records for Patient A, which constitutes an extreme departure from the standard of care.

111. Respondent prescribed high dose opiate medications in combination with high doses of benzodiazepines to Patient A, in excess of recommended guidelines absent justification or appropriate monitoring. Respondent inappropriately prescribed controlled substances to Patient A, which constitutes an extreme departure from the standard of care.

112. Respondent's actions left Patient A without adequate access to medical care for the treatment of his chronic pain. Respondent's departures from the standard of care in the treatment of Patient A resulted in increased pain, suffering, and withdrawal symptoms due to the sudden cessation of his opioid medications, causing harm to Patient A.

113. Due to Respondent's failure to retain a copy of Patient A's records or transfer them to Patient A's subsequent treating physician, Patient A suffered harm in that his subsequent medical treatment was delayed. The delay in medical treatment resulted in unnecessary pain and suffering as a result of Patient A's withdrawal from high-dose opioid medications.

Patient B – Departures from the Standard of Care

114. Respondent admits that he did not retain any copies of Patient B's medical records. Respondent did not document providing Patient B's records to her subsequent provider. Respondent did not maintain any documentation regarding the disposition of Patient B's records. Despite Patient B's high doses of controlled substances prescribed by Respondent, he did not even maintain a copy of his medical records for three years. Respondent admitted that he did not retain a copy of Patient B's medical records, even though he believed he should have kept a copy for seven years following the treatment of Patient B. Respondent failed to retain Patient B's medical records, which constitutes an extreme departure from the standard of care.

115. Respondent has not produced any documentation that he maintained adequate medical records for Patient B. Patient B regularly received high doses of controlled substances, but without her medical records, there is no way to confirm what treatment was provided, and what complications occurred during Patient B's treatment by Respondent. Respondent failed to maintain appropriate and adequate medical records for Patient B, which constitutes an extreme departure from the standard of care.

116. Respondent prescribed controlled substances to Patient B totaling 660 MME/day, despite recommendations and guidelines warning of the danger of overdose and death to a patient above 100 MME/day. Respondent continued to prescribe to Patient A at 660 MME/day, despite the CDC's 2016 guideline warning of the significantly increased risk of overdose and death at levels above 200 MME/day. The levels of MME prescribed by Respondent to Patient B were excessive relative to physicians prescribing controlled substances at that time. Respondent failed to maintain his medical records for Patient B, eliminating all possible evidence to explain the rationale for the treatment or justification to support the prescriptions for extremely high doses of controlled substances to Patient B. Respondent prescribed extremely high doses of opiates to Patient B for years, without attempting to wean her from the controlled substances. Respondent prescribed opiates to Patient B in excessive doses, for a prolonged period without any evidence supporting a justification or rationale in support of the prescribing. Respondent failed to document or maintain records to support appropriate monitoring of Patient B, while prescribing

her excessive amounts of opiates. Respondent's excessive prescribing to Patient B, constitutes an extreme departure from the standard of care.

Patient C – Departures from the Standard of Care

117. Respondent admits that he did not retain any copies of Patient C's medical records. Respondent did not document any evidence that he provided a copy of the medical records to Patient C's subsequent provider. Respondent did not maintain any documentation regarding the disposition of Patient C's records. Despite Patient C's high doses of controlled substances prescribed by Respondent, he did not even maintain a copy of his medical records for three years. Respondent admitted that he did not retain a copy of Patient C's medical records, even though he believed he should have kept a copy for seven years following the treatment of Patient C. Respondent failed to retain Patient C's medical records, which constitutes an extreme departure from the standard of care.

118. Respondent has not produced any documentation that he maintained adequate medical records for Patient C. Patient C was regularly treated with extremely high doses of controlled substances, but without his records, there is no way to confirm what treatment was provided, and what complications occurred during Patient C's treatment by Respondent. Respondent did not maintain adequate and accurate records for Patient C related to the justification for prescribing controlled substances, or the frequency of the monitoring that occurred while prescribing controlled substances. Respondent failed to maintain appropriate and adequate medical records for Patient C, which constitutes an extreme departure from the standard of care.

119. Respondent did not maintain any records for Patient C related to the appropriate justification for prescribing controlled substances, the rationale for changes in the amounts prescribed, or the appropriate interval monitoring of Patient C. Respondent did not document any rationale for the changes to Patient C's prescriptions to the controlled substances, including adverse reactions, failure of the medication to provide adequate pain relief, lack of insurance coverage, pharmacy refusal, or attempt to wean the patient from a higher daily MME to a lower daily MME. Respondent did not document a justification for the extremely high doses of

controlled substances prescribed to Patient C. Respondent inappropriately prescribed controlled substances to Patient C, which constitutes an extreme departure from the standard of care.

Patient D – Departures from the Standard of Care

120. Respondent admitted that he did not retain any copies of Patient D's records. Respondent did not document any evidence that he provided a copy of the medical records to Patient D or her subsequent provider. Respondent did not maintain any documentation regarding the disposition of Patient D's records. Despite Patient D's high doses of controlled substances prescribed by Respondent and complex medical history, Respondent did not even maintain a copy of Patient D's medical records for three years. Respondent admitted that he did not retain a copy of Patient D's medical records, even though he believed he should have kept a copy for seven years following the treatment of Patient D. Respondent failed to retain Patient D's medical records, which constitutes an extreme departure from the standard of care.

121. Respondent has not produced any documentation that he maintained adequate medical records for Patient D. Patient D was regularly treated with extremely high doses of controlled substances, but without the medical records, there is no way to confirm what treatment was provided, and what complications occurred during Patient D's treatment by Respondent. Respondent did not maintain adequate and accurate records for Patient D related to the justification for prescribing controlled substances, or the frequency of the monitoring that occurred while prescribing controlled substances. Respondent failed to maintain appropriate and adequate medical records for Patient D, which constitutes an extreme departure from the standard of care.

122. Respondent did not maintain any records for Patient D related to the appropriate justification for prescribing controlled substances, the rationale for changes in the amounts prescribed, or the appropriate interval monitoring of Patient D. Respondent prescribed controlled substances to Patient D for years totaling 375 MME/day to 510 MME/day absent any justification or rationale to support the extremely high levels of opiates prescribed. Respondent did not document any consideration of the significant risk of overdose or death to Patient D from the high levels of opiates prescribed. Respondent did not document any rationale for the changes to

Patient D's prescriptions to the controlled substances, including adverse reactions, failure of the medication to provide adequate pain relief, lack of insurance coverage, pharmacy refusal, or attempt to wean the patient from a higher daily MME to a lower daily MME. Respondent inappropriately prescribed controlled substances to Patient D, which constitutes an extreme departure from the standard of care.

Patient E – Departures from the Standard of Care

123. Respondent admitted that he did not retain any copies of Patient E's records. Respondent did not document any evidence that he provided a copy of the medical records to Patient E or his subsequent provider. Respondent did not maintain any documentation regarding the disposition of Patient E's records. Despite Patient E's high doses of controlled substances prescribed by Respondent and complex medical history, Respondent did not even maintain a copy of Patient E's medical records for three years. Respondent admitted that he did not retain a copy of Patient E's medical records, even though he believed he should have kept a copy for seven years following the treatment of Patient E. Respondent failed to retain Patient E's medical records, which constitutes an extreme departure from the standard of care.

124. Respondent has not produced any documentation that he maintained adequate medical records for Patient E. Patient E was regularly treated with extremely high doses of controlled substances, but without the medical records, there is no way to confirm what treatment was provided, and what complications occurred during Patient E's treatment by Respondent. Respondent did not maintain adequate and accurate records for Patient E related to the justification for prescribing controlled substances, or the frequency of the monitoring that occurred while prescribing controlled substances. Respondent failed to maintain appropriate and adequate medical records for Patient E, which constitutes an extreme departure from the standard of care.

125. Respondent did not maintain any records for Patient E related to the appropriate justification for prescribing controlled substances, the rationale for changes in the amounts prescribed, or the appropriate interval monitoring of Patient E. Respondent prescribed controlled substances to Patient E for years totaling 750 MME/day to 1,234 MME/day absent any

justification or rationale to support the extremely high levels of opiates prescribed. Respondent did not document any consideration of the significant risk of overdose or death to Patient E from the high levels of opiates prescribed. Respondent did not make any substantial attempts to reduce the level of opioids prescribed to Patient E. Respondent did not document any rationale for the changes to Patient E's prescriptions to the controlled substances, including adverse reactions, failure of the medication to provide adequate pain relief, lack of insurance coverage, pharmacy refusal, or attempt to wean the patient from a higher daily MME to a lower daily MME. Respondent inappropriately prescribed controlled substances to Patient E, which constitutes an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

126. Respondent has subjected his Physician's and Surgeon's License No. C 40540 to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in the care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 33 through 125, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Medical Records)

127. Respondent has subjected his Physician's and Surgeon's License Certificate No. C 40540 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, Patient D, and Patient E, as more particularly alleged in paragraphs 33 through 125, which are hereby incorporated by reference and realleged as if fully set forth herein.

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. C 40540, issued to Baldev David Singh, M.D.;

2. Revoking, suspending or denying approval of Baldev David Singh, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Baldev David Singh, 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: JUL 07 2021

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

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