

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

In the Matter of the Accusation  
Against:

Allan H. Rabin, M.D.

Physician's and Surgeon's  
Certificate No. G 10534

Respondent.

Case No.: 800-2018-043751

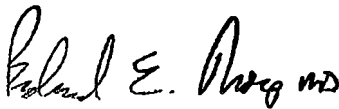
DECISION

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

This Decision shall become effective at 5:00 p.m. on February 10, 2022.

IT IS SO ORDERED: January 11, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 GIOVANNI F. MEJIA  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2018-043751

14 **Allan H. Rabin, M.D.**  
15 **4540 Kearny Villa Rd. # 117**  
**San Diego, CA 92123**

OAH No. 2021070070

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's License**  
17 **No. G 10534,**

18 Respondent.

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

22 **PARTIES**

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

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

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

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's License No. G 10534 issued to  
9 Respondent Allan H. Rabin, M.D. is revoked. However, the revocation is stayed and Respondent  
10 is placed on probation for four (4) years from the effective date of the Decision and Order on the  
11 following terms and conditions:

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

22 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective  
23 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
24 advance by the Board or its designee. Respondent shall provide the approved course provider  
25 with any information and documents that the approved course provider may deem pertinent.  
26 Respondent shall participate in and successfully complete the classroom component of the course  
27 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
28 complete any other component of the course within one (1) year of enrollment. The prescribing

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

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

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

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

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

25 Respondent shall submit a certification of successful completion to the Board or its  
26 designee not later than 15 calendar days after successfully completing the course, or not later than  
27 15 calendar days after the effective date of the Decision, whichever is later.

28 ///

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

10           The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
11 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
12 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
13 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
14 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
15 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
16 signed statement for approval by the Board or its designee.

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

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

26           The monitor(s) shall submit a quarterly written report to the Board or its designee which  
27 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
28 are within the standards of practice of medicine, and whether Respondent is practicing medicine

1 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
2 that the monitor submits the quarterly written reports to the Board or its designee within 10  
3 calendar days after the end of the preceding quarter.

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
6 name and qualifications of a replacement monitor who will be assuming that responsibility within  
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
9 notification from the Board or its designee to cease the practice of medicine within three (3)  
10 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
11 replacement monitor is approved and assumes monitoring responsibility.

12 In lieu of a monitor, Respondent may participate in a professional enhancement program  
13 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
14 review, semi-annual practice assessment, and semi-annual review of professional growth and  
15 education. Respondent shall participate in the professional enhancement program at Respondent's  
16 expense during the term of probation.

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

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

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



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

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

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

9           9.    GENERAL PROBATION REQUIREMENTS.

10          Compliance with Probation Unit

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

12          Address Changes

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

18          Place of Practice

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

21          License Renewal

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

24          Travel or Residence Outside California

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

28          ////

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

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

7 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
10 defined as any period of time Respondent is not practicing medicine as defined in Business and  
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
13 Respondent resides in California and is considered to be in non-practice, Respondent shall  
14 comply with all terms and conditions of probation. All time spent in an intensive training program  
15 which has been approved by the Board or its designee shall not be considered non-practice and  
16 does not relieve Respondent from complying with all the terms and conditions of probation.  
17 Practicing medicine in another state of the United States or Federal jurisdiction while on  
18 probation with the medical licensing authority of that state or jurisdiction shall not be considered  
19 non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-  
20 practice.

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

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

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

28 Periods of non-practice for a Respondent residing outside of California will relieve

1 Respondent of the responsibility to comply with the probationary terms and conditions with the  
2 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
3 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
4 Controlled Substances; and Biological Fluid Testing.

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

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

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

26 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
27 with probation monitoring each and every year of probation, as designated by the Board, which  
28 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

1 California and delivered to the Board or its designee no later than January 31 of each calendar  
2 year.

3 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a  
4 new license or certification, or petition for reinstatement of a license, by any other health care  
5 licensing action agency in the State of California, all of the charges and allegations contained in  
6 Accusation No. 800-2018-043751 shall be deemed to be true, correct, and admitted by  
7 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
8 restrict license.

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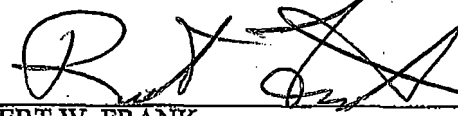
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**ACCEPTANCE**

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

DATED: 12/7/2021   
ALLAN H. RABIN, M.D.  
*Respondent*

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

DATED: 12-7-21   
ROBERT W. FRANK  
*Attorney for Respondent*

**ENDORSEMENT**

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

DATED: December 7, 2021.

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General

  
GIOVANNI F. MEJIA  
Deputy Attorney General  
*Attorneys for Complainant*

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# Exhibit A

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 GIOVANNI F. MEJIA  
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:	Case No. 800-2018-043751
<b>Allan H. Rabin, M.D. 4540 Kearny Villa Rd., # 117 San Diego, CA 92123</b>	<b>ACCUSATION</b>
<b>Physician's and Surgeon's Certificate No. G 10534,</b>	
Respondent.	

**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 March 19, 1965, the Medical Board issued Physician's and Surgeon's Certificate No. G 10534 to Allan H. Rabin, 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 October 31, 2021, unless renewed.

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1 JURISDICTION

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

5 4. Section 2227, subdivision (a) of the Code states:

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

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

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

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

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

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

21 5. Section 2234 of the Code states:

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

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

27 (b) Gross negligence.

28 (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



1 licensee's conduct departs from the applicable standard of care, each departure  
2 constitutes a separate and distinct breach of the standard of care.

3 ...

4 6. At all times relevant to the acts or omissions alleged herein between and including  
5 January 1, 2014 and December 31, 2020, Health and Safety Code section 11165, subdivision (a)  
6 stated:<sup>1</sup>

7 To assist health care practitioners in their efforts to ensure appropriate  
8 prescribing, ordering, administering, furnishing, and dispensing of controlled  
9 substances, law enforcement and regulatory agencies in their efforts to control the  
10 diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled  
11 substances, and for statistical analysis, education, and research, the Department of  
12 Justice shall, contingent upon the availability of adequate funds in the CURES Fund,  
maintain the Controlled Substance Utilization Review and Evaluation System  
(CURES) for the electronic monitoring of, and internet access to information  
regarding, the prescribing and dispensing of Schedule II, Schedule III, and  
Schedule IV controlled substances by all practitioners authorized to prescribe, order,  
administer, furnish, or dispense these controlled substances.

13 7. As in effect at all times between and including October 2, 2018 and March 31, 2020,  
14 Health and Safety Code section 11165.4 stated, in pertinent part:

15 (a) (1) (A) (i) A health care practitioner authorized to prescribe, order,  
16 administer, or furnish a controlled substance shall consult the CURES database to  
17 review a patient's controlled substance history before prescribing a Schedule II,  
18 Schedule III, or Schedule IV controlled substance to the patient for the first time and  
at least once every four months thereafter if the substance remains part of the  
treatment of the patient.

19 (ii) If a health care practitioner authorized to prescribe, order, administer, or  
20 furnish a controlled substance is not required, pursuant to an exemption described in  
21 subdivision (c), to consult the CURES database the first time he or she prescribes,  
22 orders, administers, or furnishes a controlled substance to a patient, he or she shall  
consult the CURES database to review the patient's controlled substance history  
before subsequently prescribing a Schedule II, Schedule III, or Schedule IV  
controlled substance to the patient and at least once every four months thereafter if  
the substance remains part of the treatment of the patient.

23 (B) For purposes of this paragraph, first time means the initial occurrence in  
24 which a health care practitioner, in his or her role as a health care practitioner, intends  
25 to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV  
controlled substance to a patient and has not previously prescribed a controlled  
substance to the patient.

26 ////

27 <sup>1</sup> Effective January 1, 2021, subdivision (a) of section 11165 of the Health and Safety  
28 Code was amended to add references to Schedule V controlled substances. (See Stats. 2019,  
c. 677, § 6.)

1 (2) A health care practitioner shall obtain a patient's controlled substance  
2 history from the CURES database no earlier than 24 hours, or the previous business  
3 day, before he or she prescribes, orders, administers, or furnishes a Schedule II,  
4 Schedule III, or Schedule IV controlled substance to the patient.

5 ...

6 (d) (1) A health care practitioner who fails to consult the CURES database, as  
7 described in subdivision (a), shall be referred to the appropriate state professional  
8 licensing board solely for administrative sanctions, as deemed appropriate by that  
9 board.

10 ....

11 8. Section 2238 of the Code states:

12 A violation of any federal statute or federal regulation or any of the statutes or  
13 regulations of this state regulating dangerous drugs or controlled substances  
14 constitutes unprofessional conduct.

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Gross Negligence)**

17 9. Respondent has submitted his Physician's and Surgeon's Certificate  
18 No. G 10534 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
19 subdivision (b), of the Code in that he committed gross negligence in the course of his care and  
20 treatment of one or more patients. The circumstances are as follows:

21 **Patient A<sup>2</sup>**

22 10. On multiple occasions beginning in or around October 2008,<sup>3</sup> Respondent rendered  
23 psychiatric care and treatment to Patient A, an adult patient with a history of ailments including,  
24 but not limited to: opioid use disorder; attention deficit hyperactivity disorder (ADHD); and  
25 sedative, hypnotic, or anxiolytic-related dependence.

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27 ////

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

<sup>3</sup> Any medical care or treatment rendered by Respondent more than seven years prior to  
the filing of the instant Accusation is described for informational purposes only, and is not  
alleged as a basis for disciplinary action.

1 11. In or around June 2014 to November 2019, Respondent issued recurring prescriptions  
2 to Patient A for Suboxone.<sup>4</sup>

3 12. In or around June 2014 to August 2018, Respondent issued recurring prescriptions to  
4 Patient A for amphetamine salts.<sup>5</sup>

5 13. In or around June 2014 to January 2018, Respondent issued recurring prescriptions to  
6 Patient A for alprazolam.<sup>6</sup>

7 14. In or around June 2014 to December 2018, Respondent issued recurring prescriptions  
8 to Patient A for diazepam.<sup>7</sup>

9 15. In or around October 2015 to January 2016, Respondent issued recurring  
10 prescriptions to Patient A for phenobarbital.<sup>8</sup>

11 16. In or around October 2, 2018 to March 31, 2020, Respondent failed to consult the  
12 CURES database to review Patient A's controlled substance history.

13 17. Respondent's medical records pertaining to his care and treatment of Patient A failed  
14 to include progress note documentation for multiple clinical encounters with Patient A in or after  
15 June 2014.

16 18. Respondent's medical records pertaining to his care and treatment of Patient A failed  
17 to adequately or accurately document the basis for one or more clinical interventions by  
18 Respondent in or after June 2014 including, but not limited to, the prescribing of controlled

19  
20 <sup>4</sup> Suboxone is a brand name for buprenorphine and naloxone, is a Schedule III controlled  
21 substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous  
22 drug pursuant to Business and Professions Code section 4022.

23 <sup>5</sup> Amphetamine salts, also known by brand names including, but not limited to, Adderall  
24 and Zenzedi, are Schedule II controlled substances pursuant to Health and Safety Code  
25 section 11055, subdivision (d), and a dangerous drugs pursuant to Business and Professions Code  
26 section 4022. Such drugs are commonly used for ADHD or narcolepsy.

27 <sup>6</sup> Alprazolam, also known by the brand name Xanax, is a Schedule IV controlled  
28 substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous  
drug pursuant to Business and Professions Code section 4022. It belongs to the benzodiazepine  
family of controlled substances.

<sup>7</sup> Diazepam, also known by the brand name 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. It belongs to the benzodiazepine family  
of controlled substances.

<sup>8</sup> Phenobarbital is a barbiturate, 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.

1 substances including, without limitation, amphetamines, benzodiazepines, or Suboxone, or any  
2 combination thereof.

3 19. Respondent committed gross negligence in the course of his care and treatment of  
4 Patient A including, but not limited to, failing to maintain accurate and complete psychiatric  
5 records for Patient A.

6 **Patient B**

7 20. On multiple occasions beginning in or around June 2017, Respondent rendered  
8 psychiatric care and treatment to Patient B, an adult patient with a history of ailments including,  
9 but not limited to: opioid use disorder; one or more anxiety disorders; and sedative, hypnotic, or  
10 anxiolytic-related dependence.

11 21. In or around June 2017 to December 2020, Respondent issued recurring prescriptions  
12 to Patient B for Suboxone.

13 22. In or around June 2017 to December 2020, Respondent issued recurring prescriptions  
14 to Patient B for amphetamine salts.

15 23. In or around June 2017 to February 2019, Respondent issued recurring prescriptions  
16 to Patient B for clonazepam.<sup>9</sup>

17 24. In or around July 2017 to December 2020, Respondent issued recurring prescriptions  
18 to Patient B for diazepam.

19 25. In or around October 2, 2018 to March 31, 2020, Respondent consulted the CURES  
20 database to review Patient B's controlled substance history on only one occasion, on or about  
21 October 7, 2019.

22 26. Respondent's medical records pertaining to his care and treatment of Patient B failed  
23 to adequately or accurately document one or more clinical interventions by Respondent including,  
24 but not limited to, ADHD assessment, or the prescribing of controlled substances including,  
25 without limitation, amphetamines, benzodiazepines, or Suboxone, or any combination thereof.

26 \_\_\_\_\_  
27 <sup>9</sup> Clonazepam, also known by the brand name Klonopin, is a Schedule IV controlled  
28 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 an anti-anxiety medication in  
the benzodiazepine family.

1 27. In multiple instances, Respondent's medical records pertaining to his care and  
2 treatment of Patient B contain inconsistent statements regarding patient evaluation or assessment.

3 28. Respondent committed gross negligence in the course of his care and treatment of  
4 Patient B including, but not limited to, failing to maintain accurate and complete psychiatric  
5 records for Patient B.

6 **Patient C**

7 29. On multiple occasions beginning in or around June 2017, Respondent rendered  
8 psychiatric care and treatment to Patient C, an adult patient with a history of ailments including,  
9 but not limited to, opioid use disorder and one or more anxiety disorders.

10 30. In or around June 2017 to January 2020, Respondent issued recurring prescriptions to  
11 Patient C for Suboxone.

12 31. In or around June 2017 to November 2018, Respondent issued recurring prescriptions  
13 to Patient C for diazepam.

14 32. In or around March 2018 to November 2018, Respondent issued recurring  
15 prescriptions to Patient C for alprazolam.

16 33. In or around October 2, 2018 to March 31, 2020, Respondent failed to consult the  
17 CURES database to review Patient C's controlled substance history.

18 34. Respondent committed gross negligence in the course of his care and treatment of  
19 Patient C including, but not limited to, failing to adequately review the CURES database for  
20 Patient C's controlled substance history.

21 **SECOND CAUSE FOR DISCIPLINE**

22 **(Repeated Negligent Acts)**

23 35. Respondent has further submitted his Physician's and Surgeon's Certificate  
24 No. G 10534 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
25 subdivision (c), of the Code in that he committed repeated negligent acts in the course of his care  
26 and treatment of one or more patients as more particularly alleged in paragraphs 9 to 34, above,  
27 which are hereby incorporated by reference as if fully set forth herein.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Failure to Consult CURES)**

3 36. Respondent has further submitted his Physician's and Surgeon's Certificate  
4 No. G 10534 to disciplinary action under section 2227 of the Code and section 11165.4,  
5 subdivision (d), paragraph (1) of the Health and Safety Code, as well as sections 2227 and 2234,  
6 as defined by section 2238, of the Code, in that on one or more occasions on or after October 2,  
7 2018 he failed to consult the CURES database to review Patient A's, Patient B's or Patient C's  
8 controlled substance history before prescribing to any of them a Schedule II, Schedule III, or  
9 Schedule IV controlled substance for the first time, or at least once every four months if the  
10 controlled substance remained part of the respective patient's treatment, as more particularly  
11 alleged in paragraphs 10 through 16, 20 through 25, and 29 through 33, above, which are hereby  
12 incorporated by reference as if fully set forth herein.

13 **FOURTH CAUSE FOR DISCIPLINE**

14 **(Failure to Maintain Adequate and Accurate Records)**

15 37. Respondent has further submitted his Physician's and Surgeon's Certificate  
16 No. G 10534 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of  
17 the Code in that he failed to maintain adequate and accurate records relating to the provision of  
18 services to Patient A or Patient B, or both, as more particularly alleged in paragraphs 10  
19 through 28, above, which are hereby incorporated by reference as if fully set forth herein.

20 **FIFTH CAUSE FOR DISCIPLINE**

21 **(Violation of the Medical Practice Act)**

22 38. Respondent has further submitted his Physician's and Surgeon's Certificate  
23 No. G 10534 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
24 subdivision (a), of the Code in that he violated or attempted to violate, directly or indirectly, one  
25 or more provisions of the Medical Practice Act as more particularly alleged in paragraphs 9  
26 through 37, above, which are hereby incorporated by reference as if fully set forth herein.

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PRAYER

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

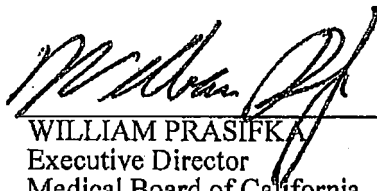
1. Revoking or suspending Physician's and Surgeon's Certificate No. G 10534, issued to Respondent Allan H. Rabin, M.D.;

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

3. Ordering Respondent Allan H. Rabin, 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: MAY 24 2021



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

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