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

In the Matter of the Accusation Against: Adelina Vorperian, M.D. Physician's and Surgeon's Certificate No. C 50390 Respondent.	Case No.: 800-2018-042937

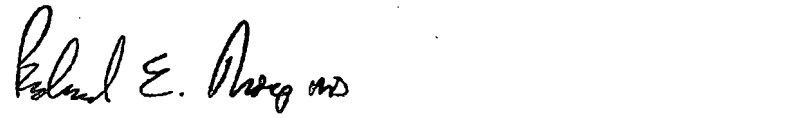
DECISION

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

This Decision shall become effective at 5:00 p.m. on April 8, 2022.

IT IS SO ORDERED: March 10, 2022.

MEDICAL BOARD OF CALIFORNIA



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

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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. 800-2018-042937
ADELINA VORPERIAN, M.D. **7341 Foothill Blvd., Suite 203** **Tujunga, CA 91042-2720**	OAH No. 2021030933
Physician's and Surgeon's Certificate No. C 50390,	**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**
Respondent.	

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

PARTIES

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

2. Respondent Adelina Vorperian, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, Esq., of Bonne Bridges Mueller O'Keefe & Nichols, 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071-1562.

3. On or about March 24, 2000, the Board issued Physician's and Surgeon's Certificate No. C 50390 to Adelina Vorperian, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-042937, and will expire on June 30, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-042937 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 25, 2021. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-042937 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-042937. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands that the charges and allegations in Accusation No. 800-2018-042937, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that at a hearing, Complainant could set forth a prima facie case for the charges and allegations in Accusation No. 800-2018-042937, and Respondent declines to defend same.

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

CONTINGENCY

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

13. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2018-042937 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 50390 issued to Respondent Adelina Vorperian, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined in the California Uniform Controlled Substances Act, except Suboxone and Clonazepam.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5.

If Respondent forms the medical opinion, after an appropriate prior examination and a medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and a medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

2. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

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

4. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

The Board or its designee shall provide the approved monitor with copies of the Decision(s)

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

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

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

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

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

replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

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

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

12. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and

Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

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

16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the

Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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

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

19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-042937 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

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

DATED: 12/29/21

ADELINA VORPERIAN, M.D.
Respondent

I have read and fully discussed with Respondent Adelina Vorperian, 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: 12/30/2021

PETER R. OSINOFF, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 12/30/21

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

TAN N. TRAN
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2018-042937

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

In the Matter of the Accusation Against: **ADELINA VORPERIAN, M.D.** **7341 Foothill Blvd., Ste. 203** **Tujunga, CA 91042-2720** **Physician's and Surgeon's Certificate No. C 50390,** Respondent	Case No. 800-2018-042937 **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 March 24, 2000, the Medical Board issued Physician's and Surgeon's Certificate Number C 50390 to Adelina Vorperian, 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 June 30, 2021, unless renewed.

JURISDICTION

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

STATUTORY PROVISIONS

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
>
> (d) Incompetence.
>
> (e) The commission of any act involving dishonesty or corruption 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.

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

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence, Repeated Negligent Acts and Inadequate Record Keeping)

Patient A[1]

7. Respondent Adelina Vorperian, M.D. is subject to disciplinary action under Code sections 2234, subdivisions (b) and (c) and 2266, in that Respondent committed gross negligence, repeated negligent acts and failed to maintain adequate and/or accurate records related to the provision of medical services to Patient A. The circumstances are as follows:

8. On or about June 11, 2020, representatives of the Board interviewed Respondent (hereinafter, the "Subject Interview") about her care for the patients alleged herein. At her Subject Interview, Respondent stated that on or about December 7, 2012, Patient A, a 49-year-old woman, presented to Respondent's office with back pain from a motor vehicle accident she had in 1999. Respondent continued to see Patient A and prescribe Suboxone[2] to her, despite being aware that other providers had prescribed Soma[3] and Xanax[4] to Patient A. Respondent also recognized that Patient A was a difficult patient, who did not follow rules. A CURES[5] report showed that in 2018 Respondent regularly prescribed Suboxone to Patient A and that another physician regularly prescribed alprazolam[6] and Soma to Patient A. Documentation indicated that

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[1] The patients' identities are known to Respondent. A letter here is used in lieu of the patients' names in order to address privacy concerns.

[2] "Suboxone" is a brand name of a form of buprenorphine which is an opioid medication used to treat opioid addiction. It is a semi-synthetic opioid derived from thebain. It is a Schedule V controlled substance pursuant to Health and Safety Code section 11058, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

[3] "Soma" is a trade name for carisoprodol. It is a muscle-relaxant and sedative. It is a Schedule IV controlled substance pursuant to federal Controlled Substances Act, and a dangerous drug pursuant to Business and Professions Code section 4022.

[4] See alprazolam.

[5] The Controlled Substance Utilization Review and Evaluation System (CURES), maintained by the Department of Justice is an electronic database that tracks all Schedule II – IV controlled substances dispensed to patients in California.

[6] "Alprazolam" is a benzodiazepine drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. Alprazolam has a central nervous system depressant effect and patients should be cautioned about the simultaneous ingestions of alcohol and other central nervous system depressant drugs during treatment with it. Addiction prone individuals (such as drug addicts or alcoholics) should be under careful surveillance when receiving alprazolam because of the predisposition of such patients to habituation and dependence. The usual starting dose of alprazolam is 0.25 mg to 0.5 mg, three times per day (for a maximum 1.5 mg per day). It is also sold under various brand names including, Intensol®, Xanax®, and Xanax XR®. It is a

Health Net Pharmaceutical Services approved Suboxone prescriptions for Patient A from May 2017 to June 2019.

9. On or about August 13, 2015, Respondent saw Patient A for a follow up visit regarding the patient's Suboxone maintenance program for her opioid addiction, and documented the patient's muscle spasms.

10. During her Subject Interview, when questioned about her visit with Patient A on or about April 17, 2017, Respondent read her documentation for the visit which stated that the patient received Suboxone and Soma. On or about September 5, 2017, Respondent increased Patient A's dose of Suboxone from one 8-2 SL, bid to one and a half, bid after a request from the patient for an increase. The subjective history for that visit stated cramps are increased, getting divorced, and very emotional. No other additional history or physical finding validated the increased prescription for Suboxone. When questioned about her visit with Patient A on or about November 15, 2018, Respondent read her documentation for the visit which indicated that Patient A was being treated with Xanax by her psychiatrist. When questioned about her visit with Patient A on or about March 12, 2019, Respondent read her documentation for the visit which indicated that Patient A was being treated with Xanax by her psychiatrist and Soma by her orthopedist and Suboxone by Respondent. She then stated that she repeatedly told the patient not to take sedating mediations with Suboxone, but the patient did not follow her instructions.[7] Nonetheless, prior to discharging her from her clinic in March 2019, Respondent failed to taper or discontinue Suboxone for Patient A.

11. During her Subject Interview, Respondent stated that she performs random and routine urine drug testing in her office. However, prior to approximately June of 2018, Respondent's urine drug screen testing did not test for Suboxone. Although her documentation

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schedule IV controlled substance pursuant to Health and Safety Code section 11057(d)(1), and a dangerous drug as defined in Business and Professions code section 4022. It is also a Schedule IV controlled substance as defined by the Code of Federal Regulations Title 21, section 1308.14 (c).

[7] Combining drugs such as opioids, benzodiazepines and Soma/carisoprodol (a muscle relaxant) can result in severe respiratory depression and even death. These combinations pose an extremely high risk of abuse or addiction as well.

indicated multiple entries for urine drug screens for Patient A, there is only one documented result dated August 29, 2019, which indicated that the result was negative for opioids.

12. In or around August 2015 and thereafter, each of the following acts or omissions by Respondent constitutes gross negligence:

(a) When she prescribed Suboxone to Patient A, including[8] when the patient was prescribed alprazolam and Soma during the same time period;

(b) When she failed to taper or discontinue Suboxone, including when the patient was concurrently taking alprazolam and Soma;

(c) When she prescribed doses of Suboxone without documenting new information about the cause of Patient A's pain;

(d) When she failed to adequately screen Patient A for drug use and/or document the results of routine urine drug screens for Patient A, including screens for Suboxone.

13. In or around 2014 and thereafter, Respondent's overall management of Patient A's chronic pain condition with controlled substances represents gross negligence. Respondent failed to adequately perform and/or document a history and physical examination of Patient A, while continuously prescribing controlled substances to the patient.

14. In or around 2014 and thereafter, Respondent committed negligence when she failed to accurately and/or adequately document her care and treatment for Patient A, including in respect of the results of any other treatment modalities, including physical therapy, for Patient A. Although Respondent documented physical therapy in her notes for Patient A, she failed to adequately document the results of Patient A's physical therapy sessions.

15. In or around 2014 and thereafter, Respondent committed negligence in connection with Patient A by failing to use standard guidelines in the use of controlled substances for a patient with chronic pain and/or failing to maintain accurate and/or adequate medical records for Patient A, including in respect of her use of controlled substances. Respondent's record for Patient A failed to document a rationale for medication changes, or periodic reviews of the patient's treatment plan.

[8] As used herein, "including," means "including, without limitation."

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence, Repeated Negligent Acts and Inadequate Record Keeping)

Patient B

16. Respondent Adelina Vorperian, M.D. is subject to disciplinary action under Code sections 2234, subdivisions (b) and (c) and 2266, in that Respondent committed gross negligence, repeated negligent acts and failed to maintain adequate and/or accurate records related to the provision of medical services to Patient B. The circumstances are as-follows:

17. On or about December 29, 2014, Respondent saw Patient B, a 27-year-old man, with a chief compliant of an opioid addiction. He had a history of taking heroin,[9] oxycodone,[10] Dilaudid[11] and Suboxone. He had been currently taking Xanax. When asked about this visit at her Subject Interview, Respondent stated that she believed she should not deprive a patient from "benzos"[12] if they are on Suboxone because they can have seizures, and therefore maintained the

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[9] Heroin is a highly addictive drug made from morphine.

[10] Oxycodone is an opioid analgesic medication synthesized from thebaine. It is a semi-synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine. It is generally used as an analgesic, but it also has a high potential for abuse. Repeated administration of oxycodone may result in psychic and physical dependence. Oxycodone is commonly prescribed for moderate to severe chronic pain. It is sold in its various forms under several brand names, including OxyContin (a time-release formula) and Roxicodone. Oxycodone is also available in combination with acetaminophen (Endocet, Percocet, Roxicet, Tylox, others); aspirin (Endodan, Percodan, Roxiprin, others); and ibuprofen (Combunox). It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M), and a dangerous drug as defined in Business and Professions Code section 4022.

[11] Dilaudid" is a brand name for hydromorphone, a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(K), and a dangerous drug as designated in Health and Safety Code section 4022. Hydromorphone is an opioid pain medication used to treat moderate to severe pain. It has been marketed, in its varying forms, under a number of brand names, including Dilaudid. Hydromorphone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(J), and a dangerous drug pursuant to Business and Professions Code section 4022.

[12] "Benzodiazepines" are a class of drugs that produce central nervous system (CNS) depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and to prevent seizures. They are most commonly used to treat insomnia and anxiety. In general, benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and sedatives in low doses. There is the potential for dependence on and abuse of benzodiazepines particularly by individuals with a history of multi-substance abuse. Benzodiazepines can cause dangerous deep unconsciousness. When combined with other CNS depressants such as alcoholic drinks and opioids, the potential for toxicity and fatal overdose increases. Benzodiazepines are commonly misused and taken in combination with other drugs of abuse. Alprazolam (Xanax®), lorazepam (Ativan®), clonazepam (Klonopin®), diazepam (Valium®), and temazepam (Restoril®) are among the most prescribed, as well as the most frequently encountered benzodiazepines on the illicit market. Benzodiazepines are generally used

patient on Xanax because of his long history of anxiety. Respondent also stated that the patient "looked normal" and was much more responsible than Patient A.

18. When questioned about a prescription the patient filled from another doctor for methadone[13] on or about June 19, 2015, and Respondent's prescription for Suboxone to the patient filled only seven days later, Respondent stated that she was not aware of this fact and that the doctor who prescribed the methadone "is stupid" because the patient could have overdosed and died from it. When asked if she would have done anything differently if she had been aware that the patient was receiving methadone, Respondent replied that she would not change anything but would have advised Patient B not to take it. She also admitted to prescribing Xanax to Patient B as well, but that she did not check CURES during that time period.

19. On or about December 29, 2016, Respondent saw Patient B and changed the patient's prescription for Xanax to Klonopin.[14] However, within a few months, she switched the prescription for Klonopin back to Xanax.

20. CURES records for Patient B reflect that the patient filled prescriptions for methadone and clonazepam[15] on or about June 19, 2015 and July 28, 2015 from another provider. At the Subject Interview, Respondent stated that she performed a urine drug screen for Patient B on or about June 18, 2015 and the results did not indicate any opiates in his urine. Urine drug screen results in a note dated March 26, 2016 stated "neg for opioid, + for benzo's." Urine drug screen results on an actual urine drug screen form dated December 3, 2015 visit stated "neg for

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for a limited time period and daily use should only be attempted after other approaches are unsuccessful, and with continuing attention to tapering and discontinuance. Prescribed benzodiazepines should be discussed with the patient (and those patient interactions should be documented), including that they entail: 1) risk of tolerance and dependence, 2) potential interactions with alcohol and pain medications, and 3) possible impairment of driving.

[13] "Methadone," sold under the brand names Dolophine and Methadose among others, is an opioid used for opioid maintenance therapy in opioid dependence and for chronic pain management. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

[14] "Klonopin" is a brand name for clonazepam, which is a medication used to prevent and treat seizures, panic disorder, and the movement disorder known as akathisia.

[15] Clonazepam is a benzodiazepine-based sedative. It is generally used to control seizures and panic disorder. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(7), and a dangerous drug as defined in Business and Professions Code section 4022.

opioids, positive for benzo's." Respondent stated that her drug screen testing prior to 2018 did not test for Suboxone and only for opiates. Methadone would not be detected in an opiate screen. Patient B also received a prescription for buprenorphine[16] from another provider on or about June 27, 2015 and clonazepam on or about July 28, 2015.

21. Respondent also stated that she was aware that Patient B was followed by a psychiatrist, but prescribed benzodiazepines to Patient B for convenience. A CURES report indicated Patient B had filled multiple buprenorphine prescriptions from a different provider for the time period from on or about June 27, 2015 to October 1, 2015, and had filled multiple Suboxone prescriptions from a different provider on or about January 9, 2016, January 12, 2016, and February 7, 2016.

22. On or about December 29, 2014 and thereafter, each of the following acts or omissions by Respondent constitutes gross negligence:

(a) When she continued to prescribe Suboxone to Patient B while the patient was concomitantly being prescribed other controlled substances, including alprazolam and/or methadone. Respondent concomitantly prescribed Suboxone and alprazolam. She was also aware that the concomitant use of Suboxone, benzodiazepines and/or methadone could result in respiratory depression, coma or death.

(b) When she failed to adequately periodically monitor and/or investigate whether Patient B was being prescribed controlled substances by other providers, including through the use of available prescription data.

(c) When she failed to adequately provide drug testing for Suboxone and/or methadone.

23. On or about December 29, 2014 and thereafter, Respondent's overall management of Patient B's health (including his opiate use disorder and general anxiety disorder) with controlled substances represents gross negligence. Respondent failed to adequately perform and/or document a history and physical examination of Patient B, while continuously prescribing controlled substances to the patient.

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[16] See Suboxone.

24. On or about December 29, 2014 and thereafter, Respondent committed negligence when she failed to adequately perform and/or document periodic reviews of her treatment plan for Patient B.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence, Repeated Negligent Acts and Inadequate Record Keeping)

Patient C

25. Respondent Adelina Vorperian, M.D. is subject to disciplinary action under Code sections 2234, subdivisions (b) and (c) and 2266, in that Respondent committed gross negligence, repeated negligent acts and failed to maintain adequate and/or accurate records related to the provision of medical services to Patient C. The circumstances are as follows:

26. On or about October 20, 2016, Respondent saw Patient C, a 31-year-old man, with a chief compliant of an opioid addiction and a desire to quit consuming opioids. He had a history of heroin use for five years. His prescriptions included Klonopin, Lexapro,[17] Baclofen,[18] Lyrica[19] and Suboxone. Patient C also had a diagnosis of depression with anxiety, and possibly ulcerative colitis. For a time, he was under the care of a psychiatrist and a gastroenterologist. Respondent continued to see Patient C until on or about April 19, 2019. During her Subject Interview, Respondent stated that the indication for prescribing Suboxone was opiate addiction.

27. On or about February 1, 2018, Respondent had prescribed Phenergan,[20] Clonazepam

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[17] Escitalopram is included in the class of drugs called selective serotonin reuptake inhibitors (SSRIs). This class of drugs is used to treat depression, anxiety, and other mood disorders. Escitalopram is mainly used to treat major depressive disorder or generalized anxiety disorder. It is sold under the brand names, Cipralex® and Lexapro®, among others. It is a dangerous drug as defined in Business and Professions code section 4022.

[18] Baclofen is a muscle relaxer used for treating spasm of skeletal muscles, muscle clonus, rigidity, and pain caused by disorders such as multiple sclerosis. It is also injected into the spinal cord (intrathecal) for management of severe spasticity.

[19] Lyrica is a brand name for pregabalin a nerve pain medication used to treat nerve and muscle pain, including fibromyalgia. It can also be used to treat seizures. It is a dangerous drug pursuant to Business and Professions Code section 4022.

[20] "Promethazine with codeine" or codeine phosphate/promethazine hydrochloride is an antihistamine and opioid antitussive combination drug. The combination of an opiate agonist with antitussive activity (codeine) and a phenothiazine-structure antihistamine (promethazine) when used together can be prescribed to relieve cough and upper respiratory symptoms due to conditions such as the common cold. Promethazine is sold in its various forms under the trade names Phenadoz, Promethegan, and Phenergan. It is a dangerous drug as defined in Business and Professions Code section 4022.

and Suboxone, concomitantly. The results of a urine drug screen on the same day was positive for benzodiazepines, but negative for opiates.

28. On or about March 29, 2018, Respondent documented that the patient had chronic nausea controlled with Phenergan.

29. On or about October 20, 2016 and thereafter, each of the following acts or omissions by Respondent constitutes gross negligence:

(a) When she concurrently prescribed Suboxone and clonazepam to Patient C.

(b) When she concurrently prescribed Suboxone and clonazepam and the patient was also prescribed Phenergan. The concomitant use of these drugs could result in respiratory depression, coma or death.

(c) When she failed to adequately periodically monitor and/or investigate whether Patient C was being prescribed other controlled substances by other providers, including through the use of available prescription data, including CURES data.

(d) When she failed to adequately provide drug testing for Suboxone.

30. On or about December 29, 2014 and thereafter, Respondent's overall management of Patient C's health (including his opioid addiction and depression with anxiety) with controlled substances represents gross negligence.

31. On or about December 29, 2014 and thereafter, Respondent committed negligence when she failed to adequately perform and/or document periodic reviews of her treatment plan for Patient C.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

32. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that Respondent committed repeated negligent acts. The circumstances are as follows:

33. The allegations of the First, Second and Third Causes for Discipline are incorporated herein by reference as if fully set forth.

34. Each of the alleged acts of gross negligence set forth above is also a negligent act.

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FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Medical Records)

35. Respondent is subject to disciplinary action under Code section 2266, in that Respondent failed to maintain adequate and accurate records related to the provision of medical services to a patient. The circumstances are as follows:

36. The allegations of the First, Second, Third and Fourth Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

SIXTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

37. Respondent is subject to disciplinary action under Code section 2234, in that her actions and/or omissions represent unprofessional conduct, generally. The circumstances are as follows:

38. The allegations of the First, Second, Third, Fourth and Fifth Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

DISCIPLINARY CONSIDERATIONS

39. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges as follows:

40. On or about December 6, 2010, effective January 5, 2011, in a prior action titled *In the Matter of the Petition for Termination of Probation of Adelina Vorperian, M.D.* before the Medical Board of California, in case number 26-2009-200756, Respondent's petition to terminate her probation was denied and included factual findings that during an interview by the Board's investigator and during the hearing, Respondent sought to disclaim responsibility for her criminal acts and portrayed herself as a victim; she claimed she did not know that receiving payments for referring specimens to Southwest Labs was wrong, despite her admissions to the contrary in her plea agreement and in the Stipulated Settlement and Disciplinary Order; she suggested that accepting payments for referrals was the way business was done in the Middle East and Africa, where she lived in the past; she further claimed that the representative from the laboratory "frame[d]" her; and when the Board's investigator asked her to consider what she would do

differently, she mentioned that she would not have moved to California, rather than anything about not accepting the illegal payments; she decried her suffering and the unbelievable nature of her situation and contended that she "didn't harm anybody" through her crimes. That decision is now final and is incorporated by reference as if fully set forth herein.

41. On or about September 21, 2012, effective October 19, 2012, in a prior disciplinary action titled *In the Matter of the Accusation and Petition to Revoke Probation Against Adelina Vorperian, M.D.* before the Medical Board of California, in case number D1-2005-168275, Respondent's license was placed on probation for 5 years with terms and conditions, in connection with aiding and abetting the unlicensed practice of medicine and violating the terms of her probation including, failure to obey all laws and failure to submit quarterly declarations and update her business address stating/disclosing her involvement in a clinic as medical director. That decision is now final and is incorporated by reference as if fully set forth herein.

42. On or about July 25, 2005, in a prior criminal proceeding in United States District Court (Central District of California) case number CR-05-441, Respondent was convicted of two counts of violating 42 United States Code sections 1320a, for receiving illegal kickbacks from a laboratory, located in Glendale, California. The record of that conviction from that criminal proceeding is incorporated as if fully set forth.

43. On or about October 27, 2006, effective November 27, 2006, in a prior disciplinary action titled *In the Matter of the Accusation Against Adelina Vorperian, M.D.* before the Medical Board of California, in case number 11-2005-168275, Respondent's license was placed on probation for 5 years with terms and conditions, in connection with suffering a conviction of a crime in connection with her involvement in a kickback relationship with a clinical laboratory (i.e. soliciting and receiving remuneration in the form of cash kickbacks from Southwest Labs in return for ordering a service. That decision is now final and is incorporated by reference as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 50390, issued to Adelina Vorperian, M.D.;

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

3. Ordering Adelina Vorperian, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: JAN 25 2021

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

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