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

In the Matter of the First Amended Accusation Against: Neil Raaj Soni, M.D. Physician's and Surgeon's Certificate No. A 97825 Respondent.	Case No.: 800-2019-052388

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 June 17, 2022.

IT IS SO ORDERED: May 18, 2022.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
CHRISTINE A. RHEE
Deputy Attorney General
State Bar No. 295656
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9455
Facsimile: (619) 645-2061

Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **NEIL RAAJ SONI, M.D.** **9940 Talbert # 101** **Fountain Valley, CA 92708** **Physician's and Surgeon's Certificate No. A 97825,** Respondent.	Case No. 800-2019-052388 OAH No. 2021050093 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

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2. Respondent Neil Raaj Soni, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, CA 92620.

3. On or about October 20, 2006, the Board issued Physician's and Surgeon's Certificate No. A 97825 to Neil Raaj Soni, 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 First Amended Accusation No. 800-2019-052388, and will expire on July 31, 2022, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2019-052388 was filed before the Board, and is currently pending against Respondent. First Amended Accusation No. 800-2019-052388 and all other statutorily required documents were properly served on Respondent on February 11, 2022. Respondent timely filed his Notice of Defense contesting Accusation No. 800-2019-052388 which was served on Respondent on April 5, 2021.

5. A true and correct copy of First Amended Accusation No. 800-2019-052388 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 First Amended Accusation No. 800-2019-052388. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

8. Having had the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in First Amended Accusation No. 800-2019-052388, and that he has thereby subjected his license to disciplinary action.

10. Respondent agrees that if he ever petitions for early termination of probation or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in First Amended Accusation No. 800-2019-052388 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

CONTINGENCY

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

ADDITIONAL PROVISIONS

13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-listed matter.

14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 97825 issued to Respondent Neil Raaj Soni, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months from the effective date of the Board's Decision and Order on the following terms and conditions:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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 First Amended 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.

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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.

6. 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, 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.

7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and First Amended 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.

8. 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.

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena enforcement, as applicable, in the amount of $3,127.50 (three thousand, one hundred and twenty-seven dollars and fifty cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

10. 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.

11. 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).

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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.

12. 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.

13. 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..

14. 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.

15. 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.

16. 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.

17. 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.

18. 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 First Amended Accusation No. 800-2019-052388 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.

ACCEPTANCE

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

DATED: 3/8/22

NEIL RAAJ SONI, M.D.
Respondent

I have read and fully discussed with Respondent Neil Raaj Soni, 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: March 8, 2022

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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DATED: _____

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: March 8, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2019-052388

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
CHRISTINE A. RHEE
Deputy Attorney General
State Bar No. 295656
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9455
Facsimile: (619) 645-2061

Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **NEIL RAAJ SONI, M.D.** **9940 Talbert, #101** **Fountain Valley, CA 92708** **Physician's and Surgeon's Certificate No. A 97825,** Respondent.	Case No. 800-2019-052388 OAH No. 2021050093 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about October 20, 2006, the Board issued Physician's and Surgeon's Certificate No. A 97825 to Neil Raaj Soni, M.D. (Respondent). Physician's and Surgeon's Certificate No. A 97825 was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2022, unless renewed.

JURISDICTION

3. This First Amended Accusation, which supersedes the Accusation filed on April 5, 2021, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states, in pertinent part:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> ...

5. Section 2228.1 of the Code states, in pertinent part:

> (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:
>
> (1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:
>
> ...
>
> (D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendere or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

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

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

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

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

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

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

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

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

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

...

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

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

...

6. Section 2234 of the Code, states, in pertinent part:

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:

///

...

(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.

...

7. 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.

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if

the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 97825 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereafter:

Patient A

10. Respondent treated Patient A from approximately June 2016 to March 2019.

11. On or about June 7, 2016, Patient A presented to Respondent's office with right knee pain with no injury and was referred to Respondent by an orthopedist. Patient A was seen by I.M., a physician assistant (P.A.) in Respondent's office. At that time, Patient A was a twenty-

[1] Patients' names are omitted to protect their privacy.

six-year old female who had previously been diagnosed with "patellar femeral [sic] syndrome."[2] She had previously tried physical therapy, Synvisc injections,[3] and cortisone injections. Patient A reported that she had gone to a pain management specialist a few weeks prior, and had been prescribed Norco[4] at the 325-5 mg dose. Patient A had previously underwent gastric sleeve surgery, causing her to lose approximately 80 pounds. She reported that with the weight loss, her knee pain initially got better, then got bad again. Patient A had gone to the hospital six days prior for right knee swelling and pain, and had been diagnosed with right knee pre-patellar bursitis.[5] At the hospital, she was given a Dilaudid[6] injection and ketoprofen[7] cream. I.M., P.A., noted that Patient A had normal x-rays and MRIs of both knees and upon physical examination, Patient A had bilateral medial/lateral joint laxity in her knees. I.M., P.A.'s assessment was chronic pain in both knees, and her treatment plan was to continue Norco, one to two tablets per day, continue ketoprofen, consider a physical therapy referral, PRP,[8] or prolotherapy[9] in the future. I.M., P.A., noted that Patient A's CURES[10] had been reviewed with no issues found. Respondent co-signed the note as the supervising physician on or about June 7, 2016.

12. Respondent's records show that Patient A submitted to a drug screening on or about June 7, 2016. The sample was negative for all tested substances.

13. According to CURES, Patient A filled a prescription written by M.I.G.R.[11] for 90 tablets of 325-10 mg Norco on or about June 7, 2016. Respondent's records do not document

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[2] Patellofemoral pain syndrome is a condition in which the cartilage under the kneecap is damaged from injury or overuse.

[3] Synvisc is an injectable medication that supplements knee fluid and lubricates and cushions the joint.

[4] Norco is the brand name for hydrocodone and acetaminophen. Hydrocodone is an opiate and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b).

[5] Bursitis is the inflammation of the fluid-filled sacs surrounding joints.

[6] Dilaudid, brand name for hydromorphone, is an opiate and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b).

[7] Ketoprofen is a nonsteroidal anti-inflammatory drug (NSAID).

[8] PRP is platelet-rich plasma therapy.

[9] Prolotherapy is a complementary treatment to treat muscle and joint pain.

[10] The Controlled Substance Utilization Review and Evaluation System (CURES) is a database of Schedule II, III, and IV controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement.

[11] I.M. and M.I.G.R. appear to be the same individual based on her Physician Assistant license number and Respondent's medical records.

why Patient A was given a higher dose of Norco than what was previously prescribed at the hospital.

14. On or about July 19, 2016, Patient A returned to the office and saw Respondent. She reported that the Norco was helping, but the cream was not. Patient A reported taking one or two tablets of Norco per day at most. She also complained of low back and hip pain, which was exacerbated by walking. Respondent's assessment included chronic knee pain, anxiety, sacroiliac joint dysfunction on both sides, lumbosacral spondylosis,[12] and hip joint pain. Respondent gave Patient A a Norco refill, encouraged her to become more active and to stretch, and follow up with an orthopedist. He also ordered lumbar spine and hip x-rays.

15. According to Patient A's CURES, on or about July 19, 2016, Patient A filled a prescription written by Respondent for 90 tablets of 325-10 mg Norco, for an average of up to three tablets per day.

16. On or about August 23, 2016, Patient A returned to Respondent's office and saw I.M., P.A., for a medication management visit. Patient A reported that her gastric sleeve may have to be changed because she was having stomach issues. She also reported that her orthopedist recommended arthroscopic surgery on both knees. She complained that her knee pain was worsening. I.M., P.A., gave Patient A a refill prescription for Norco and made her submit to a urine drug screen, which was negative for all tested substances, including opiates. Patient A explained that she had not taken any Norco since the previous Thursday because she lost her medications. According to CURES, Patient A filled a prescription written by M.I.G.R. for 90 tablets of 325-10 mg Norco on or about the same day.

17. On or about September 7, 2016, x-rays were taken of Patient A's hips and lumbar spine. They showed that Patient A had degenerative disc disease[13] and focal spondylosis.

18. According to CURES, on or about September 20, 2016, Patient A filled a prescription written by M.I.G.R. for 90 tablets of 325-10 mg Norco. This prescription was not documented in Respondent's records.

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[12] Spondylosis describes pain and spine degeneration.

[13] Degenerative disc disease is a condition where a disc becomes dehydrated and loses some of its function, causing low back or neck pain.

19. According to CURES, on or about October 11, 2016, Patient A filled a prescription written by a new treatment provider, A.S., P.A., for 60 tablets of 325-7.5 mg Norco.

20. Three days later, on or about October 14, 2016, Patient A returned to Respondent's office and saw I.M., P.A. Patient A reported that she was scheduled for gastric bypass surgery, and that she was going to physical therapy for her right knee. Patient A's pain was about the same. I.M., P.A., documented that Patient A's CURES was reviewed and that there were "no problems," even though CURES showed that Patient A had filled a Norco prescription from A.S., P.A. I.M., P.A., gave Patient A another 325-10 mg Norco prescription for 90 tablets, which she filled on or about October 19, 2016.

21. On or about November 8, 2016, Patient A returned to the office and saw Respondent. Patient A complained of right knee pain and low back pain down the right leg. She told Respondent that she did not want surgery yet and was going to try yoga. Respondent's plan was for a transforaminal epidural steroid injection (TESI) to treat Patient A's lumbar radiculopathy.[14] Respondent documented that he reviewed CURES, although there is nothing indicating that he saw the Norco prescription from A.S., P.A. Respondent refilled Patient A's medications.

22. According to CURES, on or about November 9, 2016, Patient A filled a prescription written by Respondent for 90 tablets of 325-10 mg Norco.

23. On or about December 13, 2016, Patient A returned to the office and saw Respondent. Patient A had undergone the gastric bypass surgery in October and continued to complain of knee pain. She told Respondent that she needed to take three Norco tablets per day, not two. On or about the same day, Patient A filled a prescription written by Respondent for 90 tablets of 325-10 mg Norco.

24. Respondent's records show that Patient A submitted to a drug screen on or about December 13, 2016. The sample was positive for opiates and oxycodone. Respondent failed to address this inconsistent result and/or document any conversation with Patient A about it.

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[14] Lumbar radiculopathy is a condition where the compression of nerve roots cause pain in the lower back which radiates down the legs.

25. According to CURES, from on or about January 6, 2017 through March 12, 2019, Patient A filled prescriptions written by another treatment provider, B.T., M.D., for amphetamine salt combo[15] and zolpidem tartrate.[16] During this period of time, Patient A was receiving enough medications to take between 5 to 30 mg of amphetamine and 5 to 10 mg of zolpidem per day.

26. On or about January 10, 2017, Patient A returned to Respondent's office and saw I.M., P.A. Patient A reported that she was scheduled for another gastric surgery and that her pain was otherwise the same. Once again, I.M., P.A., documented that CURES was reviewed and that there were "no problems," despite a zolpidem prescription filled on or about January 6, 2017 from B.T., M.D. The plan was to continue Norco and proceed with the TESI procedure. As I.M., P.A.'s supervising physician, Respondent signed this note on or about January 10, 2017. On or about the same day, Patient A filled a prescription written by M.I.G.R. for 90 tablets of 325-10 mg Norco.

27. On or about February 7, 2017, Patient A returned to Respondent's office and saw D.G., another P.A. in Respondent's office. D.G., P.A.'s progress note indicated that Patient A had undergone the TESI procedure and that she did not get much pain relief. Respondent's records do not include the note documenting the TESI procedure. D.G., P.A., gave Patient A a Norco refill and documented that she reviewed CURES. Patient A was to continue with a home exercise plan and schedule a lumbar caudal epidural steroid injection. As D.G., P.A.'s supervising physician, Respondent signed this note on or about February 8, 2017. On or about February 7, 2017, Patient A filled a prescription written by D.G., P.A., for 90 tablets of 325-10 mg Norco.

28. On or about March 7, 2017, Patient A returned to Respondent's office and saw D.G., P.A. Patient A complained of worsening insomnia and requested a prescription. Adderall and

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[15] Amphetamine, brand name Adderall, is a stimulant and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d).

[16] Zolpidem tartrate, brand name Ambien, is a sedative hypnotic and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d).

Abilify[17] are listed as new medications in this progress note, although there is no information about the prescribing treatment provider. D.G., P.A., gave Patient A a prescription for temazepam[18] to treat her insomnia. The P.A. also noted that CURES was reviewed and a urine drug screen test was done, although the results were not documented. There is also no documentation that Patient A was counseled on the risks of concurrent opiate and benzodiazepine use. As D.G., P.A.'s supervising physician, Respondent signed this note on or about March 8, 2017. On or about the same day, Patient A filled a prescription written by D.G., P.A., for 90 tablets of 325-10 mg Norco.

29. On or about April 4, 2017, Patient A returned to Respondent's office and saw D.G., P.A. Patient A reported that she had undergone esophageal and upper intestine dilation that day to treat complications from her gastric bypass surgery, and that she had been undergoing these procedures every two to four weeks for the past six months. D.G., P.A., noted that CURES was reviewed, although B.T., M.D.'s new Ambien prescription was not documented in Respondent's records. Patient A was given a Norco refill. Respondent signed this note on or about April 4, 2017 as the supervising physician. On or about the same day, Patient A filled a prescription for 90 tablets of 325-10 mg Norco.

30. Respondent's records show that Patient A submitted to a urine drug screen on or about April 4, 2017. The sample was positive for amphetamine, THC,[19] and opiates. Respondent failed to follow up and/or document any discussion with Patient A about her cannabis use.

31. According to CURES, on or about May 2, 2017, Patient A filled a prescription written by D.G., P.A., for 90 tablets of 325-10 mg Norco. This prescription is not documented in Respondent's records.

32. On or about May 30, 2017, Patient A returned to the office and saw Respondent. Patient A reported the same level of pain in her lower back and knees. Respondent noted that Patient A had last received an epidural in January 2017. This progress note documented Ambien

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[17] Abilify, brand name for aripiprazole, is an anti-psychotic.

[18] Temazepam, brand name Restoril, is a benzodiazepine and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d).

[19] THC is tetrahydrocannabinol, and is a chemical found in cannabis.

as one of Patient A's current medications, although it erroneously noted that Patient A was taking 10 mg per day, rather than 5 mg. Respondent noted that he checked Patient A's CURES and gave her refills. His plan included another epidural injection. On or about the same day, Patient A filled a prescription for 90 tablets of 325-10 mg Norco.

33. According to CURES, on or about June 26, 2017, Patient A filled a prescription written by Respondent for 90 tablets of 325-10 mg Norco. This prescription was not documented in Respondent's records.

34. On or about July 25, 2017, Patient A returned to the office and saw Respondent. Patient A reported that her knees were getting worse with increased pain. Patient A also said that although her medication helped, it was becoming less effective. Respondent documented that he reviewed CURES and refilled Patient A's medications. He increased Patient A's Norco dose to four tablets per day. On or about the same day, Patient A filled a prescription for 120 tablets of 325-10 mg Norco.

35. On or about August 22, 2017, Patient A returned to the office and saw Respondent. Patient A reported that the increased Norco dose was helpful and allowed her to move more easily. Respondent's plan included a referral to physical therapy, review of CURES, and medication refills. On or about the same day, Patient A filled a prescription for 120 tablets of 325-10 mg Norco.

36. Respondent's records show that Patient A submitted to a drug screen on or about August 22, 2017. The sample was positive for amphetamines, cotinine,[20] opiates, and THC. Respondent flagged the positive result for amphetamines and notes to check the medication list. Respondent failed to follow up and/or document any discussion with Patient A about her cannabis use.

37. On or about September 12, 2017, Patient A returned to the office and saw Respondent. She reported continuing low back and knee pain and the decreased efficacy of her

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[20] Cotinine is a metabolite of tobacco.

medications. Respondent documented that he reviewed CURES, refilled Patient A's medications, and planned for a Supartz injection[21] in Patient A's knees and a lumbar epidural.

38. According to CURES, on or about September 18, 2017, Patient A filled a prescription written by Respondent for 120 tablets of 325-10 mg Norco.

39. On or about October 17, 2017, Patient A returned to the office and saw Respondent. Respondent switched Patient A's pain medication to Percocet.[22] Respondent documented that he reviewed CURES and his treatment plan included the epidural injection. On or about the same day, Patient A filled a prescription written by Respondent for 120 tablets of 325-5 mg Percocet.

40. On or about October 24, 2017, October 31, 2017, and November 7, 2017, Patient A returned to the office and received three Supartz injections in her right knee. On or about November 7, 2017, Patient A reported that the injections may not be working.

41. On or about November 14, 2017, Patient A returned to the office and saw Respondent. Patient A reported that her pain was a 7.5 out of 10 and that the injections had helped. She also stated that she was having surgery to redo her gastric bypass.

42. According to CURES, on or about November 15, 2017, Patient A filled a prescription written by S.M.M., a P.A. in Respondent's office, for 120 tablets of 325-5 mg Percocet.

43. On or about December 12, 2017, Patient A returned to Respondent's office and saw Respondent. Patient A reported that she went to the hospital on November 27, 2017 and was diagnosed with intussusception.[23] CURES was reviewed and Patient A's medications were refilled.

44. According to CURES, on or about December 15, 2017, Patient A filled a prescription written by a new treatment provider, S.D., for 30 tablets of 5 mg oxycodone.

45. According to CURES, on or about December 21, 2017, Patient A filled a prescription written by J.C., a P.A. in Respondent's office, for 120 tablets of 325-7.5 mg Percocet.

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[21] Supartz, brand name for hyaluronic acid, can be used to treat knee pain from osteoarthritis.

[22] Percocet is oxycodone and acetaminophen. Oxycodone is an opiate and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b).

[23] Intussusception is an emergent condition in which part of the intestine slides into an adjacent part of the intestine.

Respondent's records fail to document this prescription or the reasons why Patient A's oxycodone dose was increased.

46. On or about January 9, 2018, Patient A returned to the office and saw Respondent for a medication follow-up appointment. Patient A continued to complain of knee pain and said that she had patella surgery on her right knee in September 2016. She also stated that she had previously taken gabapentin[24] without significant pain relief. Respondent gave Patient A a Percocet refill and a new prescription for Lyrica.[25] The treatment plan was to consider a Synvisc injection in five months.

47. According to CURES, on or about January 20, 2018, Patient A filled a prescription written by J.C., P.A., for 120 tablets of 325-7.5 mg Percocet.

48. On or about February 6, 2018, Patient A returned to the office and saw Respondent. Respondent noted that Patient A's Lyrica prescription had not been approved yet and that her pain remained the same. Respondent discontinued Percocet and gave Patient A a new prescription for oxycodone. Respondent documented that he reviewed CURES and that he discussed decreasing Patient A's opioids. On or about the same day, however, Patient A filled a prescription written by Respondent for 120 tablets of 10 mg oxycodone, an increase in Patient A's daily opiate use.

49. On or about February 22, 2018, Respondent performed a lumbar epidural steroid injection on Patient A.

50. On or about March 6, 2018, Patient A returned to Respondent's office and saw Respondent. Patient A reported that the lumbar epidural improved her pain. She also reported that Lyrica was helping as well. According to CURES, on or about March 6, 2018, Patient A filled a prescription written by J.C., P.A., for 120 tablets of 10 mg oxycodone. Respondent's records fail to document this prescription.

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[24] Gabapentin, brand name Neurontin, is a nerve pain medication.
[25] Lyrica, brand name for pregabalin, is a nerve pain medication.

51. According to CURES, from on or about March 30, 2018 through July 6, 2018, Patient A filled four prescriptions written by B.T., M.D., for alprazolam.[26] During this time period, Patient A received enough medications to take between 0.5 to 2 mg per day.

52. According to CURES, on or about April 5, 2018, Patient A filled a prescription written by J.C., P.A., for 120 tablets of 10 mg oxycodone. Respondent's records fail to document this prescription.

53. On or about May 1, 2018, Patient A returned to the office and saw Respondent. Patient A complained of lower back and bilateral knee pain. Respondent noted that Patient A was experiencing increased stress and anxiety, and was seeing a psychiatrist and a therapist. Respondent documented that he reviewed CURES, refilled Patient A's medications, and increased her Lyrica dose. Patient A was also to use a knee brace.

54. According to CURES, on or about May 3, 2018, Patient A filled a prescription written by J.C., P.A., for 120 tablets of 10 mg oxycodone. On or about June 1, 2018, Patient A filled another prescription written by J.C., P.A., for 120 tablets of 10 mg oxycodone.

55. On or about June 12, 2018, Patient A returned to the office and saw Respondent. Patient A stated that the epidural from February was starting to wear off. She also reported that she was going to undergo a cosmetic procedure on June 25, 2018 and requested postoperative pain medications. Respondent documented that he reviewed CURES and that there were no aberrant findings. He gave Patient A a prescription for Norco with instructions to fill the prescription on June 24, 2018 for postoperative pain. Respondent also recommended another epidural.

56. According to CURES, on or about June 12, 2018, Patient A disregarded Respondent's instructions and filled the aforementioned Norco prescription for 60 tablets of 325-5 mg strength.

57. According to CURES, on or about June 26, 2018, Patient A filled a prescription written by a new treatment provider, I.T., M.D., for 25 tablets of 325-5 mg Percocet. Three days

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[26] Alprazolam, brand name Xanax, is a benzodiazepine and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d).

later, on or about June 29, 2018, Patient A filled another prescription written by Respondent for 120 tablets of 10 mg oxycodone.

58. On or about July 10, 2018, Patient A returned to the office and saw Respondent. Patient A continued to complain of lower back pain and was in the process of scheduling another epidural. She reported that she was going to have another cosmetic surgery on July 30, 2018. Respondent documented that he reviewed Patient A's CURES and gave her medication refills.

59. Respondent's records show that Patient A submitted to a drug screening test on or about July 10, 2018. The sample was positive for zolpidem, opiates, and alprazolam, and negative for amphetamines and pregabalin. Respondent failed to address and/or document any conversation with Patient A about these inconsistent negative results.

60. According to CURES, on or about July 11, 2018, Patient A filled a prescription written by J.C., P.A., for 60 tablets of 325-5 mg Norco. Respondent's records do not indicate why Patient A was switched from oxycodone to Norco. On or about July 24, 2018, Patient A filled a prescription written by I.T., M.D., for 30 tablets of 325-5 mg Percocet.

61. According to CURES, on or about July 28, 2018, Patient A filled a prescription written by J.C., P.A., for 120 tablets of 10 mg oxycodone. Respondent's records do not indicate why Patient A was switched back to oxycodone.

62. On or about August 7, 2018, Patient A returned to the office and saw Respondent. Patient A's prior cosmetic surgeries and continued follow-up with her surgeon were noted. Patient A reported that the lumbar epidural was helpful in reducing her pain. She stated that Norco and oxycodone were becoming less effective, so her surgeon gave her five days of Percocet. Respondent documented that he checked CURES, which was ok, and refilled Patient A's oxycodone prescription, with instructions that the new prescription was to be filled on August 24, 2018. The plan was for Patient A to continue random urine drug screenings.

63. According to CURES, on or about August 11, 2018, Patient A filled a prescription written by I.T., M.D., for 30 tablets of 325-5- mg Percocet. On or about August 24, 2018, Patient A filled a prescription written by M.I.G.R. for 120 tablets of 10 mg oxycodone.

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64. On or about September 21, 2018, Patient A returned to the office and saw R.I., a P.A. in Respondent's office. Patient A reported continued bilateral knee and lower back pain. R.I., P.A.'s assessment included acute cystitis without hematuria[27] (despite no subjective or objective symptoms being documented), premature atrial contraction[28] (despite a normal cardiovascular physical exam), and chronic pain syndrome. R.I., P.A., documented that he reviewed CURES which was "within expected limits," refilled Patient A's medications, and discussed Pennsaid[29] for inflammation and Saxenda[30] for weight loss. As R.I., P.A.'s supervising physician, Respondent signed this note on or about September 25, 2018. According to CURES, on or about September 22, 2018, Patient A filled a prescription written by R.I., P.A., for 120 tablets of 10 mg oxycodone.

65. On or about October 18, 2018, Patient A returned to the office and saw Respondent. Patient A reported increased lower back pain which was improved with her medications. According to the note, Patient A received a prescription for Saxenda on or about October 2, 2018. Respondent documented that he reviewed CURES, refilled Patient A's medications, and recommended that she follow up with a gastrointestinal specialist.

66. According to CURES, on or about October 19, 2018, Patient A filled the following prescriptions: (1) 30 tablets of 20 mg amphetamine salt combo written by new treatment provider, N.S., M.D.; (2) 30 tablets of 10 mg amphetamine salt combo written by N.S., M.D.; and (3) 120 tablets of 10 mg oxycodone written by J.C., P.A.

67. On or about November 16, 2018, Patient A returned to the office and saw Respondent. Patient A reported swelling in her fingers in the mornings with later pain, and shooting pains when she turns her head. She also requested Saxenda for weight loss. Respondent documented that he checked CURES, refilled Patient A's medications, and ordered a cervical spine MRI.

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[27] Cystitis is inflammation of the bladder.
[28] Premature atrial contraction is an arrhythmia or improper beating of the heart.
[29] Pennsaid, brand name for diclofenac, is a NSAID.
[30] Saxenda, brand name for liraglutide, is a diabetes medication that can also be used for weight loss.

68. According to CURES, on or about November 21, 2018, Patient A filled a prescription written by Respondent for 120 tablets of 10 mg oxycodone.

69. On or about December 18, 2018, Patient A returned to the office and saw Respondent. Patient A continued to report pain in her fingers and intermittent numbness in her arms. She had not gotten the requested MRI. Respondent gave Patient A refills for her medications.

70. Respondent's records show that Patient A submitted to a drug screen on or about December 18, 2018. The sample was positive for Adderall, Ambien, hydrocodone, Lyrica, and oxycodone, which was consistent with Patient A's prescribed medications. The sample also tested positive for meprobamate.[31] Respondent failed to address and/or document any discussion with Patient A about the positive meprobamate result which was inconsistent with Patient A's reported medications.

71. According to CURES, on or about December 19, 2018, Patient A filled a prescription written by J.C., P.A., for 120 tablets of 10 mg oxycodone.

72. On or about January 15, 2019, Patient A returned to the office and saw Respondent. Patient A continued to have numbness in her hands and arms, and still had not gotten the ordered MRI. Respondent documented that he reviewed CURES, refilled Patient A's medications, and that the MRI was pending. On or about the same day, Patient A filled a prescription written by Respondent for 120 tablets of 10 mg oxycodone.

73. On or about January 29, 2019, an MRI of Patient A's cervical spine was taken, showing diffuse disc bulges at C4-C5 and C5-C6.

74. On or about February 12, 2019, Patient A returned to the office and saw Respondent. Patient A complained of neck and lower back pain and numbness and pain in her hands and fingers. She told Respondent that she had an MRI of her lumbar spine three years prior and that surgery had been recommended. Respondent noted the results of the MRI that was done on January 29, 2019. Patient A was scheduled for a breast augmentation surgery on March 1, 2019.

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[31] Meprobamate is a metabolite of carisoprodol, brand name Soma. Soma is a muscle relaxant and a Schedule IV controlled substance pursuant to the Controlled Substances Act.

Respondent documented that he reviewed CURES, refilled Patient A's medications, ordered a L-spine MRI, and gave Patient A a Norco prescription for her postoperative pain. He also ordered a physical therapy referral. On or about the same day, Patient A filled a prescription written by Respondent for 120 tablets of 10 mg oxycodone.

75. On or about February 22, 2019, an MRI of Patient A's lumbar spine showed multiple disc extrusions resulting in moderate spinal canal stenosis and moderate bilateral neuroforaminal stenosis.

76. According to CURES, on or about March 3, 2019, Patient A filled a prescription written by Respondent for 60 tablets of 325-5 mg Norco.

77. According to CURES, on or about March 7, 2019, Patient A filled a prescription written by I.T., M.D., for 30 tablets of 325-5 mg Percocet.

78. On or about March 12, 2019, Patient A returned to the office and saw Respondent. Patient A reported that she had undergone another surgery to revise her breast augmentation, and that she had increased pain from that. She told Respondent that the medications were not helping with the pain, and that she got Percocet from her surgeon. Respondent documented that he reviewed Patient A's spine MRI. Respondent also documented that he reviewed CURES, gave Patient A medication refills, and advised her to follow up with her surgeon. His plan was for Patient A to undergo another epidural. On or about the same day, Patient A filled a prescription written by Respondent for 120 tablets of 10 mg oxycodone.

79. On or about March 31, 2019, Patient A was found dead in her home. According to the coroner, she died of the combined effects of oxycodone, alprazolam, zolpidem, and ethanol.

80. Respondent committed gross negligence in his care and treatment of Patient A which includes, but is not limited to, the following: Respondent did not conduct an adequate history and physical examination in that he failed to risk stratify Patient A by using any screening tools, failed to perform a psychological evaluation, document prior substance abuse history, or act upon the results of aberrant urine drug tests or CURES reports showing multiple prescribers.

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SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

81. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 97825 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B, and C, as more particularly alleged hereafter:

Patient A

82. Paragraphs 10 through 80, above, are hereby incorporated by reference and re-alleged as if fully set forth herein.

83. Respondent committed negligence in his care and treatment of Patient A which includes, but is not limited to, the following:

a. Respondent failed to develop a treatment plan including measurable goals and objectives, monitor for improved function as a result of his treatment, and include an exit strategy to discontinue opioids if those goals were not met;

b. Respondent failed to document any discussion with Patient A regarding the risks of opioid therapy or consent;

c. Respondent failed to use the results of urine drug testing to counsel Patient A, make changes to her treatment plan, or consider an exit strategy when improved function was not obtained; and

d. Respondent failed to document informed consent, results of a risk assessment, or results of functional improvement or lack of improvement.

Patient B

84. Respondent treated Patient B as her pain management specialist from approximately August 2015 to June 2018.

85. On or about August 18, 2015, Patient B, then a fifty-year-old woman, saw R.I., a P.A. in Respondent's office. Her chief complaints were lower back pain, anxiety, and bilateral knee pain. Patient B reported that her pain was constant and that she was taking more NSAIDs. R.I., P.A.'s plan was to refer Patient B to an orthopedist, treat her pain with ice and heat, and take her

medications. According to this note, Patient B was taking up to four tablets of 325-10 mg Norco and 2 mg of Ativan[32] per day.

86. On or about December 4, 2015, Patient B returned to Respondent's office and saw R.I, P.A. Patient B complained of lower and upper back pain with spasms. R.I., P.A.'s assessments included knee pain, displacement of lumbar intervertebral disc, and anxiety. Patient B was to continue taking Norco and Ativan.

87. On or about October 13, 2017, Patient B returned to the office and saw Respondent. Patient B complained of lower back and bilateral knee pain. She used a walker to ambulate. Patient B also had difficulty sleeping due to her pain. Respondent documented that H.A.F., M.D., was Patient B's primary care provider. Patient B's documented medications included buspirone,[33] Norco, Ativan, and Robaxin.[34] Respondent documented that he injected Patient B's right knee, although he did not document what was injected. He also refilled Patient B's medications.

88. According to CURES, on or about October 13, 2017, Patient B filled two prescriptions written by Respondent for 28 tablets of 325-10 mg Norco and 14 tablets of 0.5 mg Ativan. On or about October 16, 2017 and October 31, 2017, Patient B filled two prescriptions written by H.A.F., M.D., each for 10 tablets of 10 mg Ambien.

89. According to CURES, on or about October 17, 2017, Patient B filled a prescription written by Respondent for 46 tablets of 0.5 mg Ativan. On or about October 19, 2017, Patient B filled another prescription written by Respondent for 120 tablets of 325-10 mg Norco. Respondent's records do not document these prescriptions.

90. According to CURES, on or about November 7, 2017, Patient B filled three prescriptions written by R.I., P.A., for the following: (1) 30 tablets of 10 mg Ambien; (2) 120 tablets of 325-10 mg Norco; (3) and (3) 60 tablets of 0.5 mg Ativan. On or about December 5,

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[32] Ativan, brand name for lorazepam, is a benzodiazepine and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d).

[33] Buspirone, brand name Buspar, is a medication to treat anxiety.

[34] Robaxin, brand name for methocarbamol, is a muscle relaxant.

2017, Patient B filled a prescription written by Respondent for 60 tablets of 0.5 mg Ativan. Respondent's records do not document these prescriptions.

91. According to CURES, on or about December 12, 2017, Patient B filled a prescription written by R.N.E., M.D., for 60 tablets of 300-30 mg acetaminophen-codeine[35] phosphate.

92. On or about December 28, 2017, Patient B returned to Respondent's office and saw R.I., P.A. Patient B reported that she was to have knee replacement surgery the following day. R.I., P.A's assessments included intervertebral disc disorder and radiculopathy. He also documented that Patient B underwent a depression assessment and a COMM tool[36] which showed that Patient B was a suitable candidate for opiates. Patient B's medications were refilled. On or about the same day, Patient B filled three prescriptions written by R.I., P.A., for the following: (1) 150 tablets of 325-10 mg Percocet; (2) 30 tablets of 10 mg Ambien; and (3) 60 tablets of 0.5 mg Ativan. Respondent's medical record does not document why Patient B was switched from Norco to Percocet.

93. According to CURES, on or about January 14, 2018, Patient B filled a prescription written by Respondent for 30 tablets of 10 mg Ambien. This prescription is not documented in Respondent's records.

94. On or about January 23, 2018, Patient B returned to Respondent's office and saw R.I., P.A. Patient B complained of increased bilateral knee pain which caused sleep difficulties. Her scheduled total knee arthroplasty had been canceled due to anesthesia issues. Patient B planned to find another orthopedic surgeon and continue her home exercise plan. R.I., P.A., documented that he refilled Patient B's medications. On or about the same day, Patient B filled a prescription written by R.I., P.A., for 120 tablets of 325-10 mg Norco. There is no documentation explaining why Patient B was switched from Percocet back to Norco.

95. According to CURES, on or about February 13, 2018, Patient B filled a prescription written by R.I., P.A., for 15 tablets of 0.5 mg Ativan.

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[35] Codeine is an opiate and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b).

[36] COMM, or Current Opioid Misuse Measure, is a patient self-assessment used to monitor chronic pain patients.

96. On or about February 15, 2018, Patient B returned to the office and saw Respondent. Patient B complained of lower back pain and bilateral knee pain. She also reported feeling depressed and was waiting on her brain surgeon for further treatment.[37] Respondent refilled Patient B's medications. On or about the same day, Patient B filled a prescription written by Respondent for 120 tablets of 325-10 mg Norco.

97. According to CURES, on or about February 19, 2018, Patient B filled a prescription written by R.I., P.A., for 30 tablets of 10 mg Ambien. On or about February 22, 2018, Patient B filled a prescription written by Respondent for 60 tablets of 0.5 mg Ativan.

98. On or about March 20, 2018, Patient B returned to Respondent's office. It is unclear from the records whether Patient B saw Respondent or R.I., P.A. Patient B reported seeing a neurosurgeon to determine whether she needed surgery. Patient B's medications were refilled. On or about the same day, Patient B filled two prescriptions written by R.I., P.A., for 120 tablets of 325-10 mg Norco and 30 tablets of 10 mg Ambien. On or about March 22, 2018, Respondent signed the progress note for the office visit on or about March 20, 2018.

99. On or about April 13, 2018, Patient B returned to the office and saw Respondent. Patient B reported the same level of pain. On or about the same day, Patient B filled a prescription written by Respondent for 120 tablets of 325-10 mg Norco.

100. According to CURES, on or about April 17, 2018, Patient B filled two prescriptions written by R.I., P.A., for 60 tablets of 0.5 mg Ativan and 30 tablets of 10 mg Ambien.

101. According to CURES, on or about May 13, 2018 and May 14, 2018, Patient B filled two prescriptions written by R.I., P.A., for 120 tablets of 325-10 mg Norco and 60 tablets of 0.5 mg Ativan. On or about May 14, 2018, Patient B filled a prescription written by Respondent for 30 tablets of 10 mg Ambien. These prescriptions were not documented in Respondent's records.

102. According to CURES, on or about June 12, 2018, Patient B filled three prescriptions written by Respondent: (1) 93 tablets of 325-10 mg Norco; (2) 60 tablets of 0.5 mg Ativan; and (3) 30 tablets of 10 mg Ambien. These prescriptions were not documented in Respondent's records.

[37] Patient B had a history of being treated for a benign brain tumor.

103. On or about June 12, 2018, Patient B was found dead in her home. The cause of her death was determined to be acute hydrocodone, zolpidem, and lorazepam intoxication.

104. Respondent committed negligence in his care and treatment of Patient B which includes, but is not limited to, the following:

a. Respondent failed to conduct an adequate history and physical examination which includes periodic review of Patient B's CURES reports;

b. Respondent failed to document the content of the discussions with Patient B regarding the risks of the treatment plan; and

c. Respondent failed to document periodic review of CURES, informed consent, and the basic tenets of a SOAP note.

Patient C

105. Respondent started seeing Patient C in approximately August 2013.[38] In 2013, Respondent treated Patient C for generalized pain, fibromyalgia, anxiety, muscle disorder, irritable bowel syndrome, depression, and opioid type dependence.

106. On or about August 20, 2013, Patient C, then a 35-year old woman, saw Respondent for pain management. Patient C reported a history of an unknown muscle disorder, fibromyalgia, asthma, and depression. She told Respondent that she was also being followed by a rheumatologist and that a neuromuscular specialist ruled out muscular disease. She complained of pain from her head to her toes that included numbness, tingling, swelling in her arms, and tightness in her calves. She also said her current medication regimen was not relieving her pain. Patient C reported that she was currently taking up to 4 mg of Klonopin[39] per day. Respondent documented that he reviewed CURES, recommended TENS unit treatment, acupuncture, and

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[38] Conduct occurring more than seven (7) years from the original filing date of Accusation No. 800-2019-052388 or more than three (3) years from notification to the Board is for informational purposes only and is not alleged as a basis for disciplinary action.

[39] Klonopin, brand name for clonazepam, is a benzodiazepine and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d).

other treatment modalities. He gave her prescriptions for Nucynta,[40] amitriptyline,[41] baclofen,[42] and Lyrica.

107. According to Respondent's records, Patient C signed a controlled substances agreement on or about August 20, 2013, in which she agreed to take all medications as prescribed, not seek or fill prescriptions for controlled substances from another health care provider, fill her prescriptions at one pharmacy, abstain from alcohol use, and participate in drug screening.

108. According to CURES, on or about August 20, 2013, Patient C filled a prescription written by Respondent for 105 tablets of 50 mg Nucynta.

109. On or about September 10, 2013, Patient C returned to the office and saw Respondent. Patient C complained of increased general body pain, joint swelling, and shortness of breath. Respondent increased Patient C's daily Nucynta, Lyrica, and baclofen doses. According to CURES, on or about the same day, Patient C filled a prescription written by Respondent for 120 tablets of 75 mg Nucynta.

110. On or about October 1, 2013, Patient C returned to the office and saw Respondent. Patient C reported that the Nucynta was not alleviating her pain. Respondent added Robaxin and increased Patient C's Nucynta dose to 100 mg every six hours as needed. On or about the same day, Patient C filled a prescription for 120 tablets of 100 mg Nucynta.

111. According to CURES, on or about October 10, 2013, Patient C filled a prescription written by J.L., M.D., for 90 tablets of 325-5 mg Norco.

112. On or about October 22, 2013, Patient C returned to the office and saw Respondent. Patient C continued to complain of severe pain and reported that she was scheduled for surgery. She told Respondent she had tried taking hydrocodone in the past but that it did not help. Respondent performed a left knee bursa aspiration procedure and injected methylprednisolone into Patient C's left hip joint. Respondent's plan was for only one doctor to prescribe pain

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[40] Nucynta, brand name for tapentadol, is a narcotic and a Schedule II controlled substance pursuant to the Controlled Substances Act.

[41] Amitriptyline is an anti-depressant often used to treat insomnia.

[42] Baclofen is a muscle relaxant.

medications. He prescribed extended release Nucynta and added Norco for breakthrough pain. On or about the same day, Patient C filled prescriptions for 120 tablets of 100 mg Nucynta and 90 tablets of 325-10 mg Norco, both written by Respondent.

113. On or about November 19, 2013, Patient C returned to the office and saw Respondent. Patient C reported that her pain was worse and that she was only sleeping three to four hours per night. Respondent documented that he reviewed CURES and changed Patient C's pain medication from Nucynta to methadone. [43] On or about the same day, Patient C filled prescriptions written by Respondent for 120 tablets of 10 mg methadone and 90 tablets of 325-10 mg Norco.

114. On or about December 13, 2013, Patient C went to A.B., M.D., an orthopedist. Patient C told A.B., M.D., that she had a history of fibromyalgia, lupus, and bipolar disorder and that she was being followed by a rheumatologist and a pain management specialist. A.B., M.D., diagnosed Patient C with bilateral hip iliopsoas tendinitis, femoral acetabular impingement with CAM mechanism and associated labral tear. A.B., M.D.'s plan was a left hip arthroscopic iliopsoas tendon release, labral debridement, and femoral osteoplasty. Patient C agreed to proceed surgically.

115. According to CURES, on or about December 18, 2013, Patient C filled two prescriptions written by Respondent for 120 tablets of 10 mg methadone and 90 tablets of 325-10 mg Norco.

116. According to CURES and in violation of her controlled substances agreement with Respondent, Patient C filled a prescription written by A.B., M.D., for 50 tablets of 325-10 mg Percocet on or about January 7, 2014.

117. On or about January 17, 2014, Patient C returned to Respondent's office for a follow-up. She reported her pain was bad and that she had difficulty sleeping. She had undergone left hip surgery on January 7, 2014. She told Respondent that she had filled a prescription for oxycodone but that she did not use it because it was not effective. Respondent gave Patient C a

[43] Methadone is an opiate and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c).

referral to physical therapy and refilled her prescriptions. On or about the same day, Patient C filled prescriptions written by Respondent for 90 tablets of 10 mg methadone and 90 tablets of 325-10 mg Norco.

118. According to CURES and in violation of her controlled substances agreement with Respondent, Patient C filled a prescription written by A.B., M.D., for 60 tablets of 325-10 mg Percocet on or about January 31, 2014.

119. On or about February 6, 2014, Patient C returned to the office and saw Respondent. Patient C complained of severe pain in her left side as a result of the surgery. Respondent documented that he reviewed CURES and refilled Patient C's medications.

120. According to CURES, on or about February 18, 2014, Patient C filled a prescription written by Respondent for 90 tablets of 10 mg oxycodone. Respondent failed to document why he changed Patient C's pain medication regimen.

121. On or about February 21, 2014, Patient C submitted to a urine drug screen. The sample was positive for opiates and benzodiazepines, but was negative for oxycodone. Respondent failed to address and/or document a conversation with Patient C about these inconsistent results.

122. On or about March 4, 2014, Patient C returned to the office and saw Respondent. Patient C reported having a lupus flare up. She said her medications were working but that they were wearing off quickly, and that the muscle relaxant was not working well. Respondent documented that he reviewed CURES, refilled Patient C's medications, and prescribed Flexeril.[44]

123. According to CURES, on or about March 5, 2014, Patient C filled a prescription written by J.E., M.D.,[45] for 120 tablets of 10 mg methadone.

124. On or about March 7, 2014, Patient C saw A.B., M.D. On or about January 7, 2014, Patient C had undergone a left hip hemiarthroplasty.[46] Patient C told A.B., M.D., that she was taking Lyrica and methadone for pain relief. She was also taking lithium and had been diagnosed

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[44] Flexeril, brand name for cyclobenzaprine, is a muscle relaxant.

[45] When Respondent was interviewed by Board investigators, Respondent stated that J.E., M.D., and V.S., M.D., worked at the practice where Respondent treated Patients A, B, and C.

[46] A hemiarthroplasty is a partial hip joint replacement.

with bipolar disorder. A.B., M.D., gave Patient C a two-week supply of Celebrex[47] to help with the pain. A.B., M.D.'s plan included a possible cortisone injection for Patient C's left knee.

125. According to CURES, on or about March 13, 2014, Patient C filled a prescription written by Respondent for 180 tablets of 10 mg oxycodone. Respondent failed to document this prescription or the reason why he increased Patient C's dose in his records.

126. On or about April 3, 2014, Patient C returned to the office and saw Respondent. Patient C reported left knee swelling and reported that the pain medications were not helping much. She also reported feeling depressed and that although she had no thoughts of harming herself, she could not imagine living with the constant pain she was experiencing. Respondent documented that he reviewed CURES and refilled Patient C's medications. On or about the same day, Patient C filled a prescription written by Respondent for 120 tablets of 10 mg methadone. On or about April 5, 2014, Patient C filled a prescription written by Respondent for 90 tablets of 10 mg oxycodone.

127. On or about April 22, 2014, Patient C saw A.B., M.D., to follow up on her hip surgery. A.B., M.D., determined that Patient C's knee pain was likely from a medial meniscus tear and a possible popliteal cyst. A.B., M.D., recommended an MRI for Patient C's left knee. He also gave Patient C a prescription for 40 tablets of 350 mg Soma.

128. On or about April 29, 2014, Patient C returned to the office and saw Respondent. She told Respondent that her pain had increased "due to lack of medication due to discrepancy with previous month [prescriptions]." No other information is documented explaining the medication discrepancy. Respondent documented that he reviewed CURES and refilled Patient C's medications. On or about the same day, Patient C filled two prescriptions for 120 tablets of 10 mg methadone and 180 tablets of 10 mg oxycodone.

129. On or about May 27, 2014, Patient C returned to the office and saw Respondent. Patient C reported insomnia and severe pain which had increased since her hip surgery. Respondent performed trigger point injections in Patient C's neck, back, and left shoulder. He documented that he reviewed CURES and refilled Patient C's medications. On or about the same

[47] Celebrex, brand name for celecoxib, is a NSAID.

day, Patient C filled prescriptions written by J.E., M.D., for 120 tablets of 10 mg methadone and 180 tablets of 10 mg oxycodone.

130. According to CURES, on or about June 3, 2014, Patient C filled a prescription written by A.B., M.D., for 20 tablets of 350 mg carisoprodol. On or about June 4, 2014, Patient C filled a prescription written by S.P., M.D., for 60 tablets of 1 mg clonazepam. Sixteen days later, on or about June 20, 2014, Patient C filled a prescription written by S.P., M.D., for another 60 tablets of 1 mg clonazepam.

131. On or about June 24, 2014, Patient C saw Respondent for medication refills. Patient C reported feeling unwell and that she was feeling clumsy. Her pain levels had not changed since the last visit. Respondent documented that he reviewed CURES and refilled Patient C's medications. According to CURES, on or about the same day, Patient C filled prescriptions for 120 tablets of 10 mg methadone and 180 tablets of 10 mg oxycodone.

132. According to CURES, on or about June 26, 2014, Patient C filled a prescription written by S.P., M.D., for 230 tablets of 1 mg clonazepam. On or about July 17, 2014, Patient C filled another prescription written by S.P., M.D., for 60 tablets of 1 mg clonazepam.

133. On or about July 22, 2014, Patient C saw Respondent for a medication management visit and for trigger injections. Patient C reported that her pain was getting worse, and she thought it was because of her lupus. Patient C received trigger point injections in her back and neck. Respondent documented that he reviewed CURES and refilled Patient C's medications. Respondent failed to notice and/or document in his review of CURES that Patient C received approximately 300 tablets of 1 mg clonazepam within a six-week period of time.

134. On or about the same day, Patient C submitted to a urine drug screen. The sample was positive for clonazepam, methadone, and amitriptyline, but negative for oxycodone. Respondent failed to address these inconsistent results with Patient C.

135. On or about the same day, Patient C filled a prescription for 180 tablets of 10 mg oxycodone. On or about July 24, 2014, Patient C filled a prescription for 120 tablets of 10 mg methadone.

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136. On or about July 26, 2014, Patient C was found dead in her home. The cause of death was determined to be the combined effects of oxycodone, methadone, cyclobenzaprine, and amitriptyline.

137. Respondent committed negligence in his care and treatment of Patient C which includes, but is not limited to, the following: Respondent failed to document informed consent regarding the risks of opioid therapy and the risks when combining controlled substances.

THIRD CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

138. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 97825 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records for his care and treatment of Patients A, B, and C, as more particularly alleged in paragraphs 10 through 137, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 97825, issued to Respondent Neil Raaj Soni, M.D.;

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

3. Ordering Respondent Neil Raaj Soni, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, to pay the Board the costs of probation monitoring;

4. Ordering Respondent Neil Raaj Soni, M.D., if placed on probation, to disclose the disciplinary order to patients pursuant to section 2228.1 of the Code; and

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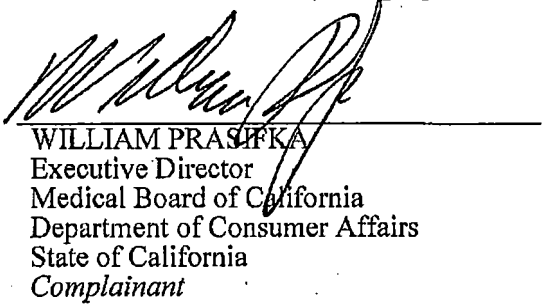
5. Taking such other and further action as deemed necessary and proper.

DATED: FEB 11 2022



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

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