

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

**In the Matter of the Accusation** )  
**Against:** )  
 )  
**WENDELL STREET, M.D.** )  
 )  
**Physician's and Surgeon's** )  
**Certificate No. A 43837** )  
 )  
**Respondent** )  
\_\_\_\_\_ )

**Case No. 18-2011-220185**

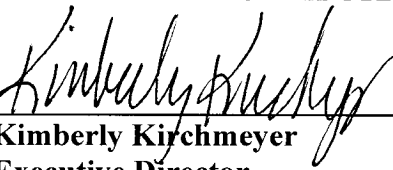
**DECISION AND ORDER**

**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 April 13, 2016.**

**IT IS SO ORDERED April 6, 2016.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
\_\_\_\_\_  
**Kimberly Kirchmeyer**  
**Executive Director**

1 KAMALA D. HARRIS  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 MATTHEW M. DAVIS  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

**Case No. 18-2011-220185**  
**OAH No. 2015060023**

14 **WENDELL STREET, M.D.**  
15 **14075 Hesperia Road, Suite 205**  
**Victorville, CA 92395**

**STIPULATED SURRENDER OF**  
**LICENSE AND DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 43837,**

18 Respondent.

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

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
25 of California. She brought this action solely in her official capacity and is represented in this  
26 matter by Kamala D. Harris, Attorney General of the State of California, by Matthew M. Davis,  
27 Deputy Attorneys General.

28 ///

2. Wendell Street, M.D. (respondent) is represented herein by Thomas Chapin, Esq., whose address is 232 E. Grand Blvd., Suite 204, Corona, CA 9287

## JURISDICTION

3. On or about July 20, 1987, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate No. A 43837 to 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 January 31, 2017, unless renewed.

4. On December 8, 2014, Accusation No. 18-2011-220185 was filed against respondent before the Medical Board of California (Board), Department of Consumer Affairs. A true and correct copy of the Accusation and all other statutorily required documents were properly served on respondent on December 8, 2014. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 18-2011-220185 is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

## ADVISEMENTS, WAIVERS AND RELEASES

5. Respondent has carefully read and fully understands the charges and allegations in Accusation No. 18-2011-220185. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Disciplinary 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 Accusation No. 18-2011-220185; 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, the California Code of Civil Procedure and other applicable laws, having been fully advised of same by his attorney of record, Thomas Chapin, Esq.

7. Respondent, having the benefit of counsel, hereby voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

1 CULPABILITY

2 8. Respondent agrees that, at a hearing, Complainant could establish a factual basis for  
3 the charges and allegations in the First Amended Accusation No. 18-2011-220185 and agrees that  
4 cause exists for discipline, and hereby surrenders his Physician's and Surgeon's Certificate No.  
5 A 43837 for the Board's formal acceptance.

6 9. Respondent further agrees that if he ever petitions for reinstatement of his Physician's  
7 and Surgeon's Certificate No. A 43837, or if an accusation is filed against him before the Medical  
8 Board of California, all of the charges and allegations contained in Accusation No. 18-2011-  
9 220185 shall be deemed true, correct, and fully admitted by respondent for purposes of any such  
10 proceeding or any other licensing proceeding involving respondent in the State of California or  
11 elsewhere.

12 10. Respondent understands that by signing this stipulation he enables the Executive  
13 Director of the Medical Board of California to issue an order accepting the surrender of his  
14 Physician's and Surgeon's Certificate No. A 43837 on behalf of the Board without notice to, or  
15 opportunity to be heard by, respondent.

16 RESERVATION

17 11. The admissions made by Respondent herein are only for the purposes of this  
18 proceeding, or any other proceedings in which the Medical Board of California or other  
19 professional licensing agency is involved, and shall not be admissible in any other criminal or  
20 civil proceeding.

21 CONTINGENCY

22 12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent  
23 part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . .  
24 stipulation for surrender of a license."

25 13. This Stipulated Surrender of License and Disciplinary Order shall be subject to  
26 approval of the Executive Director on behalf of the Medical Board. The parties agree that this  
27 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive  
28 Director for her consideration in the above-entitled matter and, further, that the Executive

1 Director shall have a reasonable period of time in which to consider and act on this Stipulated  
2 Surrender of License and Disciplinary Order after receiving it. By signing this stipulation,  
3 respondent fully understands and agrees that he may not withdraw his agreement or seek to  
4 rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board,  
5 considers and acts upon it.

6 14. The parties agree that this Stipulated Surrender of License and Disciplinary Order  
7 shall be null and void and not binding upon the parties unless approved and adopted by the  
8 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full  
9 force and effect. Respondent fully understands and agrees that in deciding whether or not to  
10 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive  
11 Director and/or the Board may receive oral and written communications from its staff and/or the  
12 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the  
13 Executive Director, the Board, any member thereof, and/or any other person from future  
14 participation in this or any other matter affecting or involving respondent. In the event that the  
15 Executive Director on behalf of the Board does not, in her discretion, approve and adopt this  
16 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it  
17 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied  
18 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees  
19 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason  
20 by the Executive Director on behalf of the Board, respondent will assert no claim that the  
21 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,  
22 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or  
23 of any matter or matters related hereto.

#### 24 ADDITIONAL PROVISIONS

25 15. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
26 herein to be an integrated writing representing the complete, final and exclusive embodiment of  
27 the agreement of the parties in the above-entitled matter.

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16. The parties understand and agree that copies of this Stipulated Surrender of License 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 and signatures shall have the same force and effect as the originals.

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

## ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 43837, issued to respondent Wendell Street, M.D., is surrendered and accepted by the Medical Board of California.

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 Medical Board of California.

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 license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 18-2011-220185 shall be deemed to be true, correct and fully admitted by respondent when the Board determines whether to grant or deny the petition.

5. 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. 18-2011-220185 shall

1 be deemed to be true, correct, and fully admitted by respondent for the purpose of any Statement  
2 of Issues or any other proceeding seeking to deny or restrict licensure.

3 ACCEPTANCE

4 I have carefully read the above Stipulated Surrender of License and Disciplinary Order. I  
5 understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate  
6 No. A 43837. I enter into this Stipulated Surrender of License and Disciplinary Order  
7 voluntarily, knowingly, freely and intelligently, and agree to be bound by the Decision and Order  
8 of the Medical Board of California.

9 DATED: 2/23/16

Wendell Street  
WENDELL STREET, M.D.  
Respondent

11  
12 I have read and fully discussed with respondent WENDELL STREET, M.D., the terms and  
13 conditions and other matters contained in the above Stipulated Surrender of License and  
14 Disciplinary Order. I approve its form and content.

15  
16 DATED: 2/23/16

Thomas Chapin, Esq.  
THOMAS CHAPIN, ESQ.  
Attorney for Respondent

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**ENDORSEMENT**

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

Dated: 2/24/16

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General



MATTHEW M. DAVIS  
Deputy Attorney General  
*Attorneys for Complainant*

SD2011801651  
Stipulated Surrender and Disciplinary Order (Street).docx

**Exhibit A**

**Accusation  
No. 18-2011-220185**

1 KAMALA D. HARRIS  
Attorney General of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 MATTHEW M. DAVIS  
Deputy Attorney General  
4 State Bar No. 202766  
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5 San Diego, CA 92101  
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6 San Diego, CA 92186-5266  
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8 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO December 8, 2014  
BY: Shelley ANALYST

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

13 In the Matter of the Accusation Against:

Case No. 18-2011-220185

14 **WENDELL STREET, M.D.**  
15 **14075 Hesperia Road, Suite 205**  
**Victorville, CA 92395**

ACCUSATION

16 **Physician's and Surgeon's Certificate**  
17 **No. A 43837,**

18 Respondent.

19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
23 Affairs.

24 2. On or about July 20, 1987, the Medical Board of California (Board) issued  
25 Physician's and Surgeon's Certificate No. A 43837 to Wendell Street, M.D. (respondent). The  
26 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
27 charges and allegations brought herein and will expire on January 31, 2015, unless renewed.

28 ///

**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 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.”

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

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

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

7           “(b) Gross negligence.

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

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

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

20           “... .

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

24           “... .”

25           6. Unprofessional conduct under section 2234 of the Code is conduct which breaches  
26 the rules or ethical code of the medical profession, or conduct which is unbecoming to a member  
27 in good standing of the medical profession, and which demonstrates an unfitness to practice  
28 medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

1       7. Section 2238 of the Code states:

2               “A violation of any federal statute or federal regulation or any of the statutes or  
3 regulations of this state regulating dangerous drugs or controlled substances  
4 constitutes unprofessional conduct.”

5       8. Section 2242 of the Code states, in pertinent part:

6               “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in  
7 Section 4022 without an appropriate prior examination and a medical indication,  
8 constitutes unprofessional conduct.

9               “...”

10      9. Section 2261 of the Code states:

11              “Knowingly making or signing any certificate or other document directly or  
12 indirectly related to the practice of medicine or podiatry which falsely represents the  
13 existence or nonexistence of a state of facts, constitutes unprofessional conduct.”

14      10. Section 2266 of the Code states:

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

18              “...”

19      11. Business and Professions Code section 725 states:

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

27              “(b) Any person who engages in repeated acts of clearly excessive prescribing  
28 or administering of drugs or treatment is guilty of a misdemeanor and shall be

1 punished by a fine of not less than one hundred dollars (\$100) nor more than six  
2 hundred dollars (\$600), or by imprisonment for a term of not less than 60 days nor  
3 more than 180 days, or by both that fine and imprisonment.

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

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

9 12. Health and Safety Code section 11210 states, in pertinent part, that:

10 “A physician ... may prescribe for, furnish to, or administer controlled  
11 substances to his or her patient when the patient is suffering from a disease, ailment,  
12 injury, or infirmities attendant upon old age, other than addiction to a controlled  
13 substance.

14 “The physician ... shall prescribe, furnish, or administer controlled substances  
15 only when in good faith he or she believes the disease, ailment, injury, or infirmity  
16 requires the treatment.

17 “The physician ... shall prescribe, furnish, or administer controlled substances  
18 only in the quantity and for the length of time as are reasonably necessary.”

19 **FIRST CAUSE FOR DISCIPLINE**

20 **(Gross Negligence)**

21 13. Respondent has subjected his Physician's and Surgeon's Certificate No. A 43837 to  
22 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
23 the Code, in that he committed gross negligence in his care and treatment of patients T.C., E.D.,  
24 “DeAndre Dotson,” L.F., T.G., S.J., N.M., V.S., L.S., and “Tasha Thomas,” as more particularly  
25 alleged hereinafter:

26 **(a) Patient T.C.**

27 (1) Respondent treated patient T.C. from on or about May 12, 2012, to on or about  
28 February 6, 2014.

1 (2) On or about May 12, 2012, patient T.C. presented to respondent with  
2 complaints of back pain and anxiety. Respondent noted a history of "chronic pain  
3 syndrome" based on a reported history of a gunshot wound to the back. Respondent's  
4 physical examination is limited to a notation that patient T.C. had a well healed gunshot  
5 wound in the right flank and a gunshot wound to the right ankle that was tender to the touch.  
6 Respondent did not perform and/or document vital signs, a basic physical examination,  
7 range of motion testing or neurological findings. Respondent did not document a  
8 description of patient T.C.'s anxiety complaint. Respondent did not order any diagnostic  
9 testing and did not document a treatment plan.

10 (3) On or about May 12, 2012, respondent prescribed oxycodone<sup>1</sup> 30 mg, quantity  
11 90 and alprazolam<sup>2</sup> 2 mg, quantity 60 to patient T.C.

12 (4) On or about June 14, 2012, patient T.C. presented to respondent for a follow up  
13 appointment. Respondent noted the patient was without complaint and that there were no  
14 new physical findings. Respondent documented that patient T.C. had no limitations with  
15 respect to daily activities.

16 (5) On or about June 14, 2012, respondent prescribed oxycodone 30 mg, quantity  
17 120 and alprazolam 2 mg, quantity 60 to patient T.C. Respondent did not note why he  
18 increased the prescription for oxycodone or whether patient T.C. was benefitting from the  
19 alprazolam in the treatment of his anxiety.

20 (6) On or about August 15, 2012, patient T.C. presented to respondent for a follow  
21 up appointment. Respondent documented that there were no problems and described  
22 objective findings as "noncontributory." Respondent diagnosed lumbar strain. Respondent

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23 <sup>1</sup> Oxycodone is a Schedule II controlled substance from the opiates class pursuant to Health and  
24 Safety Code section 11055, subdivision (b), and Title 21 of the Code of Federal Regulations, section  
25 1308.12, subdivision (b)(1)(xiii), and a dangerous drug pursuant to Business and Professions Code section  
26 4022.

27 <sup>2</sup> Alprazolam is a schedule IV controlled substance from the benzodiazepine class, pursuant to  
28 pursuant to Title 21 of the Code of Federal Regulations, section 1308.14, subdivision (c)(1) and Health  
and Safety Code section 11057, subdivision (d), and is a dangerous drug pursuant to Business and  
Professions Code section 4022.

1 prescribed oxycodone 30 mg, quantity 120 and alprazolam 2 mg, quantity 60 to patient T.C.  
2 Respondent did not document why a patient with a lumbar strain would require 120 mg of  
3 oxycodone per day or whether patient T.C. was benefitting from the alprazolam in the  
4 treatment of his anxiety.

5 (7) On or about September 13, 2012, patient T.C. presented to respondent for a  
6 follow up appointment. Respondent documented that there were no new physical findings.  
7 Respondent diagnosed lumbar strain. Respondent prescribed oxycodone 30 mg, quantity  
8 120 and alprazolam 2 mg, quantity 60 to patient T.C. Respondent did not document why a  
9 patient with a lumbar strain would require 120 mg of oxycodone per day or whether patient  
10 T.C. was benefitting from the alprazolam in the treatment of his anxiety.

11 (8) On or about October 12, 2012, respondent prescribed oxycodone 30 mg,  
12 quantity 120 and alprazolam 2 mg, quantity 60 to patient T.C. There is no clinical note that  
13 corresponds with that prescription.

14 (9) On or about November 14, 2012, respondent prescribed oxycodone 30 mg,  
15 quantity 150 and alprazolam 2 mg, quantity 60 to patient T.C. There is no clinical note that  
16 corresponds with that prescription or that explains why the oxycodone prescription was  
17 increased from 120 to 150 tablets.

18 (10) On or about December 19, 2012, patient T.C. presented to respondent for a  
19 follow up appointment. Respondent noted no new physical findings and no subjective  
20 complaints. Respondent changed his diagnosis to herniated disc at L4-5. Respondent  
21 prescribed oxycodone 30 mg, quantity 150 and alprazolam 2 mg, quantity 60 to patient T.C.  
22 Respondent did not document why a patient with a herniated disc would require 120 mg of  
23 oxycodone per day or whether patient T.C. was benefitting from the alprazolam in the  
24 treatment of his anxiety.

25 (11) On or about January 23, 2013, patient T.C. presented to respondent for a follow  
26 up appointment. Respondent noted no subjective complaints and no physical examination is  
27 documented. Respondent changed his diagnosis back to lumbar strain. Respondent  
28 prescribed oxycodone 30 mg, quantity 120 and alprazolam 2 mg, quantity 60 to patient T.C.

1 Respondent did not document why a patient with a lumbar strain or herniated disc would  
2 require 120 mg of oxycodone per day or whether patient T.C. was benefitting from the  
3 alprazolam in the treatment of his anxiety.

4 (12) On or about February 21, 2013, patient T.C. presented to respondent for a  
5 follow up appointment. Respondent noted no subjective complaints and no new physical  
6 findings. Respondent changed his diagnosis back to herniated disc at L4-5. Respondent  
7 prescribed oxycodone 30 mg, quantity 120 and alprazolam 2 mg, quantity 60 to patient T.C.  
8 Respondent did not document why a patient with a lumbar strain or herniated disc would  
9 require 150 mg of oxycodone per day or whether patient T.C. was benefitting from the  
10 alprazolam in the treatment of his anxiety.

11 (13) On or about March 20, 2013, patient T.C. presented to respondent for a follow  
12 up appointment. Respondent noted no subjective complaints and no new physical findings.  
13 Respondent prescribed oxycodone 30 mg, quantity 150 and alprazolam 2 mg, quantity 60 to  
14 patient T.C. Respondent did not document why a patient with a lumbar strain or herniated  
15 disc would require 120 mg, of oxycodone per day or whether patient T.C. was benefitting  
16 from the alprazolam in the treatment of his anxiety.

17 (14) On or about June 14, 2013, patient T.C. presented to respondent for a follow up  
18 appointment. Respondent noted no subjective complaints and no new physical findings.  
19 Respondent prescribed oxycodone 30 mg, quantity 90 and alprazolam 2 mg, quantity 60 to  
20 patient T.C. Respondent did not document why a patient with a lumbar strain or herniated  
21 disc would require oxycodone or whether patient T.C. was benefitting from the alprazolam  
22 in the treatment of his anxiety.

23 (15) On or about June 27, 2013, patient T.C. presented to respondent for a follow up  
24 appointment. Respondent noted no subjective complaints and no new physical findings.  
25 Respondent prescribed oxycodone 30 mg, quantity 150 and alprazolam 2 mg, quantity 60 to  
26 patient T.C. Respondent did not document why a patient with a lumbar strain or herniated  
27 disc would require 120 mg of oxycodone per day or whether patient T.C. was benefitting  
28 from the alprazolam in the treatment of his anxiety.

1 (16) On or about January 29, 2014, respondent prescribed carisoprodol<sup>3</sup> 350 mg,  
2 quantity 90 and hydrocodone/APAP<sup>4</sup> 10/325, quantity 150 to patient T.C. There is no  
3 clinical note that corresponds with this prescription.

4 (17) Respondent committed gross negligence in his care and treatment of patient  
5 T.C., in that:

6 (A) Respondent failed to perform an appropriate examination prior to prescribing  
7 controlled substances to patient T.C.;

8 (B) Respondent prescribed controlled substances to patient T.C. without a medical  
9 indication; and

10 (C) Respondent failed to properly monitor patient T.C.'s use of controlled  
11 substances.

12 (b) **Patient E.D.**

13 (1) Respondent treated patient E.D. from on or about May 24, 2012, to on or about  
14 May 8, 2013.

15 (2) On or about May 24, 2012, patient E.D. presented to respondent with back pain  
16 from an automobile accident in October 2011. Respondent did not perform and/or  
17 document vital signs, a basic physical examination, range of motion testing or neurological  
18 findings. Respondent did not document a history of previous pain treatment or a substance  
19 abuse history. Respondent did not order any diagnostic testing and did not document a  
20 treatment plan. Respondent did not obtain informed consent from patient E.D. prior to  
21 prescribing controlled substances. Respondent prescribed amoxicillin<sup>5</sup> 500 mg, quantity 60,  
22 oxycodone 30 mg, quantity 120 and alprazolam 2 mg, quantity 60 to patient E.D.

23  
24 <sup>3</sup> Carisoprodol is a muscle relaxant with a known potentiating effect on narcotics. In December,  
25 2011, the Federal Drug Administration listed carisoprodol as a Schedule IV controlled substance. (76  
Fed.Reg. 77330 (Dec. 12, 2011).)

26 <sup>4</sup> Hydrocodone/APAP is a Schedule II controlled substance pursuant to Health and Safety Code  
27 section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section  
4022.

28 <sup>5</sup> Amoxicillin is an antibiotic used to treat bacterial infections.

1 (3) On or about February 13, 2013, patient E.D. presented to respondent for a  
2 follow up appointment. Respondent noted no subjective complaints and no new physical  
3 findings. Respondent did not perform and/or document vital signs, a basic physical  
4 examination, range of motion testing or neurological findings. Respondent did not  
5 document a history of previous pain treatment or a substance abuse history. Respondent did  
6 not order any diagnostic testing and did not document a treatment plan. Respondent did not  
7 obtain informed consent from patient E.D. Respondent prescribed amoxicillin 500 mg,  
8 quantity 60, oxycodone 30 mg, quantity 120 and alprazolam 2 mg, quantity 60 to patient  
9 E.D.

10 (4) On or about May 8, 2013, patient E.D. presented to respondent for a follow up  
11 appointment. Respondent noted no subjective complaints and no new physical findings.  
12 Respondent did not perform and/or document vital signs, a basic physical examination,  
13 range of motion testing or neurological findings. Respondent did not document a history of  
14 previous pain treatment or a substance abuse history. Respondent did not order any  
15 diagnostic testing and did not document a treatment plan. Respondent did not obtain  
16 informed consent from patient E.D. Respondent prescribed oxycodone 30 mg, quantity 120  
17 and alprazolam 2 mg, quantity 60 to patient E.D.

18 (5) Respondent committed gross negligence in his care and treatment of patient  
19 E.D., which included, but was not limited to, the following:

20 (A) Respondent failed to perform an appropriate examination prior to prescribing  
21 controlled substances to patient E.D.;

22 (B) Respondent prescribed controlled substances to patient E.D. without a medical  
23 indication; and

24 (C) Respondent failed to properly monitor patient E.D.'s use of controlled  
25 substances, and

26 (D) Respondent failed to maintain adequate and accurate records regarding his care  
27 and treatment of patient E.D.

28 ///

1                   (c) Patient "DeAndre Dotson"

2                   (1) On or about August 1, 2013, and August 29, 2013, then-Medical Board  
3 Investigator Ray Ephraim conducted undercover operations at respondent's medical office.  
4 Then-Medical Board Investigator Ray Ephraim posing as patient "DeAndre Dotson" saw  
5 respondent as a patient on or about August 1, 2013, and August 29, 2013. The interactions  
6 between patient "DeAndre Dotson" and respondent were video and audio recorded.

7                   (2) On or about August 1, 2013, patient "DeAndre Dotson" presented to respondent  
8 and requested a prescription for OxyContin.<sup>6</sup> Respondent asked patient "DeAndre Dotson"  
9 why he was requesting OxyContin. Patient "DeAndre Dotson" informed respondent that he  
10 had "bad headaches." Respondent did not perform any physical examination or request any  
11 laboratory or diagnostic testing. Respondent did not document any previous pain treatment  
12 or substance abuse history. Respondent diagnosed lumbar strain despite patient "DeAndre  
13 Dotson" sole complaint of headaches. Patient "DeAndre Dotson" gave respondent \$300.00  
14 cash and respondent provided patient "DeAndre Dotson" with a prescription for oxycodone  
15 30 mg, quantity 150, alprazolam 2 mg, quantity 60, and Keflex<sup>7</sup> 500 mg, quantity 60.

16                   (3) On or about August 29, 2013, patient "DeAndre Dotson" presented to  
17 respondent's office and requested a prescription for OxyContin. Patient "DeAndre Dotson"  
18 gave respondent's receptionist \$200.00 cash and in return received another prescription for  
19 oxycodone 30 mg, quantity 150, alprazolam 2 mg, quantity 60, and Keflex 500 mg, quantity  
20 60 from respondent. On this visit, respondent did not have a face-to-face interaction with  
21 patient "DeAndre Dotson," and did not document this visit.

22                   (4) Respondent committed gross negligence in his care and treatment of patient  
23 "DeAndre Dotson," which included, but was not limited to, the following:  
24

25                   <sup>6</sup> OxyContin is a brand name for oxycodone, a Schedule II controlled substance from the opiates  
26 class pursuant to Health and Safety Code section 11055, subdivision (b), and Title 21 of the Code of  
27 Federal Regulations, section 1308.12, subdivision (b)(1)(xiii), and a dangerous drug pursuant to Business  
28 and Professions Code section 4022.

<sup>7</sup> Keflex is an antibiotic used to treat bacterial infections.

1 (A) Respondent failed to perform an appropriate examination prior to prescribing  
2 controlled substances to patient "DeAndre Dotson;"

3 (B) Respondent prescribed controlled substances to patient "DeAndre Dotson"  
4 without a medical indication;

5 (C) Respondent failed to properly monitor patient "DeAndre Dotson's" use of  
6 controlled substances; and

7 (D) Respondent failed to maintain adequate and accurate records regarding his care  
8 and treatment of patient "DeAndre Dotson."

9 **(d) Patient L.F.**

10 (1) Respondent treated patient L.F. from on or about April 10, 2013, to on or about  
11 April 17, 2014.

12 (2) On or about April 10, 2013, patient L.F. presented to respondent with low back  
13 pain suffered in an automobile accident four (4) years prior to the visit. Respondent's note  
14 for this visit indicated that patient L.F. was "without complaint" and had "no new physical  
15 findings." Respondent's note for this visit does not contain a history concerning the nature  
16 and extent of patient L.F.'s pain, a history of previous pain treatment, a substance abuse  
17 history, a physical examination, diagnostic testing or a urine screen. Respondent also failed  
18 to document a proper diagnosis, adequate informed consent for the use of controlled  
19 substances or a treatment plan. Respondent prescribed oxycodone 30 mg, quantity 150,  
20 alprazolam 2 mg, quantity 60, and carisoprodol 350 mg, quantity 90 to patient L.F.

21 (3) On or about May 15, 2013, patient L.F. presented to respondent for a follow up  
22 visit. Respondent's note for this visit indicated that patient L.F. was "without complaint"  
23 and had "no new physical findings." Respondent's note for this visit does not contain a  
24 history concerning the nature and extent of patient L.F.'s pain, a history of previous pain  
25 treatment, a substance abuse history, a physical examination, diagnostic testing or a urine  
26 screen. Respondent also failed to document a proper diagnosis, adequate informed consent  
27 or a treatment plan. Respondent prescribed oxycodone 30 mg, quantity 150, alprazolam 2  
28 mg, quantity 60, and carisoprodol 350 mg, quantity 90 to patient L.F.

1 (4) On or about June 5, 2013, respondent prescribed oxycodone 30 mg, quantity  
2 150 to patient L.F. There is no associated clinic note for this prescription.

3 (5) On or about July 11, 2013, respondent prescribed oxycodone 30 mg, quantity  
4 150, alprazolam 2 mg, quantity 60, and carisoprodol 350 mg, quantity 90 to patient L.F.  
5 Respondent noted a diagnosis of "neuralgia" on the prescription. There is no associated  
6 clinic note for this prescription.

7 (6) On or about August 29, 2013, respondent prescribed oxycodone 30 mg,  
8 quantity 150, alprazolam 2 mg, quantity 60, and carisoprodol 350 mg, quantity 90 to patient  
9 L.F. There is no associated clinic note for this prescription.

10 (7) On or about September 25, 2013, respondent prescribed oxycodone 30 mg,  
11 quantity 150, alprazolam 2 mg, quantity 60, and carisoprodol 350 mg, quantity 90 to patient  
12 L.F. There is no associated clinic note for this prescription.

13 (8) On or about October 30, 2013, respondent prescribed oxycodone 30 mg,  
14 quantity 150, alprazolam 2 mg, quantity 60, and carisoprodol 350 mg, quantity 90 to patient  
15 L.F. There is no associated clinic note for this prescription.

16 (9) On or about December 4, 2013, respondent prescribed alprazolam 2 mg,  
17 quantity 60, and carisoprodol 350 mg, quantity 90 to patient L.F. There is no associated  
18 clinic note for this prescription.

19 (10) On or about January 8, 2014, respondent prescribed alprazolam 2 mg, quantity  
20 60, and carisoprodol 350 mg, quantity 90 to patient L.F. There is no associated clinic note  
21 for this prescription.

22 (11) On or about February 1, 2014, respondent prescribed alprazolam 2 mg, quantity  
23 60, and carisoprodol 350 mg, quantity 90 to patient L.F. There is no associated clinic note  
24 for this prescription.

25 (12) On or about March 13, 2014, respondent prescribed oxycodone 30 mg, quantity  
26 150, alprazolam 2 mg, quantity 60, and carisoprodol 350 mg, quantity 90 to patient L.F.  
27 There is no associated clinic note for this prescription.  
28

1 (13) On or about April 17, 2014, respondent prescribed oxycodone 30 mg, quantity  
2 150, alprazolam 2 mg, quantity 60, and carisoprodol 350 mg, quantity 90 to patient L.F.  
3 There is no associated clinic note for this prescription.

4 (14) Respondent committed gross negligence in his care and treatment of patient  
5 L.F., which included, but was not limited to, the following:

6 (A) Respondent failed to perform an appropriate examination prior to prescribing  
7 controlled substances to patient L.F.;

8 (B) Respondent prescribed controlled substances to patient L.F. without a medical  
9 indication;

10 (C) Respondent failed to properly monitor patient L.F.'s use of controlled  
11 substances; and

12 (D) Respondent failed to maintain adequate and accurate records in his care and  
13 treatment of patient L.F.

14 (e) **Patient T.G.**

15 (1) Respondent treated patient T.G. from on or about January 10, 2006, to on or  
16 about August 6, 2014.

17 (2) On or about January 10, 2006, patient T.G. presented to respondent with a  
18 history of chronic pain and tenderness in her low back, shoulders and upper back.  
19 Respondent did not document a history of previous pain treatment or a substance abuse  
20 history. Respondent did not order any diagnostic testing and did not document a treatment  
21 plan. Respondent did not obtain informed consent from patient T.G. Respondent plan was  
22 to continue patient T.G. on methadone.<sup>8</sup>

23 (3) On or about December 7, 2007, respondent documented a chart note dated  
24 "January 9, 2007 thru December 7, 2007." This note is the sole documentation of

25  
26 <sup>8</sup> Methadone is a Schedule II controlled substance from the opiates class pursuant to and Health  
27 and Safety Code section 11055, subdivision (c), and Title 21 of the Code of Federal Regulations, section  
28 1308.12, subdivision (c)(15), and a dangerous drug pursuant to Business and Professions Code section  
4022.

1 respondent's treatment of T.G. during the 2007 calendar year. Respondent reiterated the  
2 history from his January 10, 2006, note. Respondent did not perform and/or document a  
3 physical examination. Respondent documented that patient T.G. was taking methadone 50  
4 mg daily, Actiq<sup>9</sup> 800 µg one unit per day, and Xanax<sup>10</sup> 2 mg three times per day.  
5 Respondent did not document why patient T.G. was receiving Xanax.

6 (4) On or about November 4, 2008, patient T.G. presented to respondent for  
7 prescription refills. Respondent's note for this visit documented a brief history identical to  
8 that documented in his previous notes. Respondent did not perform and/or document a  
9 physical examination, a neurological examination, or a treatment plan. Respondent  
10 prescribed methadone 10 mg, quantity 150, Xanax 2 mg, quantity 90 and Actiq 800 µg,  
11 quantity 30. Respondent did not document why patient T.G. was receiving Xanax.

12 (5) On or about December 30, 2008, patient T.G. presented to respondent for  
13 prescription refills. Respondent's note for this visit documented a brief history identical to  
14 that documented in his previous notes. Respondent did not perform and/or document a  
15 physical examination, a neurological examination, or a treatment plan. Respondent  
16 prescribed methadone 10 mg, quantity 150, Xanax 2 mg, quantity 90 and Actiq 800 µg,  
17 quantity 30. Respondent did not document why patient T.G. was receiving Xanax.

18 (6) On or about January 27, 2009, patient T.G. presented to respondent for  
19 prescription refills. Respondent's note for this visit documented a brief history identical to  
20 that documented in his previous notes. Respondent did not perform and/or document a  
21 physical examination, a neurological examination, or a treatment plan. Respondent  
22 prescribed methadone 10 mg, quantity 150, Xanax 2 mg, quantity 90 and Actiq 800 µg,  
23 quantity 30. Respondent did not document why patient T.G. was receiving Xanax.

24 <sup>9</sup> Actiq is a brand name for fentanyl, a Schedule II controlled substance pursuant to Health and  
25 Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions  
Code section 4022.

26 <sup>10</sup> Xanax is a brand name for alprazolam (a benzodiazepine), a Schedule IV controlled substance  
27 pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to  
28 Business and Professions Code section 4022.

1 (7) On or about March 3, 2009, patient T.G. presented to respondent for  
2 prescription refills. Respondent's note for this visit documented a brief history identical to  
3 that documented in his previous notes. Respondent did not perform and/or document a  
4 physical examination, a neurological examination, or a treatment plan. Respondent  
5 prescribed methadone 10 mg, quantity 150, Xanax 2 mg, quantity 90 and Actiq 800 µg,  
6 quantity 30. Respondent did not document why patient T.G. was receiving Xanax.

7 (8) On or about March 31, 2009, patient T.G. presented to respondent for  
8 prescription refills. Respondent's note for this visit documented a brief history identical to  
9 that documented in his previous notes. Respondent did not perform and/or document a  
10 physical examination, a neurological examination, or a treatment plan. Respondent  
11 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
12 not document why patient T.G. was receiving Xanax. Respondent did not document why  
13 the previous Actiq prescription was discontinued or why the quantity of methadone was  
14 increased from 150 to 240 tablets.

15 (9) On or about April 28, 2009, patient T.G. presented to respondent for  
16 prescription refills. Respondent's note for this visit documented a brief history identical to  
17 that documented in his previous notes. Respondent did not perform and/or document a  
18 physical examination, a neurological examination, or a treatment plan. Respondent  
19 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
20 not document why patient T.G. was receiving Xanax. Respondent did not document why  
21 the previous Actiq prescription was discontinued or why the quantity of methadone was  
22 previously increased from 150 to 240 tablets.

23 (10) On or about June 30, 2009, patient T.G. presented to respondent for  
24 prescription refills. Respondent's note for this visit documented a brief history identical to  
25 that documented in his previous notes. Respondent did not perform and/or document a  
26 physical examination, a neurological examination, or a treatment plan. Respondent  
27 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
28 not document why patient T.G. was receiving Xanax. Respondent did not document why

1 the previous Actiq prescription was discontinued or why the quantity of methadone was  
2 previously increased from 150 to 240 tablets.

3 (11) On or about July 27, 2009, patient T.G. presented to respondent for prescription  
4 refills. Respondent's note for this visit documented a brief history identical to that  
5 documented in his previous notes. Respondent did not perform and/or document a physical  
6 examination, a neurological examination, or a treatment plan. Respondent prescribed  
7 methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did not  
8 document why patient T.G. was receiving Xanax. Respondent did not document why the  
9 previous Actiq prescription was discontinued or why the quantity of methadone was  
10 previously increased from 150 to 240 tablets.

11 (12) On or about August 25, 2009, patient T.G. presented to respondent for  
12 prescription refills. Respondent's note for this visit documented a brief history identical to  
13 that documented in his previous notes. Respondent did not perform and/or document a  
14 physical examination, a neurological examination, or a treatment plan. Respondent  
15 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
16 not document why patient T.G. was receiving Xanax. Respondent did not document why  
17 the previous Actiq prescription was discontinued or why the quantity of methadone was  
18 previously increased from 150 to 240 tablets.

19 (13) On or about September 22, 2009, patient T.G. presented to respondent for  
20 prescription refills. Respondent's note for this visit documented a brief history identical to  
21 that documented in his previous notes. Respondent did not perform and/or document a  
22 physical examination, a neurological examination, or a treatment plan. Respondent  
23 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
24 not document why patient T.G. was receiving Xanax. Respondent did not document why  
25 the previous Actiq prescription was discontinued or why the quantity of methadone was  
26 previously increased from 150 to 240 tablets.

27 (14) On or about October 27, 2009, patient T.G. presented to respondent for  
28 prescription refills. Respondent's note for this visit documented a brief history identical to

1 that documented in his previous notes. Respondent did not perform and/or document a  
2 physical examination, a neurological examination, or a treatment plan. Respondent  
3 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
4 not document why patient T.G. was receiving Xanax. Respondent did not document why  
5 the previous Actiq prescription was discontinued or why the quantity of methadone was  
6 previously increased from 150 to 240 tablets.

7 (15) On or about November 24, 2009, patient T.G. presented to respondent for  
8 prescription refills. Respondent's note for this visit documented a brief history identical to  
9 that documented in his previous notes. Respondent did not perform and/or document a  
10 physical examination, a neurological examination, or a treatment plan. Respondent  
11 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
12 not document why patient T.G. was receiving Xanax. Respondent did not document why  
13 the previous Actiq prescription was discontinued or why the quantity of methadone was  
14 previously increased from 150 to 240 tablets.

15 (16) On or about December 23, 2009, patient T.G. presented to respondent for  
16 prescription refills. Respondent's note for this visit documented a brief history identical to  
17 that documented in his previous notes. Respondent did not perform and/or document a  
18 physical examination, a neurological examination, or a treatment plan. Respondent  
19 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
20 not document why patient T.G. was receiving Xanax. Respondent did not document why  
21 the previous Actiq prescription was discontinued or why the quantity of methadone was  
22 previously increased from 150 to 240 tablets.

23 (17) On or about January 19, 2010, patient T.G. presented to respondent for  
24 prescription refills. Respondent's note for this visit documented a brief history identical to  
25 that documented in his previous notes. Respondent did not perform and/or document a  
26 physical examination, a neurological examination, or a treatment plan. Respondent  
27 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
28 not document why patient T.G. was receiving Xanax. Respondent did not document why

1 the previous Actiq prescription was discontinued or why the quantity of methadone was  
2 previously increased from 150 to 240 tablets.

3 (18) On or about February 16, 2010, patient T.G. presented to respondent for  
4 prescription refills. Respondent's note for this visit documented a brief history identical to  
5 that documented in his previous notes. Respondent did not perform and/or document a  
6 physical examination, a neurological examination, or a treatment plan. Respondent  
7 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
8 not document why patient T.G. was receiving Xanax. Respondent did not document why  
9 the previous Actiq prescription was discontinued or why the quantity of methadone was  
10 previously increased from 150 to 240 tablets.

11 (19) On or about March 16, 2010, patient T.G. presented to respondent for  
12 prescription refills. Respondent's note for this visit documented a brief history identical to  
13 that documented in his previous notes. Respondent did not perform and/or document a  
14 physical examination, a neurological examination, or a treatment plan. Respondent  
15 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
16 not document why patient T.G. was receiving Xanax. Respondent did not document why  
17 the previous Actiq prescription was discontinued or why the quantity of methadone was  
18 previously increased from 150 to 240 tablets.

19 (20) On or about April 13, 2010, patient T.G. presented to respondent for  
20 prescription refills. Respondent's note for this visit documented a brief history identical to  
21 that documented in his previous notes. Respondent did not perform and/or document a  
22 physical examination, a neurological examination, or a treatment plan. Respondent  
23 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
24 not document why patient T.G. was receiving Xanax. Respondent did not document why  
25 the previous Actiq prescription was discontinued or why the quantity of methadone was  
26 previously increased from 150 to 240 tablets.

27 (21) On or about May 11, 2010, patient T.G. presented to respondent for  
28 prescription refills. Respondent's note for this visit documented a brief history identical to

1 that documented in his previous notes. Respondent did not perform and/or document a  
2 physical examination, a neurological examination, or a treatment plan. Respondent  
3 prescribed methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did  
4 not document why patient T.G. was receiving Xanax. Respondent did not document why  
5 the previous Actiq prescription was discontinued or why the quantity of methadone was  
6 previously increased from 150 to 240 tablets.

7 (22) On or about June 8, 2010, patient T.G. presented to respondent for prescription  
8 refills. Respondent's note for this visit documented a brief history identical to that  
9 documented in his previous notes. Respondent did not perform and/or document a physical  
10 examination, a neurological examination, or a treatment plan. Respondent prescribed  
11 methadone 10 mg, quantity 240, Xanax 2 mg, quantity 90, and Dilaudid<sup>11</sup> 8 mg, quantity  
12 150. Respondent did not document why patient T.G. is receiving Xanax. Respondent did  
13 not document why the previous Actiq prescription was discontinued or why the quantity of  
14 methadone was previously increased from 150 to 240 tablets. Respondent did not document  
15 why Dilaudid was added to patient T.G.'s prescribed medications.

16 (23) On or about July 2, 2010, patient T.G. presented to respondent for prescription  
17 refills. Respondent's note for this visit documented a brief history identical to that  
18 documented in his previous notes. Respondent did not perform and/or document a physical  
19 examination, a neurological examination, or a treatment plan. Respondent prescribed  
20 methadone 10 mg, quantity 240 and Xanax 2 mg, quantity 90. Respondent did not  
21 document why patient T.G. was receiving Xanax. Respondent did not document why the  
22 previous Actiq prescription was discontinued or why the quantity of methadone was  
23 increased from 240 to 270 tablets. Respondent did not document why Dilaudid was  
24 previously added to patient T.G.'s prescribed medications, or why it was discontinued at

25  
26 <sup>11</sup> Dilaudid a brand name for hydromorphone, a Schedule II controlled substance from the opiates  
27 class pursuant to Health and Safety Code section 11055, subdivision (b), and Title 21 of the Code of  
28 Federal Regulations, section 1308.12, subdivision (b)(1)(vii), and a dangerous drug pursuant to Business  
and Professions Code section 4022.

1 this point.

2 (24) On or about July 6, 2010, patient T.G. presented to respondent for prescription  
3 refills. Respondent's note for this visit documented a brief history identical to that  
4 documented in his previous notes. Respondent did not perform and/or document a physical  
5 examination, a neurological examination, or a treatment plan. Respondent prescribed  
6 methadone 10 mg, quantity 240, Xanax 2 mg, quantity 90, and Dilaudid 8 mg, quantity 150.  
7 Respondent did not document why patient T.G. was receiving Xanax. Respondent did not  
8 document why the previous Actiq prescription was discontinued or why the quantity of  
9 methadone was increased from 240 to 270 tablets. Respondent did not document why  
10 Dilaudid was added back to patient T.G.'s prescribed medications. Respondent did not  
11 document why he refilled prescriptions four (4) days after patient T.G. had previously  
12 received a thirty-day (30) supply of Methadone, Xanax and Dilaudid from respondent on or  
13 about July 2, 2010.

14 (25) On or about August 2, 2010, patient T.G. presented to respondent for  
15 prescription refills. Respondent's note for this visit documented brief objective and  
16 subjective complaints and a brief assessment. Respondent did not perform and/or document  
17 a physical examination, a neurological exam, or a treatment plan. Respondent noted patient  
18 T.G. was receiving methadone 10 mg, quantity 270, but did not note patient T.G.'s other  
19 medications, including Xanax and Dilaudid.

20 (26) On or about August 3, 2010, respondent terminated his doctor-patient  
21 relationship with patient T.G. because he discovered she was receiving controlled  
22 substances from another physician.

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1 (27) On or about May 10, 2011, respondent resumed his care and treatment of  
2 patient T.G. Respondent did not document blood pressure, pulse or a neurological  
3 examination. Respondent did not document why he resumed treatment of patient T.G. after  
4 terminating her as a patient on or about August 3, 2010. Respondent prescribed methadone  
5 10 mg, quantity 200, Xanax 2 mg, quantity 90, and Norco 10/325,<sup>12</sup> quantity 120.  
6 Respondent did not document why Norco was added to patient T.G.'s prescribed  
7 medications. Respondent did not document why patient T.G. was receiving Xanax.

8 (28) On or about June 7, 2011, patient T.G. presented to respondent for prescription  
9 refills. Respondent's note for this visit documented brief objective and subjective  
10 complaints and a brief assessment. Respondent did not perform and/or document a physical  
11 examination, a neurological examination, or a treatment plan. Respondent altered patient  
12 T.G.'s methadone prescription to methadone 10 mg, quantity 270 (two tablets four times per  
13 day and one tablet at bedtime). Respondent did not document why he changed patient  
14 T.G.'s methadone dose. Respondent did not document why patient T.G. was receiving  
15 Xanax.

16 (29) On or about September 27, 2011, respondent prescribed methadone 10 mg,  
17 quantity 300, to patient T.G. There is no corresponding chart note for this prescription in  
18 respondent's medical chart for patient T.G.

19 (30) On or about December 14, 2011, respondent prescribed methadone 10 mg,  
20 quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient T.G.  
21 There is no corresponding chart note for these prescriptions in respondent's medical chart  
22 for patient T.G.

23 (31) On or about January 12, 2012, respondent prescribed methadone 10 mg,  
24 quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient T.G.

25  
26 <sup>12</sup> Norco (hydrocodone 10 mg / acetaminophen 325 mg) is a Schedule III controlled  
27 substance from the opiates class pursuant to Health and Safety Code section 11056, subdivision (e), and  
28 Title 21 of the Code of Federal Regulations, section 1308.13, subdivision (e)(1)(iv), and is a dangerous  
drug pursuant to Business and Professions Code section 4022.

1 There is no corresponding chart note for these prescriptions in respondent's medical chart  
2 for patient T.G.

3 (32) On or about February 9, 2012, respondent prescribed methadone 10 mg,  
4 quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient T.G.  
5 There is no corresponding chart note for these prescriptions in respondent's medical chart  
6 for patient T.G.

7 (33) On or about March 8, 2012, respondent prescribed methadone 10 mg, quantity  
8 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient T.G. There is no  
9 corresponding chart note for these prescriptions in respondent's medical chart for patient  
10 T.G.

11 (34) On or about March 15, 2012, patient T.G. presented to respondent.  
12 Respondent's note for this visit documented brief subjective complaints. Respondent did  
13 not perform and/or document objective findings, a physical examination, a neurological  
14 examination, or a treatment plan.

15 (35) On or about May 7, 2012, respondent prescribed methadone 10 mg, quantity  
16 300 to patient T.G. There is no corresponding chart note for this prescription in  
17 respondent's medical chart for patient T.G.

18 (36) On or about May 30, 2012, respondent prescribed methadone 10 mg, quantity  
19 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient T.G. There is no  
20 corresponding chart note for these prescriptions in respondent's medical chart for patient  
21 T.G.

22 (37) On or about July 3, 2012, patient T.G. presented to respondent for prescription  
23 refills. Respondent's note for this visit documented brief objective and subjective  
24 complaints and a brief assessment. Respondent did not perform and/or document a physical  
25 examination, a neurological examination, or a treatment plan. Respondent prescribed  
26 methadone 10 mg, quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120  
27 to patient T.G. Respondent did not document why patient T.G. was receiving Xanax.

28 ///

1 (38) On or about August 1, 2012, respondent prescribed methadone 10 mg, quantity  
2 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient T.G. There is no  
3 corresponding chart note for these prescriptions in respondent's medical chart for patient  
4 T.G.

5 (39) On or about August 29, 2012, patient T.G. presented to respondent for  
6 prescription refills. Respondent's note for this visit documented brief history and a brief  
7 assessment. Respondent did not perform and/or document a physical examination, a  
8 neurological examination, or a treatment plan. Respondent prescribed methadone 10 mg,  
9 quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient T.G.  
10 Respondent did not document why patient T.G. was receiving Xanax.

11 (40) On or about September 26, 2012, respondent prescribed methadone 10 mg,  
12 quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient T.G.  
13 There is no corresponding chart note for these prescriptions in respondent's medical chart  
14 for patient T.G.

15 (41) On or about November 13, 2012, patient T.G. presented to respondent for  
16 prescription refills. Respondent's note for this visit documented brief objective and  
17 subjective complaints and a brief assessment. Respondent did not perform and/or document  
18 a physical examination or a neurological examination. Respondent prescribed methadone  
19 10 mg, quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient  
20 T.G. Respondent did not document why patient T.G. was receiving Xanax.

21 (42) On or about December 13, 2012, patient T.G. presented to respondent for  
22 prescription refills. Respondent's note for this visit documented brief objective and  
23 subjective complaints and a brief assessment. Respondent did not perform and/or document  
24 a physical examination or a neurological examination. Respondent prescribed methadone  
25 10 mg, quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient  
26 T.G. Respondent did not document why patient T.G. was receiving Xanax.

27 (43) On or about January 10, 2013, patient T.G. presented to respondent for  
28 prescription refills. Respondent's note for this visit documented brief objective and

1 subjective complaints and a brief assessment. Respondent did not perform and/or document  
2 a physical examination or a neurological examination. Respondent prescribed methadone  
3 10 mg, quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient  
4 T.G. Respondent did not document why patient T.G. was receiving Xanax.

5 (44) On or about February 7, 2013, patient T.G. presented to respondent for  
6 prescription refills. Respondent's note for this visit documented brief objective and  
7 subjective complaints and a brief assessment. Respondent did not perform and/or document  
8 a physical examination or a neurological examination. Respondent prescribed methadone  
9 10 mg, quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient  
10 T.G. Respondent did not document why patient T.G. was receiving Xanax.

11 (45) On or about March 7, 2013, patient T.G. presented to respondent for  
12 prescription refills. Respondent's note for this visit documented brief objective and  
13 subjective complaints and a brief assessment. Respondent did not perform and/or document  
14 a physical examination or a neurological examination. Respondent prescribed methadone  
15 10 mg, quantity 300, Xanax 2 mg, quantity 90, and Norco 10/325, quantity 120 to patient  
16 T.G. Respondent did not document why patient T.G. was receiving Xanax.

17 (46) Between on or about April 5, 2013, and August 6, 2014, respondent wrote  
18 approximately eighteen (18) prescriptions for methadone 10 mg, quantity 300, Xanax 2 mg,  
19 quantity 90, and Norco 10/325, quantity 120 to patient T.G. There are no corresponding  
20 chart notes for these prescription in respondent's medical chart for patient T.G.

21 (47) Respondent committed gross negligence in his care and treatment of patient  
22 T.G., which included, but was not limited to, the following:

23 (A) Respondent prescribed controlled substances to patient T.G. without a medical  
24 indication;

25 (B) Respondent failed to properly monitor patient T.G.'s use of controlled  
26 substances; and

27 (C) Respondent failed to maintain adequate and accurate records in his care and  
28 treatment of patient T.G.

1                   (f) Patient S.J.

2                   (1) Respondent treated patient S.J. from on or about April 25, 2013, to on or about  
3                   September 5, 2013.

4                   (2) On or about April 25, 2013, patient S.J. presented to respondent with low back  
5                   pain, upper shoulder pain, and tingling in her arm, hand, hips and legs. Respondent noted  
6                   current medications as metformin,<sup>13</sup> benazepril<sup>14</sup> and "Xanax/stress." Respondent noted  
7                   previous MRI findings but did not maintain the MRI report in patient S.J.'s medical chart.  
8                   Respondent did not perform and/or document vital signs, a basic physical examination,  
9                   range of motion testing or neurological findings. Respondent did not document prior efforts  
10                  at pain treatment or sufficient informed consent. Respondent did not order any diagnostic  
11                  testing and did not document a treatment plan. Respondent prescribed oxycodone 30 mg,  
12                  quantity 150, and alprazolam 2 mg, quantity 60 to patient S.J. Respondent did not  
13                  document why he prescribed a high dosage of oxycodone for an opiate naïve patient.

14                  (3) On or about May 22, 2013, patient S.J. presented to respondent for a follow up  
15                  visit. Respondent's note for this visit indicates that patient S.J. was "without complaint"  
16                  and "no new physical findings." Respondent's note for this visit does not contain a history  
17                  concerning the nature and extent of patient S.J.'s pain, a history or previous pain treatment,  
18                  a substance abuse history, a physical examination, diagnostic testing or a urine screen.  
19                  Respondent's note for this visit also failed to document a proper diagnosis, adequate  
20                  informed consent or a treatment plan. Respondent prescribed oxycodone 30 mg, quantity  
21                  150, and alprazolam 2 mg, quantity 60 to patient S.J. Respondent did not document why he  
22                  prescribed a high dosage of oxycodone for an opiate naïve patient.

23                  ///

24                  

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25                  <sup>13</sup> Metformin is an oral antidiabetic drug in the biguanide class. It is the first-line drug of choice  
26                  for the treatment of type 2 diabetes.

27                  <sup>14</sup> Benazepril is a drug of the angiotensin-converting enzyme (ACE) inhibitor class used primarily  
28                  in treatment of hypertension, congestive heart failure, and heart attacks, and also in preventing renal and  
29                  retinal complications of diabetes.

1 (4) On or about July 1, 2013, respondent prescribed oxycodone 30 mg, quantity  
2 120 and alprazolam 2 mg, quantity 60. There is no corresponding chart note for these  
3 prescriptions in respondent's medical chart for patient S.J.

4 (5) On or about July 19, 2013, patient S.J. presented to respondent for a follow up  
5 visit. Respondent's note for this visit indicates that patient S.J. was "without complaint"  
6 and "no new physical findings." Respondent's note for this visit does not contain a history  
7 concerning the nature and extent of patient S.J.'s pain, a history or previous pain treatment,  
8 a substance abuse history, a physical examination, diagnostic testing or a urine screen.  
9 Respondent's note for this visit also failed to document an explanation why patient S.J.'s  
10 diagnosis was changed from disc degeneration-site unspecified to lumbar strain.  
11 Respondent failed to document an adequate informed consent or a treatment plan.  
12 Respondent prescribed alprazolam 2 mg, quantity 60 to patient S.J. eighteen (18) days after  
13 he had previously prescribed patient S.J. a thirty (30) day supply of alprazolam on or about  
14 July 1, 2013.

15 (6) On or about September 13, 2013, patient S.J. presented to respondent for a  
16 follow up visit. Respondent's note for this visit indicated that patient S.J. was "without  
17 complaint" and had "no new physical findings." Respondent's note for this visit does not  
18 contain a history concerning the nature and extent of patient S.J.'s pain, a history or  
19 previous pain treatment, a substance abuse history, a physical examination, diagnostic  
20 testing or a urine screen. Respondent's note for this visit also failed to document an  
21 explanation why patient S.J.'s diagnosis was changed from lumbar strain to cervical disc  
22 disease without myelopathy. Respondent failed to document an adequate informed consent  
23 or a treatment plan. Respondent prescribed oxycodone 30 mg, quantity 150, and alprazolam  
24 2 mg, quantity 60 to patient S.J. Respondent did not document why he prescribed a high  
25 dosage of oxycodone for an opiate naïve patient.

26 (7) On or about October 2, 2013, respondent prescribed oxycodone 30 mg, quantity  
27 120, alprazolam 2 mg, quantity 60, and hydrocodone/APAP 10/325, quantity 150. There is  
28 no corresponding chart note for these prescriptions in respondent's medical chart for patient

1 S.J.

2 (8) Respondent committed gross negligence in his care and treatment of patient  
3 S.J., which included, but was not limited to, the following:

4 (A) Respondent failed to perform an appropriate examination prior to prescribing  
5 controlled substances to patient S.J.;

6 (B) Respondent prescribed controlled substances to patient S.J. without a medical  
7 indication;

8 (C) Respondent failed to properly monitor patient S.J.'s use of controlled  
9 substances; and

10 (D) Respondent failed to maintain adequate and accurate records regarding his care  
11 and treatment of patient S.J.

12 (g) **Patient N.M.**

13 (1) Respondent treated patient N.M. from on or about September 2, 2011, to on or  
14 about May 4, 2012.

15 (2) On or about September 2, 2011, respondent prescribed oxycodone 30 mg,  
16 quantity 240 to patient N.M. There is no corresponding chart note for this prescription in  
17 respondent's medical chart for patient N.M.

18 (3) On or about September 30, 2011, respondent prescribed oxycodone 30 mg,  
19 quantity 240 to patient N.M. There is no corresponding chart note for this prescription in  
20 respondent's medical chart for patient N.M.

21 (4) On or about October 25, 2011, respondent prescribed oxycodone 30 mg,  
22 quantity 240 to patient N.M. There is no corresponding chart note for this prescription in  
23 respondent's medical chart for patient N.M.

24 (5) On or about December 10, 2011, respondent prescribed oxycodone 30 mg,  
25 quantity 240 to patient N.M. There is no corresponding chart note for this prescription in  
26 respondent's medical chart for patient N.M.

27 (6) On or about December 13, 2011, respondent prescribed oxycodone 30 mg,  
28 quantity 240 to patient N.M. There is no corresponding chart note for this prescription in

1 respondent's medical chart for patient N.M.

2 (7) On or about January 9, 2012, respondent prescribed oxycodone 30 mg, quantity  
3 240, and Morphine Sulfate<sup>15</sup> 15 mg, quantity 60 to patient N.M. There is no corresponding  
4 chart note for these prescriptions in respondent's medical chart for patient N.M.

5 (8) On or about January 27, 2012, respondent prescribed Fentanyl<sup>16</sup> transdermal  
6 patch 75 mcg/hr, quantity 10 to patient N.M. There is no corresponding chart note for this  
7 prescription in respondent's medical chart for patient N.M.

8 (9) On or about February 4, 2012, respondent prescribed oxycodone 30 mg,  
9 quantity 240, and hydromorphone/HCL<sup>17</sup> 8 mg, quantity 20 to patient N.M. There is no  
10 corresponding chart note for these prescriptions in respondent's medical chart for patient  
11 N.M.

12 (10) On or about February 16, 2012, respondent prescribed oxycodone 30 mg,  
13 quantity 240 to patient N.M. There is no corresponding chart note for this prescription in  
14 respondent's medical chart for patient N.M.

15 (11) On or about March 8, 2012, respondent prescribed oxycodone 30 mg, quantity  
16 120 to patient N.M. There is no corresponding chart note for this prescription in  
17 respondent's medical chart for patient N.M.

18 (12) On or about April 5, 2012, respondent prescribed oxycodone 30 mg, quantity  
19 180 to patient N.M. There is no corresponding chart note for this prescription in  
20 respondent's medical chart for patient N.M.

21 ///

22 ///

23 <sup>15</sup> Morphine Sulfate is a Schedule II controlled substance pursuant to Health and Safety Code  
24 section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section  
4022.

25 <sup>16</sup> Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code section  
11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

26 <sup>17</sup> Hydromorphone/HCL is a Schedule II controlled substance pursuant to Health and Safety  
27 Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code  
section 4022.

1 (13) On or about May 4, 2012, respondent prescribed oxycodone 30 mg, quantity  
2 180 to patient N.M. There is no corresponding chart note for this prescription in  
3 respondent's medical chart for patient N.M.

4 (14) Respondent committed gross negligence in his care and treatment of patient  
5 N.M., which included, but was not limited to, the following:

6 (A) Respondent failed to perform an appropriate examination prior to prescribing  
7 controlled substances to patient N.M.;

8 (B) Respondent prescribed controlled substances to patient N.M. without a medical  
9 indication;

10 (C) Respondent failed to properly monitor patient N.M.'s use of controlled  
11 substances; and

12 (D) Respondent failed to maintain adequate and accurate records regarding his care  
13 and treatment of patient N.M.

14 (h) Patient V.S.

15 (1) Respondent treated patient V.S. for lower extremity pain due to reflex  
16 sympathetic dystrophy<sup>18</sup> (RSD) from on or about September 20, 2001, to on or about April  
17 25, 2014.

18 (2) In or about November 2011, patient V.S. filled three prescriptions from  
19 respondent for Norco 10/325, quantity 720. During November 2011, patient V.S. received  
20 1,680 tablets of Norco 10/325. Patient V.S. received an average of 46.8 tablets per day  
21 prior to filling his next prescription from respondent for Norco 10/325 on or about February  
22 2, 2012.

23 (3) On or about April 25, 2012, respondent prescribed a three (3) month supply of  
24 four controlled substances to patient V.S. Specifically, respondent prescribed OxyContin  
25 20 mg, quantity 270, OxyContin 10 mg, quantity 270, Norco 10/325, quantity 720, and

26  
27 <sup>18</sup> Reflex sympathetic dystrophy (RSD), also known as complex regional pain syndrome, is a rare  
28 disorder of the sympathetic nervous system that is characterized by chronic, severe pain.

1 Soma<sup>19</sup> 350 mg, quantity 360 to patient V.S.

2 (4) On or about May 2, 2012, respondent again prescribed a three (3) month supply  
3 of four controlled substances to patient V.S. Specifically, respondent prescribed OxyContin  
4 20 mg, quantity 270, OxyContin 10 mg, quantity 270, Norco 10/325, quantity 720 and  
5 Soma 350 mg, quantity 360 to patient V.S.

6 (5) On or about October 2, 2012, respondent ran a Controlled Substances  
7 Utilization Review and Evaluation System (CURES)<sup>20</sup> report for patient V.S. that indicated  
8 patient V.S. received seven (7) prescriptions for hydrocodone/APAP 7.5/750, quantity 100  
9 between on or about October 2, 2011 and October 2, 2012, from another physician. Despite  
10 having this information, respondent wrote five (5) prescriptions for Norco 10/325 during the  
11 same period of time. Respondent did not document the overlapping prescriptions but  
12 instead documented that there was no suspicious activity on the part of patient V.S.

13 (6) On or about October 9, 2013, respondent prescribed a three (3) month supply of  
14 three controlled substances to patient V.S. Specifically, respondent prescribed OxyContin  
15 20 mg, quantity 270, Oxycodone 20 mg, quantity 270, Norco 10/325, quantity 720 to patient  
16 V.S.

17 (7) On or about October 23, 2013, respondent again prescribed a three (3) month  
18 supply of three controlled substances to patient V.S. Specifically, respondent prescribed  
19 OxyContin 20 mg, quantity 270, Oxycodone 20 mg, quantity 270, Norco 10/325, quantity  
20 720 to patient V.S.

21  
22 <sup>19</sup> Soma is a brand name for carisoprodol, a muscle relaxant with a known potentiating effect on  
23 narcotics. In December, 2011, the Federal Drug Administration listed carisoprodol as a Schedule IV  
controlled substance. (76 Fed.Reg. 77330 (Dec. 12, 2011).)

24 <sup>20</sup> The CURES is a program operated by the California Department of Justice (DOJ) to assist  
25 health care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and law  
26 enforcement and regulatory agencies in their efforts to control diversion and abuse of controlled  
27 substances. (Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the  
28 DOJ the dispensing of Schedule II, III and IV controlled substances as soon as reasonably possible after  
the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) The history of controlled  
substances dispensed to a specific patient based on the data contained in the CURES is available to a  
health care practitioner who is treating that patient. (Health & Saf. Code, § 11165.1, subd. (a).)

1 (8) Despite respondent's long term prescriptions of OxyContin 20 mg, Oxycodone  
2 20 mg, and Norco 10/325, to patient V.S., respondent failed to perform any laboratory  
3 testing to check liver function.

4 (9) Respondent committed gross negligence in his care and treatment of patient  
5 V.S. which included, but was not limited to, the following:

6 (A) Respondent failed to properly monitor patient V.S.'s use of controlled  
7 substances; and

8 (B) Respondent failed to maintain adequate and accurate records regarding his care  
9 and treatment of patient V.S.

10 (i) **Patient L.S.**

11 (1) Respondent treated patient L.S. from on or about September 5, 2012, to on or  
12 about April 24, 2014.

13 (2) On or about September 5, 2012, patient L.S. presented to respondent with back  
14 pain and numbness/weakness in his arm, hand, and leg. Respondent did not address patient  
15 L.S.'s complaint of numbness/weakness in his arm, hand, and leg. Respondent did not  
16 perform and/or document vital signs, a basic physical examination, range of motion testing  
17 or neurological findings. Respondent did not document prior efforts at pain treatment or  
18 sufficient informed consent. Respondent did not order any diagnostic testing and did not  
19 document a treatment plan. Respondent prescribed oxycodone/acetaminophen 30 mg,  
20 quantity 120 to patient L.S.

21 (3) On or about September 6, 2012, respondent documented a follow-up visit with  
22 patient L.S. Respondent did not document why the patient presented a day after the initial  
23 examination. Respondent documented a diagnosis of lumbar strain. Respondent did not  
24 perform and/or document vital signs, a basic physical examination, range of motion testing  
25 or neurological findings. Respondent did not document prior efforts at pain treatment or  
26 sufficient informed consent. Respondent did not order any diagnostic testing and did not  
27 document a treatment plan.

1 (4) On or about September 12, 2012, respondent documented a follow-up visit with  
2 patient L.S. Respondent documented a diagnosis of lumbar strain. Respondent did not  
3 perform and/or document vital signs, a basic physical examination, range of motion testing  
4 or neurological findings. Respondent did not document prior efforts at pain treatment or  
5 sufficient informed consent. Respondent did not order any diagnostic testing and did not  
6 document a treatment plan. Respondent prescribed oxycodone/acetaminophen 30 mg,  
7 quantity 120 to patient L.S.

8 (5) On or about October 9, 2012, respondent prescribed Percocet<sup>21</sup> 10/325, quantity  
9 180 and Xanax 2 mg, quantity 60 to patient L.S. There is no associated chart note for this  
10 prescription and no explanation why patient L.S. was prescribed Xanax.

11 (6) On or about October 24, 2012, respondent prescribed oxycodone 30 mg,  
12 quantity 90 and Xanax 2 mg, quantity 60 to patient L.S. There is no associated chart note  
13 for these prescriptions and no explanation why patient L.S. was prescribed Xanax.

14 (7) On or about January 9, 2013, respondent prescribed Percocet 10/325, quantity  
15 120, Keflex 500 mg, quantity 60, and Xanax 2 mg, quantity 60 to patient L.S. There is no  
16 associated chart note for these prescriptions and no explanation why patient L.S. was  
17 prescribed Xanax or Keflex.

18 (8) On or about March 28, 2013, respondent prescribed oxycodone 15 mg, quantity  
19 90 and Xanax 2 mg, quantity 90 to patient L.S. There is no associated chart note for these  
20 prescriptions and no explanation why patient L.S. was prescribed Xanax.

21 (9) On or about May 2, 2013, respondent prescribed ampicillin<sup>22</sup> 500 mg, quantity  
22 60, oxycodone 15 mg, quantity 150 and Xanax 2 mg, quantity 60 to patient L.S. There is no  
23 associated chart note for these prescriptions and no explanation why patient L.S. was  
24 prescribed Xanax or ampicillin.

25 <sup>21</sup> Percocet is a brand named drug containing oxycodone, a Schedule II controlled substance from  
26 the opiates class pursuant to Health and Safety Code section 11055, subdivision (b), and Title 21 of the  
27 Code of Federal Regulations, section 1308.12, subdivision (b)(1)(xiii), and a dangerous drug pursuant to  
28 Business and Professions Code section 4022.

<sup>22</sup> Ampicillin is an antibiotic used to treat bacterial infections.

1 (10) On or about August 12, 2013, respondent prescribed oxycodone 15 mg,  
2 quantity 150 and Xanax 2 mg, quantity 60 to patient L.S. There is no associated chart note  
3 for these prescriptions and no explanation why patient L.S. was prescribed Xanax.

4 (11) On or about October 9, 2013, respondent prescribed Percocet 10/325, quantity  
5 180, and Xanax 2 mg, quantity 90 to patient L.S. There is no associated chart note for these  
6 prescriptions and no explanation why patient L.S. was prescribed Xanax.

7 (12) On or about April 24, 2014, respondent prescribed oxycodone 30 mg, quantity  
8 90 to patient L.S. There is no associated chart note for this prescription.

9 (13) Respondent committed gross negligence in his care and treatment of patient  
10 L.S., which included, but was not limited to, the following:

11 (A) Respondent failed to perform an appropriate examination prior to prescribing  
12 controlled substances to patient L.S.;

13 (B) Respondent prescribed controlled substances to patient L.S. without a medical  
14 indication;

15 (C) Respondent failed to properly monitor patient L.S.'s use of controlled  
16 substances; and

17 (D) Respondent failed to maintain adequate and accurate records regarding his care  
18 and treatment of patient L.S.

19 (j) **Patient "Tasha Thomas"**

20 (1) On or about August 1, 2013, and August 29, 2013, then-Medical Board  
21 Investigator Tanya Meadows conducted undercover operations at respondent's medical  
22 office. Then-Medical Board Investigator Tanya Meadows posing as patient "Tasha  
23 Thomas" saw respondent as a patient on or August 1, 2013, and August 29, 2013. The  
24 interactions between patient "Tasha Thomas" and respondent were video and audio  
25 recorded.

26 ///

27 ///

1           (2) On or about August 1, 2013, patient "Tasha Thomas" presented to respondent  
2 and requested a prescription for OxyContin. Respondent asked patient "Tasha Thomas"  
3 why she was requesting OxyContin. Patient "Tasha Thomas" informed respondent that she  
4 was in a car accident a long time ago and had pain in her back and leg. Respondent did not  
5 perform any physical examination or request any laboratory exams or diagnostic testing.  
6 Respondent did not document any previous pain treatment or substance abuse history.  
7 Respondent diagnosed "neuralgia." Patient "Tasha Thomas" gave respondent \$300.00 cash  
8 and respondent provided patient "Tasha Thomas" with a prescription for gabapentin<sup>23</sup> 300  
9 mg, quantity 60, oxycodone 30 mg, quantity 150, and alprazolam 2 mg, quantity 60.

10           (3) On or about August 29, 2013, patient "Tasha Thomas" presented to  
11 respondent's office and requested a prescription for OxyContin. Patient "Tasha Thomas"  
12 gave respondent's receptionist \$200.00 cash and in return received another prescription for  
13 gabapentin 300 mg, quantity 60, oxycodone 30 mg, quantity 150, and alprazolam 2 mg,  
14 quantity 60 from respondent. On this visit, respondent did not have a face-to-face  
15 interaction with patient "Tasha Thomas," and respondent did not document this visit.

16           (4) Respondent committed gross negligence in his care and treatment of patient  
17 "Tasha Thomas" which included, but was not limited to, the following:

18           (A) Respondent failed to perform an appropriate examination prior to prescribing  
19 controlled substances to patient "Tasha Thomas;"

20           (B) Respondent prescribed controlled substances to patient "Tasha Thomas"  
21 without a medical indication;

22           (C) Respondent failed to properly monitor patient "Tasha Thomas'" use of  
23 controlled substances; and

24           (D) Respondent failed to maintain adequate and accurate records regarding his care  
25 and treatment of patient "Tasha Thomas."

26 \_\_\_\_\_  
27 <sup>23</sup> Gabapentin is a medication used as an anticonvulsant and analgesic. It was originally  
28 developed to treat epilepsy, and is currently also used to relieve neuropathic pain.



1 (A) Respondent failed to perform an appropriate examination prior to prescribing  
2 controlled substances to patient T.G.

3 (f) **Patient S.J.**

4 (1) Paragraph 13(f), above, is hereby realleged and incorporated by reference as if  
5 fully set forth herein.

6 (g) **Patient N.M.**

7 (1) Paragraph 13(g), above, is hereby realleged and incorporated by reference as if  
8 fully set forth herein.

9 (h) **Patient V.S.**

10 (1) Paragraph 13(h), above, is hereby realleged and incorporated by reference as if  
11 fully set forth herein.

12 (i) **Patient L.S.**

13 (1) Paragraph 13(i), above, is hereby realleged and incorporated by reference as if  
14 fully set forth herein.

15 (j) **Patient "Tasha Thomas"**

16 (1) Paragraph 13(j), above, is hereby realleged and incorporated by reference as if  
17 fully set forth herein.

18 (k) **Patient M.D.**

19 (1) Respondent treated patient M.D. from on or about February 7, 2003, to on or  
20 about August 14, 2014.

21 (2) On or about February 7, 2003, patient M.D. presented to respondent with neck,  
22 back and shoulder pain on referral from her chiropractor due to an industrial injury suffered  
23 during her employment at a school district.

24 (3) On May 16, 2011, respondent documented an office visit with patient M.D.  
25 Respondent documented that there were "no new significant physical findings per exam.  
26 Gait remains antalgic and ambulation aided by walker. Alert and oriented to person, place  
27 and time." In fact, on May 16, 2011, patient M.D. was subject to a sub rosa investigation  
28 conducted by RJN Investigations due to suspicions about the veracity of her Worker's

1 Compensation claim. The RJN investigation established that patient M.D. did not see  
2 respondent on May 16, 2011.

3 (4) On June 6, 2011, respondent documented an office visit with patient M.D.  
4 Respondent documented that "exam deferred due to current physical state. Alert and  
5 oriented to person, place and time. Gait remains antalgic and ambulation aided by walker."  
6 In fact, on June 6, 2011, patient M.D. was subject to a sub rosa investigation conducted by  
7 RJN Investigations due to suspicions about the veracity of her Worker's Compensation  
8 claim. The RJN investigation established that patient M.D. did not see respondent on June  
9 6, 2011.

10 (5) Between on or about December 29, 2008, and December 29, 2011, respondent  
11 saw patient M.D. on approximately a monthly basis. Respondent's notes for these visits  
12 lack physical examinations apart from occasional notations of tenderness and muscle spasm.  
13 Respondent did not perform and/or document neurological testing or vital signs.

14 (6) Between on or about January 12, 2009, and July 20, 2011, respondent wrote  
15 forty-one (41) prescriptions for OxyContin to patient M.D. Respondent prescribed an  
16 average of 392 mg of OxyContin per day during this time with an average of twenty-three  
17 (23) days between prescriptions. Respondent's notes during this time frame indicated he  
18 was prescribing patient M.D. OxyContin every thirty (30) days with a daily dose of 320 mg  
19 of OxyContin. In reality, patient M.D. was receiving an average of 392 mg of OxyContin  
20 per day.

21 (7) Between on or about January 3, 2009, and August 5, 2011, respondent wrote  
22 seventy-five (75) prescriptions for Actiq to patient M.D. Respondent prescribed an average  
23 of 6.6 units of Actiq per day during this time with an average of thirteen (13) days between  
24 prescriptions. Respondent's notes during this time frame indicated he was prescribing  
25 patient M.D. 5.0 units of Actiq daily. In reality, patient M.D. was receiving an average of  
26 6.6 units of Actiq per day.

27 (8) Between on or about January 12, 2009, and February 21, 2011, respondent  
28 wrote nineteen (19) prescriptions for hydrocodone/APAP 7.5/750 to patient M.D.

1 Respondent prescribed an average of 29 mg of hydrocodone/APAP per day during this time  
2 with an average of forty-two (42) days between prescriptions.

3 (9) Between on or about January 12, 2009, and July 16, 2011, respondent wrote  
4 forty (40) prescriptions for diazepam<sup>24</sup> to patient M.D. Respondent prescribed an average  
5 of 37 mg of diazepam per day during this time with an average of twenty-three (23) days  
6 between prescriptions. Respondent's notes during this time frame indicated he was  
7 prescribing patient M.D. diazepam every thirty (30) days with a daily dose of 30 mg of  
8 diazepam. In reality, patient M.D. was receiving an average of 37 mg of diazepam per day.

9 (10) Respondent committed repeated negligent acts in his care and treatment of  
10 patient M.D., which included, but was not limited to, the following:

11 (A) Respondent failed to properly monitor patient M.D.'s use of controlled  
12 substances; and

13 (B) Respondent failed to maintain adequate and accurate records regarding his care  
14 and treatment of patient M.D.

15 (I) **Patient L.R.**

16 (1) Respondent treated patient L.R. from on or about November 1, 2001, to on or  
17 about March 31, 2014.

18 (2) On or about November 1, 2001, patient L.R. presented to respondent with back  
19 pain due to an industrial injury. Respondent referred patient L.R. for a series of epidural  
20 injections.

21 (3) On or about April 15, 2004, respondent resumed his treatment of patient L.R.  
22 Respondent treated L.R. continuously through on or about March 31, 2014.

23 (4) Between on or about May 24, 2011, and March 31, 2014, respondent failed to  
24 document and/or perform an adequate physical examination of patient L.R. including  
25 documenting vital signs. Respondent further failed to adequately document the nature and

26  
27 <sup>24</sup> Diazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section  
28 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

1 extent of patient L.R.'s pain.

2 (5) On or about February 14, 2013, patient L.R. reported angina and the onset of  
3 pain and numbness in her right hand. Respondent did not document this complaint in his  
4 chart note and did not take patient L.R.'s vital signs.

5 (6) Between on or about August 15, 2011 and March 31, 2014, respondent  
6 prescribed hydrocodone/APAP 10/325, quantity 240, twenty-eight (28) times to Patient L.R.  
7 Patient L.R. received an average of 75 mg of hydrocodone/APAP per day during this time  
8 period. Respondent did not order laboratory testing to check patient L.R.'s liver function  
9 during this time period. On several occasions during this time period respondent wrote  
10 prescriptions for early refills without explanation.

11 (7) Between on or about August 15, 2011, and March 31, 2014, respondent  
12 prescribed morphine sulfate 100 mg, quantity 180, twenty-two (22) times to patient L.R.  
13 Patient L.R. received an average of 517 mg of morphine per day. On several occasions  
14 during this time period respondent wrote prescriptions for early refills without explanation.

15 (8) Respondent committed repeated negligent acts in his care and treatment of  
16 patient L.R., which included, but was not limited to, the following:

17 (A) Respondent failed to properly monitor patient L.R.'s use of controlled  
18 substances; and

19 (B) Respondent failed to maintain adequate and accurate records regarding his care  
20 and treatment of patient L.R.

### 21 THIRD CAUSE FOR DISCIPLINE

#### 22 (Prescribing Dangerous Drugs or Controlled Substances 23 Without an Appropriate Prior Examination and/or Medical Indication)

24 15. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
25 A 43837 to disciplinary action under sections 2227 and 2234, as defined by section 2242, of the  
26 Code, in that he prescribed, dispensed, or furnished dangerous drugs as defined by Section 4022  
27 of the Code, without an appropriate prior examination and/or medical indication, to patients T.C.,  
28 E.D., M.D., "DeAndre Dotson," L.F., T.G., S.J., N.M., L.R., V.S., L.S. and "Tasha Thomas," as

1 more particularly alleged in paragraphs 13 and 14, above, which are hereby realleged and  
2 incorporated by reference as if fully stated herein.

#### 3 **FOURTH CAUSE FOR DISCIPLINE**

##### 4 **(Violation of State Statute or Regulation Regulating Drugs)**

5 16. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
6 A 43837 to disciplinary action under sections 2227 and 2234, as defined by section 2238, of the  
7 Code, in that he has violated a federal or state statute or regulation regulating dangerous drugs or  
8 controlled substances, as more particularly alleged hereinafter:

9 (a) Paragraphs 13 through 15, above, are hereby realleged and incorporated herein  
10 by reference as if fully set forth herein.

11 (b) Respondent repeatedly prescribed dangerous drugs as defined by Business and  
12 Professions Code section 4022, to patients T.C., E.D., "DeAndre Dotson," L.F., T.G., S.J.,  
13 N.M., L.R., V.S., L.S. and "Tasha Thomas" without an appropriate prior examination and a  
14 medical indication, in violation of Business and Professions Code section 2242.

15 (c) Respondent repeatedly prescribed controlled substances to patients T.C., E.D.,  
16 M.D., "DeAndre Dotson," L.F., T.G., S.J., N.M., L.R., V.S., L.S. and "Tasha Thomas" in  
17 quantities and for periods of time in excess of what was reasonably necessary, in violation  
18 of Health and Safety Code section 11210.

19 (d) Respondent committed repeated acts of clearly excessive prescribing of drugs,  
20 as determined by the standard of the community of physicians, in violation of Business and  
21 Professions Code section 725.

#### 22 **FIFTH CAUSE FOR DISCIPLINE**

##### 23 **(Excessive Prescribing or Treatment)**

24 17. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
25 A 43837 to disciplinary action under sections 2227 and 2234, as defined by section 725, of the  
26 Code, in that he has committed repeated acts of clearly excessive prescribing drugs or treatment,  
27 as determined by the standard of the community of physicians, as more particularly alleged in  
28 paragraphs 13 through 16, above, which is hereby incorporated by reference and realleged as if

1 fully set forth herein.

2 **SIXTH CAUSE FOR DISCIPLINE**

3 **(False Representation on a Document Directly or**  
4 **Indirectly Related to the Practice of Medicine)**

5 18. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
6 A 43837 to disciplinary action under sections 2227 and 2234, as defined by section 2261, of the  
7 Code, in that he has knowingly made or signed a certificate or other document directly or  
8 indirectly related to the practice of medicine which falsely represents the existence or  
9 nonexistence of a state of facts, as more particularly alleged in paragraphs 13(c), 13(j) and 14(k),  
10 above, which are hereby realleged and incorporated by reference as if fully set forth herein.

11 **SEVENTH CAUSE FOR DISCIPLINE**

12 **(Dishonesty or Corruption)**

13 19. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
14 A 43837 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
15 subdivision (e), of the Code, in that he has committed acts of dishonesty or corruption in his care  
16 and treatment of patients M.D., "DeAndre Dotson," and "Tasha Thomas," as more particularly  
17 alleged in paragraphs 13(c) and (j), 14(k), and 18 above, which are hereby realleged and  
18 incorporated by reference as if fully set forth herein.

19 **EIGHTH CAUSE FOR DISCIPLINE**

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

21 20. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
22 A 43837 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
23 Code, in that he has failed to maintain adequate and accurate records regarding his care and  
24 treatment of patients T.C., E.D., M.D., "DeAndre Dotson," L.F., T.G., S.J., N.M., L.R., V.S., L.S.  
25 and "Tasha Thomas," as more particularly alleged in paragraphs 13 and 14, above, which are  
26 hereby realleged and incorporated by reference as if fully set forth herein.

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1 **NINTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct)**

3 21. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
4 A 43837 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged  
5 in conduct which breached the rules or ethical code of the medical profession, or conduct  
6 unbecoming a member in good standing of the medical profession, and which demonstrated an  
7 unfitness to practice medicine, as more particularly alleged in paragraphs 13 through 20, above,  
8 which are hereby realleged and incorporated herein by reference as if fully set forth herein.

9 **TENTH CAUSE FOR DISCIPLINE**

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

11 22. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
12 A 43837 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
13 subdivision (a), of the Code, in that he has violated or attempted to violate, directly or indirectly,  
14 assisted in or abetted the violation of, or conspired to violate a provision of the Medical Practice  
15 Act, as more particularly alleged in paragraphs 13, 14, 15, 16, 18, 19, 20, and 21, above, which  
16 are hereby realleged and incorporated herein by reference as if fully set forth herein.

17 **PRAYER**

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

- 20 1. Revoking or suspending Physician's and Surgeon's Certificate A 43837, issued to  
21 respondent Wendell Street, M.D.;
- 22 2. Revoking, suspending or denying approval of respondent Wendell Street, M.D.'s  
23 authority to supervise physician assistants, pursuant to section 3527 of the Code;
- 24 3. Ordering respondent Wendell Street, M.D., if placed on probation, to pay the Medical  
25 Board of California the costs of probation monitoring; and

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4. Taking such other and further action as deemed necessary, and proper.  
December 8, 2014

DATED: \_\_\_\_\_

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*