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

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| In the Matter of the Accusation Against:<br><br>Mathis Abrams, M.D.<br><br>Physician's and Surgeon's Certificate No. G 12119<br><br>Respondent. | Case No. 800-2019-053348 |

## DECISION

The attached Stipulated Surrender of License and 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 December 13, 2022.

IT IS SO ORDERED December 6, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
MARSHA BARR-FERNANDEZ
Deputy Attorney General
State Bar No. 200896
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Los Angeles, CA 90013
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*Attorneys for Complainant*

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

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| **In the Matter of the Accusation Against:**<br>**MATHIS ABRAMS, M.D.**<br>**6404 Wilshire Blvd., Suite 860**<br>**Los Angeles, CA 90048-5505**<br><br>**Physician's and Surgeon's Certificate No. G 12119,**<br><br>Respondent. | Case No. 800-2019-053348<br><br>OAH No. 2022060772<br><br>**STIPULATED SURRENDER OF LICENSE AND 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 Marsha Barr-Fernandez, Deputy Attorney General.

2. Mathis Abrams, M.D. (Respondent) is represented in this proceeding by attorneys Peter R. Osinoff, Esq. and Carolyn W. Lindholm, Esq., whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071-1562.

3. On or about July 29, 1966, the Board issued Physician's and Surgeon's Certificate No. G 12119 to Mathis Abrams, M.D.. The Physician's and Surgeon's Certificate was in full force

and effect at all times relevant to the charges brought in Accusation No. 800-2019-053348 and will expire on May 31, 2024, unless renewed.

## JURISDICTION

4. Accusation No. 800-2019-053348 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 25, 2022. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2019-053348 is attached as Exhibit A and incorporated by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-053348. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

## CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2019-053348, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline.

Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that, by signing this stipulation, he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

## CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, 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 Surrender 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.

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

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

## ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 12119, issued to Respondent Mathis Abrams, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

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2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2019-053348 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $19,692.50 prior to issuance of a new or reinstated license.

6. 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 agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2019-053348 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 licensure.

**ACCEPTANCE**

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

DATED: 25 November 2022

Mathis Abrams
MATHIS ABRAMS, M.D.
*Respondent*

I have read and fully discussed with Respondent Mathis Abrams, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 11/28/22

CAROLYN W. LINDHOLM, ESQ.
*Attorney for Respondent*

**ENDORSEMENT**

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 11/28/2022

Respectfully submitted,

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

Marsha E. Barr-Fernandez

MARSHA BARR-FERNANDEZ
Deputy Attorney General
*Attorneys for Complainant*

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# Exhibit A

**Accusation No. 800-2019-053348**

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*Attorneys for Complainant*

**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
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| In the Matter of the Accusation Against:<br><br>**MATHIS ABRAMS, M.D.**<br>**6404 Wilshire Blvd., Suite 860**<br>**Los Angeles, CA 90048-5505**<br><br>**Physician's and Surgeon's Certificate No. G 12119,**<br><br>Respondent. | Case No. 800-2019-053348<br><br>**ACCUSATION** |

## PARTIES

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

2. On or about July 29, 1966, the Board issued Physician's and Surgeon's Certificate Number G 12119 to Mathis Abrams, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

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## JURISDICTION

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

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

(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.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

## STATUTORY PROVISIONS

6. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

7. Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from,

prescription drugs or controlled substances.

(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

(d)(1) For purposes of this section and Section 2241.5, addict means a person whose actions are characterized by craving in combination with one or more of the following:

(A) Impaired control over drug use.

(B) Compulsive use.

(C) Continued use despite harm.

(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5.

8. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

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(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.

9. Section 725 of the Code states:

(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.

10. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

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## COST RECOVERY

11. Business and Professions Code section 125.3 states that:

(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/Repeated Negligent Acts – 2 Patients)**

12. Respondent Mathis Abrams, M.D. is subject to disciplinary action under section 2234, subdivisions (b) and (c), of the Code for the commission of acts or omissions involving gross negligence/repeated negligent acts in the care and treatment of Patients 1 and 2.[1] The circumstances are as follows:

**Patient 1**

13. Patient 1 (or "patient") is a thirty-year-old female, who treated with Respondent intermittently from approximately 2007 through 2019,[2] for Attention Deficit/Hyperactivity Disorder (ADHD). Per medical records and CURES (Controlled Substance Utilization Review and Evaluation System, a drug monitoring database for Schedule II through V controlled substances dispensed in California) covering the period from 2016-2020, Respondent was regularly prescribing to Patient 1 Adderall.[3]

14. Despite Patient 1 displaying many "red flags" of diversion and/or substance abuse or addiction, and despite the patient experiencing adverse effects from the medications prescribed, Respondent failed to take active steps (e.g. drug screenings, pill counts, reviewing CURES, etc.) to determine if he should stop prescribing controlled substances to the patient, nor did Respondent immediately cease treatment of the patient.[4] For example, from about 2016-2019, CURES and pharmacy records showed that Respondent was prescribing high dose prescriptions and refills of

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[1] The patients are identified by number to protect their privacy.

[2] Respondent asserts that he was not Patient 1's psychiatrist from 2008 to approximately 2016, but he had numerous email exchanges with Patient 1 regarding her symptoms, medication, and the like, from 2011 to 2016.

[3] It appears that Patient 1 had been brought to the ER for overdosing on 30 tablets of Adderall in the past. Adderall is a stimulant/amphetamine drug which affects chemicals in the brain and nerves. Adderall is also a controlled substance, and has serious side effects and risk for addiction. It is also a dangerous drug pursuant to section 4022 of the Code. Respondent also asserts that he did not prescribe benzodiazepines to Patient 1, but there is no evidence/documentation that Respondent ever checked CURES to see whether Patient 1 was being simultaneously prescribed benzodiazepines or other controlled substances by other providers, during the time period Respondent was prescribing controlled substances to Patient 1.

[4] It appears that Respondent abruptly stopped treating Patient 1 in 2019, but Respondent failed to refer the patient to another doctor.

Adderall to Patient 1, without providing any adequate rationale for said prescriptions in his notes. During the above time period, Respondent continued to prescribe extremely high doses of medications, and he would, at times, communicate with pharmacies and insurance companies to obtain exceptions for the patient, when possible.[5]

15. Out of the hundreds of pages of medical records regarding Patient 1, there were only approximately five pages of progress notes covering several years of treatment. For example, there is no diagnosis[6] listed in Patient 1's chart. Prescription numbers are listed, but rarely are the names of the medications listed. There is no indication in Respondent's charts about Patient 1's suicidality, neurovegetative signs, medication tolerance, impression, or plan. Most of the chart consists of emails to non-secure addresses about the patient's symptoms, medication requests and responses, interpersonal relationships, as well as psychotherapeutic interpretations and recommendations for Patient 1 from Respondent. Respondent failed to record a diagnosis of Patient 1's condition(s), risk assessment, target symptoms, functionality, or any justification for the extremely high levels of controlled substances which Respondent was prescribing to Patient 1.

16. Overall, Respondent's care and treatment of Patient 1 represents an extreme departure from the standard of care for Respondent's excessive prescribing of Adderall to Patient 1, as well as for Respondent's inadequate assessment and documentation of Patient 1's conditions/illnesses. Respondent's care and treatment of Patient 1, as outlined above, also represents repeated negligent acts.

**Patient 2**

17. Patient 2 (or "patient") is a thirty-eight-year-old female, who treated with Respondent from approximately 2011 through 2019, for ADHD. However, there was no adequate diagnosis(es) or written plan to confirm or treat the patient's conditions. During his treatment of Patient 2, Respondent prescribed multiple controlled substances to the patient including Adderall

[5] Although Respondent was prescribing controlled substances to Patient 1 during this time period (2016-2019), it is unclear whether or not Respondent actually saw/treated the patient physically in his clinic.

[6] The extensive email discussions between Respondent and Patient 1 appeared to show that the patient may have had other diagnoses/conditions other than ADHD, which could have included substance use disorder, mood disorder, or personality issues. Respondent failed to adequately document that he assessed these other probable diagnoses/conditions.

(a stimulant used to treat ADHD), Risperdal (an antipsychotic used to treat schizophrenia and bipolar disorder), Lexapro (medication used to treat depression and anxiety), Seroquel (antipsychotic used to treat schizophrenia, bipolar disorder, and depression, it has a high potential for abuse) and clonazepam (benzodiazepine and a controlled substance, sedative used to treat seizures, panic disorder, and anxiety, it is also a dangerous drug under Code section 4022).

18. Patient 2 was also displaying signs of overt substance abuse (as far back as 2012). Despite this, Respondent failed to take active steps (e.g. drug screenings, pill counts, reviewing CURES, etc.) to determine if he should stop prescribing controlled substances to the patient, nor did Respondent immediately cease treatment of the patient. For example, although Patient 2 reported in April of 2012 that she drinks to black out 2-4 times per month, and takes her mother's Xanax (a benzodiazepine and a controlled substance) Respondent failed to adequately document any concern on his part about substance abuse, or continuing to prescribe high doses of controlled substances. Also, despite Patient 2 having a history of bipolar disorder (as far back as April 2012), Respondent failed to document any concern about substance abuse or bipolar disorder. Respondent departed from the standard of care by prescribing a combination of drugs (e.g. Adderall and clonazepam), which increased the risk of cardiac injury to Patient 2.

19. Overall, Respondent's care and treatment of Patient 2 represents an extreme departure from the standard of care for Respondent's inappropriate prescribing of controlled substances to Patient 2, as well as for Respondent's inadequate documentation and inadequate diagnos(es) of Patient 2's conditions/illnesses. Respondent's care and treatment of Patient 2, as outlined above, also represents repeated negligent acts.

## SECOND CAUSE FOR DISCIPLINE

**(Excessive Prescribing – 2 Patients)**

20. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Mathis Abrams, M.D. is subject to disciplinary action under section 725 of the Code, in that Respondent excessively prescribed dangerous drugs to Patients 1 and 2, above.

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## THIRD CAUSE FOR DISCIPLINE

**(Furnishing Drugs to an Addict – 2 Patients)**

21. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Mathis Abrams, M.D. is subject to disciplinary action under section 2241 of the Code, in that Respondent furnished dangerous drugs to Patients 1 and 2, who both had signs of addiction to controlled substances.

## FOURTH CAUSE FOR DISCIPLINE

**(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication – 2 Patients)**

22. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Mathis Abrams, M.D. is subject to disciplinary action under section 2242 of the Code, in that Respondent furnished dangerous drugs to Patients 1 and 2, without conducting an appropriate prior examination and/or medical indication.

## FIFTH CAUSE FOR DISCIPLINE

**(Failure to Maintain Adequate and Accurate Medical Records – 2 Patients)**

23. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Mathis Abrams, M.D. is subject to disciplinary action under section 2266 of the Code, in that Respondent failed to maintain adequate and accurate records of his care and treatment of Patients 1 and 2, above.

## PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 12119, issued to Respondent Mathis Abrams, M.D.;

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

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

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

DATED: JAN 25 2022

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