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

In the Matter of the Accusation Against: Yoon Sung Min, M.D. Physician's and Surgeon's Certificate No. A 64832 Respondent.	Case No.: 800-2018-045462

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 March 2, 2023.

IT IS SO ORDERED: January 31, 2023.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp MD

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

ROB BONTA
Attorney General of California
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **YOON SUNG MIN, M.D.** **21060 Centre Pointe Parkway** **Santa Clarita, CA 91350** **Physician's and Surgeon's Certificate No. A 64832,** Respondent.	Case No. 800-2018-045462 OAH No. 2021120260 **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 Tan N. Tran, Deputy Attorney General.

2. Respondent Yoon Sung Min, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., Doyle Schafer McMahon, LLP, 5440 Trabuco Road, Irvine, California 92620.

3. On or about April 10, 1998, the Board issued Physician's and Surgeon's Certificate No. A 64832 to Yoon Sung Min, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-045462, and will expire on September 30, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-045462 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 June 28, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-045462 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-045462. 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 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. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands that the charges and allegations in Accusation No. 800-2018-045462, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent admits that at a hearing, Complainant could set forth a prima facie case for the charges and allegations in Accusation No. 800-2018-045462, and Respondent declines to defend same.

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.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2018-045462 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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15. In consideration of the foregoing 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 64832 issued to Respondent Yoon Sung Min, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions:

1. 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.

2. 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.

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

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

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

5. 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.

6. 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 $22,000.00 (twenty-two thousand dollars). 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 (if applicable).

7. 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.

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

facility.

License Renewal

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

Travel or Residence Outside California

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

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

9. 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.

10. 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..

11. 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.

12. 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.

13. 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.

14. 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.

15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-045462 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: 7/18/2022

YOON SUNG MIN, M.D.
Respondent

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I have read and fully discussed with Respondent Yoon Sung Min, 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: July 18, 2022

RAYMOND J. MCMAHON, ESQ.
Attorneys for Respondent

ENDORSEMENT

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

DATED: 7/18/22

Respectfully submitted,

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

TAN N. TRAN
Deputy Attorney General
Attorneys for Complainant

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

In the Matter of the Accusation Against:	Case No. 800-2018-045462
Yoon Sung Min, M.D. **21060 Centre Pointe Parkway** **Santa Clarita, CA 91350** **Physician's and Surgeon's Certificate No. A64832,** Respondent.	**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 April 10, 1998, the Medical Board issued Physician's and Surgeon's Certificate Number A64832 to Yoon Sung Min, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2021, unless renewed.

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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:

(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 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.

10. 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.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence/Repeated Negligent Acts - Patient 1)

11. Respondent Yoon Sung Min, 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 Patient 1.[1] The circumstances are as follows:

Patient 1

12. Patient 1 (or "patient") is a 38-year-old female, who treated with Respondent from approximately September 2016 through June 2018,[2] for various conditions including chronic fatigue, insomnia, unspecified Systemic Lupus Erythematosus (SLE), anxiety disorder, and dysthymic disorder. During the above dates, Respondent prescribed to Patient 1 benzodiazepines with chronic opioids, including multiple medications like Norco, Bupropion, Zoloft (antidepressant), Zolpidem (sleep aid), Armodafinial (for fatigue), Lorazepam (Ativan, for anxiety), Alprazolam (Xanax), Oxycodone, Morphine Sulphate,[3] and Remicade (for SLE).

13. During his treatment of Patient 1, Respondent completed a medical history and physical examination on Patient 1, but Respondent failed to perform an adequate psychological evaluation to assess the risk of addictive disorders using a screening tool. There was no adequate documentation that Respondent explored other modalities such as anti-epileptic medications and non-pharmacologic therapies such as physical therapy to treat Patient 1's conditions. Moreover, Respondent did not undertake urine drug testing, pill counting, nor did Respondent adequately review CURES (Controlled Substance Utilization Review and Evaluation System, a drug monitoring database for Schedule II through V controlled substances dispensed in California),

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[1] The patient is identified by number to protect her privacy.

[2] These are approximate dates based on the medical records which were available to the Board. Patient 1 may have treated with Respondent before or after these dates. It should also be noted that during the investigation, Respondent submitted multiple copies of medical records for each patient named in this Accusation. The original set of records, as well as the "certified" set for each patient, contained different numbers of pages, and some pages in the original set were missing from the "certified" set of records.

[3] These medications are all controlled substances, with most having serious side effects and risk for addiction. They are also dangerous drugs pursuant to section 4022 of the Code.

that would have likely aided Respondent to recognize Patient 1's aberrant or drug-seeking behaviors.[4]

14. Respondent failed to adequately document the presumed etiology of Patient 1's claim of ongoing chronic pain and the need for changing opioid type and dosing. Respondent failed to adequately document in the patient's medical record whether Patient 1 was being followed consistently by a psychiatrist. Respondent did document that he provided some patient education to Patient 1 on controlled substance usage, but it does not appear that Naloxone (to treat narcotic overdose) was given to the patient, nor was there adequate documentation that education on Naloxone administration was given. Respondent failed to adequately document a risk assessment and an "exit strategy" for discontinuing opioid therapy for Patient 1.

15. Overall, Respondent's care and treatment of Patient 1, as outlined above, represents an extreme departure from the standard of care for excessively prescribing concomitant benzodiazepines with chronic opioids to Patient 1, an extreme departure from the standard of care in patient evaluation and risk stratification, and an extreme departure from the standard of care in Respondent's compliance monitoring of controlled substances that Respondent prescribed to Patient 1, who had signs of addiction, as well as repeated acts of negligence.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts - 4 Patients)

16. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he committed repeated negligent acts in his care of Patients 2, 3, 4 and 5. The circumstances are as follows:

17. Respondent also committed repeated negligent acts in his care of Patients 2, 3, 4 and 5. The circumstances are as follows:

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[4] Respondent informed the Board in an interview that he did not regularly check CURES on most of his patients during 2017 and 2018. During his treatment of Patient 1, Respondent would often adjust dosage or change medications at Patient 1's request. This is a "red flag" that the Patient 1 may be drug seeking.

Patient 2

18. Patient 2 (or "patient") is a 48-year-old female, was treated by Respondent from approximately July 2015 through July 2018,[5] for various conditions including seronegative rheumatoid arthritis (SNRA), lupus, undifferentiated connective tissue disease (UCTD), chronic pain secondary to rheumatoid arthritis, fibromyalgia, adrenal disease, vitamin D deficiency, and insomnia. Respondent prescribed to Patient 2 multiple medications (both benzodiazepines and chronic opioids) including a Duragesic patch, Oxycodone, Xanax, and Ambien,[6] as well as Prednisone, Methotrexate, and Hydroxychloroquine.

19. During Respondent's treatment of Patient 2, Respondent failed to document if a trial of benzodiazepines was ever attempted in Patient 2, who was also being prescribed chronic opioids. Respondent did document a medical history and physical exam, but he failed to adequately document any history or lack of history of substance abuse other than tobacco. Respondent failed to perform a psychological evaluation to assess risk of addictive disorders using a screening tool, and did not undertake urine drug testing for Patient 2. Although Respondent appeared to recommend that Patient 2 seek pain management from a specialist, Respondent failed to adequately follow up on the recommendation. As with Patient 1, Respondent failed to adequately document a risk assessment and an "exit strategy" for discontinuing opioid therapy for Patient 2.

20. Overall, Respondent's care and treatment of Patient 2, as outlined above, represents departures from the standard of care for the concomitant prescribing of benzodiazepines and chronic opioids, and for inadequate record-keeping.

Patient 3

21. Patient 3 (or "patient") is a 73-year-old female, who was treated by Respondent from approximately August 2015 to June 2018,[7] for various maladies including systemic lupus

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[5] Again,these are approximate dates based on the medical records which were available to the Board. Patient 2 may have treated with Respondent before or after these dates.

[6] These medications are all controlled substances with serious side effects and a potential for addiction. They are considered dangerous drugs pursuant to section 4022 of the Code.

[7] Again, these are approximate dates based on the medical records which were available to the Board. Patient 3 may have treated with Respondent before or after these dates.

erythematosus (SLE), chronic pain secondary to SLE, possible fibromyalgia, and osteoarthritis of the right knee. Patient 3 was also diagnosed with breast cancer and received chemotherapy. Patient 3 was prescribed multiple controlled medications (both opioids and benzodiazepines) including Oxycodone, Alprazolam (Xanax), Zolpidem, MS Contin, Tordol,[8] Hydroxychloroquine, Methotrexate, Prednisone, and Naproxen.

22. Although Respondent did complete a medical history and physical examination, Respondent failed to perform a psychological evaluation to assess risk of addictive disorders using a screening tool, and did not undertake urine drug testing for Patient 3. Similar to the aforementioned patients above, Respondent failed to adequately document a risk assessment and an "exit strategy" for discontinuing opioid therapy for Patient 3.

23. Overall, Respondent's care and treatment of Patient 3, as outlined above, represents departures from the standard of care for the concomitant prescribing of benzodiazepines and chronic opioids, and for inadequate record-keeping.

Patient 4

24. Patient 4 (or "patient") is a 41-year-old female, who was treated by Respondent from approximately August 2015 to June 2018,[9] for various maladies including systemic lupus erythematosus (SLE), rheumatoid arthritis, possible fibromyalgia, and avascular necrosis of the right knee. During this time period, Respondent prescribed to Patient 4 multiple medications including Alprazolam (Xanax), MS Contin,[10] Cymbalta, and other controlled medications, although the record was not always clear as to why certain medications were prescribed. Per the available records, Respondent prescribed to Patient 4 the same dose of Alprazolam (Xanax) throughout his treatment of Patient 4, and there was no documentation that Respondent attempted to taper the Xanax. Respondent also referred and recommended that Patient 4 undergo a sleep

[8] These medications are all controlled substances with serious side effects and a potential for addiction. They are dangerous drugs pursuant to section 4022 of the Code.

[9] Again, these are approximate dates based on the medical records which were available to the Board. Patient 4 may have treated with Respondent before or after these dates.

[10] These medications are all controlled substances with serious side effects and a potential for addiction. They are dangerous drugs pursuant to section 4022 of the Code.

study and receive neurofeedback, but there was no documentation that Respondent followed up on referrals for the sleep study and neurofeedback.

25. Although Respondent did complete a medical history and physical examination, Respondent failed to document Patient 4's past or present use of alcohol or other substance abuse other than tobacco. Respondent failed to perform a psychological evaluation to assess risk of addictive disorders using a screening tool, and did not undertake urine drug testing for Patient 4. Similar to the aforementioned patients above, Respondent also failed to document a risk assessment and an "exit strategy" for discontinuing opioid therapy for Patient 4.

26. Overall, Respondent's care and treatment of Patient 4, as outlined above, represents simple departures from the standard of care.

Patient 5

27. Patient 5 (or "patient") is a 62-year-old female, who was treated by Respondent from approximately January 2016 to July 2020,[11] for various conditions including undifferentiated connective tissue disease (UCTD), chronic pain, insomnia, depression, anxiety, sleep problems, bilateral knee osteoarthritis, and fibromyalgia. Respondent prescribed to Patient 5 multiple (and potentially addictive) controlled medications including Norco, Fentanyl patch(es), Opana, Xanax, Clonazepam, Zolpidem,[12] Hydroxychloroquine, Cymbalta, and Prednisone. The increase/decrease in the dosing of these medications, which were prescribed to Patient 5 by Respondent, were not always clearly documented, nor was the rationale behind such changing of dosage/medications, nor was the patient's reaction(s) or benefits from the medication(s) adequately documented, although Respondent did document that Patient 5 was noncompliant in his notes.

28. Although Respondent did complete a medical history and physical examination, Respondent failed to document Patient 5's past or present use of alcohol or other substance abuse other than tobacco. Respondent failed to perform a psychological evaluation to assess risk of

[11] Again, these are approximate dates based on the medical records which were available to the Board. Patient 5 may have treated with Respondent before or after these dates.

[12] These medications are all controlled substances with serious side effects and a potential for addiction. They are dangerous drugs pursuant to section 4022 of the Code.

addictive disorders using a screening tool, and Respondent failed to undertake urine drug testing for Patient 5. Similar to the aforementioned patients above, Respondent also failed to document a risk assessment and an "exit strategy" for discontinuing opioid therapy for Patient 5. There was no documentation that Respondent considered referring Patient 5 to a behavioral health specialist, given Patient 5's underlying depression, anxiety, and sleep problems.

29. Overall, Respondent's care and treatment of Patient 5, as outlined above, represents departures from the standard of care for the concomitant prescribing of benzodiazepines with chronic opioids, and for inadequate record-keeping.

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing - 5 Patients)

30. By reason of the facts and allegations set forth in the First and Second Causes for Discipline above, Respondent is subject to disciplinary action under section 725 of the Code, in that Respondent excessively prescribed dangerous drugs to Patients 1, 2, 3, 4, and 5 above.

FOURTH CAUSE FOR DISCIPLINE

(Prescribing to an Addict - Patient 1)

31. Respondent is subject to disciplinary action under section 2241 of the Code in that Respondent prescribed controlled substances to Patient 1 who had signs of addiction.

32. The facts and circumstances in the First Cause for Discipline, above, are incorporated by reference as if set forth in full herein.

FIFTH CAUSE FOR DISCIPLINE

(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication - 5 Patients)

33. By reason of the facts and allegations set forth in the First and Second Causes for Discipline above, Respondent is subject to disciplinary action under section 2242 of the Code, in that Respondent furnished dangerous drugs to Patients 1, 2, 3, 4, and 5, without conducting an appropriate prior examination and/or medical indication.

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SIXTH CAUSE FOR DISCIPLINE

(Inadequate Records - 5 Patients)

34. By reason of the facts and allegations set forth in the First and Second Causes for Discipline above, Respondent 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, 2, 3, 4, and 5, 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 A64832, issued to Yoon Sung Min, M.D.;

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

3. Ordering Yoon Sung Min, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: JUN 28 2021

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

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