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

In the Matter of the Accusation Against:	)	
Isaac M. Minehart, M.D.	)	**Case No. 800-2016-022657**
Physician's and Surgeon's Certificate No. A 44356	)	
Respondent	)	

DECISION

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

This Decision shall become effective at 5:00 p.m. on November 22, 2019.

IT IS SO ORDERED October 24, 2019.

MEDICAL BOARD OF CALIFORNIA

Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
CHRISTINA SEIN GOOT
Deputy Attorney General
State Bar No. 229094
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6481
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Accusation Against: ISAAC M. MINEHART, M.D. P.O. BOX 834 SIERRA MADRE, CA 91024 Physician's and Surgeon's Certificate No. A 44356, Respondent.	Case No. 800-2016-022657 OAH No. 2019010078 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Christina Sein Goot, Deputy Attorney General.

///

///

2. Respondent Isaac M. Minehart, M.D. (Respondent) is represented in this proceeding by attorney Peter Osinoff, Esq., whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071.

3. On or about January 4, 1988, the Board issued Physician's and Surgeon's Certificate No. A 44356 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-022657, and will expire on July 31, 2021, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-022657 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 28, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-022657 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-022657. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

///

CULPABILITY

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2016-022657.

10. Respondent agrees that if he ever petitions for modification of these terms, or if a subsequent Accusation is ever filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2016-022657 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

CONTINGENCY

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

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

///

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

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. A 44356 issued to Isaac M. Minehart, M.D., shall be and is hereby publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Accusation No. 800-2016-022657, is as follows:

"You managed the chronic pain of Patient 1 from April 2014 through April 2016, Patient 2 from November 2015 through October 2016, and Patient 3 from January 2000 through September 2016. During these time periods, you failed to perform urine drug testing on Patients 1, 2, and 3. With respect to Patient 2, you also failed to document your rationale for continuing the patient's prescription for opioids in conjunction with other sedating drugs."

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

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

this Decision.

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

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

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

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

D. FAILURE TO COMPLY. Failure to comply with any of the terms of this Disciplinary Order shall constitute general unprofessional conduct and may serve as grounds for further disciplinary action.

[Signatures on following page]

ACCEPTANCE

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

DATED: 8/23/19

ISAAC M. MINEHART, M.D.
Respondent

I have read and fully discussed with Respondent Isaac M. Minehart, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 8/26/19

PETER OSINOFF, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

CHRISTINA SEIN GOOT
Deputy Attorney General
Attorneys for Complainant

LA2018600629
53632365.docx

ACCEPTANCE

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

DATED: _____ _____
ISAAC M. MINEHART, M.D.
Respondent

I have read and fully discussed with Respondent Isaac M. Minehart, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____ _____
PETER OSINOFF, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 8/26/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

CHRISTINA SEIN GOOT
Deputy Attorney General
Attorneys for Complainant

LA2018600629
53632365.docx

EXHIBIT A

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
RANDALL R. MURPHY
Deputy Attorney General
State Bar No. 165851
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6453
Facsimile: (213) 897-9395
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 28 2018
BY: ANALYST

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

In the Matter of the Accusation Against: Isaac M. Minehart, M.D. P.O. Box 834 Sierra Madre, California 91024 Physician's and Surgeon's Certificate No. A 44356, Respondent.	Case No. 800-2016-022657 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about January 4, 1988, the Medical Board issued Physician's and Surgeon's Certificate Number A 44356 to Isaac M. Minehart, M.D. (Respondent). That 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 July 31, 2019, unless renewed.

///

///

JURISDICTION

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

5. Section 2234 of the Code, states:

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

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the

violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

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

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

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

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

FACTS

Patient 1:[1]

6. Respondent first saw Patient 1 on April 16, 2014, for complaints of left heel pain and low back pain. The patient reported fracturing his heel in 2007. The initial examination showed

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

pain over the Achilles. The diagnosis was an occult fracture of the left heel with sympathetically maintained pain. Respondent's treatment plan was for a diagnostic sympathetic injection on the left heel plus a caudal epidural, along with maintenance of his methadone[2] prescription from a prior treatment provider.

7. Respondent next saw Patient 1 on May 8, 2014, when consideration of a bone scan is noted, although the records do not reflect that the scan was ordered. Respondent took over Patient 1's prescriptions for methadone, #360 from Dr. H., adding Dilaudid,[3] 4 mg #30, on the same date. Patient 1 continued to follow up with Respondent on monthly basis and on July 31, 2014, it was noted that he could function on his Dilaudid/methadone combination.

8. Patient 1 was involved in a motor vehicle accident on September 29, 2014, which he reported to Respondent had increased his back pain. He was diagnosed as having an annular tear in the lumbar disc, along with lumbar facet arthropathy. A lumbar MRI and discogram were considered, although no records that the MRI or the sympathetic injection were ever done.

9. Respondent's medical records for October 29, 2014, indicate that Patient 1 was taking Xanax,[4] although there is no information as to the origin of the prescription. The CURES report reflects that Patient 1 was also taking doxepin[5] for attention deficit disorder.

10. Respondent's notes for March 17, 2015, indicate that Patient 1's Dilaudid frequency was not effective in reducing his pain and the Dilaudid was increased to #60 to increase the frequency of the dose.

11. Respondent's diagnosis on June 30, 2015, changed from sympathetically maintained pain to complex regional pain syndrome. The plan continued to be a sympathetic block. The

---

[2] Methadone, sold under the brand name Dolophine, among others, is an opioid used to treat pain and as maintenance therapy or to help with tapering in people with opioid dependence.

[3] Dilaudid is a narcotic analgesic used to treat moderate to severe pain.

[4] Xanax is an antianxiety agent of the benzodiazepine class, which are any of several similar lipophilic amines used as tranquilizers or sedatives or hypnotics or muscle relaxants; chronic use can lead to dependency.

[5] Doxepin is used to treat depression, anxiety disorders, itchiness, trouble sleeping, and as a second-line treatment of chronic idiopathic urticaria (hives). Its oral formulations are FDA-approved for the treatment of depression, anxiety, and insomnia and its topical formulations are FDA-approved the short-term management (up to 8 days) of atopic dermatitis and lichen simplex chronicus. Whereas in Australia and the UK, the only licensed indication(s) is/are in the treatment of major depression and pruritus in eczema, respectively.

notes indicate that no bone scan had been performed as of November 17, 2015, because Patient 1 could not afford the one-thousand-dollar deductible.

12. Respondent's notes of March 8, 2016, indicate that Patient 1 wanted to get off opioids and Respondent recommended transbuccal buprenorphine.[6] However, notes for April 5, 2016, indicate that Patient 1 needed prior authorization to change the medication regimen so his medications continued to be refilled.

13. Respondent's care of Patient 1 ended after April 5, 2016, when Patient 1 transferred to another physician.

14. Respondent's records do not reflect risk stratification or urine drug screens for Patient 1.

Patient 2:

15. Patient 2 was first seen by Respondent on November 3, 2015, on a referral by Dr. R., who retired. A comprehensive examination and patient history indicated a history of hypothyroidism[7] and a previous cesarean section. Patient 2 reported back pain stemming from a car accident in 1988. Respondent adjusted Patient 2's medications and recommended "a whole body SPECT CT fusion of the neck." Respondent's first prescriptions for Patient 2 for this date were for oxymorphone[8] 10 mg #360, Soma[9] 350 mg #120 and morphine[10] 100 mg #90. A second

---

[6] Buprenorphine is a synthetic opioid agonist-antagonist derived from Thebaine, used in the form of a hydrochloride salt as an analgesic for moderate to severe pain and as an anesthesia adjunct. It is usually administered sublingually or by intramuscular or intravenous injection. Transbuccal means via the cheeks or the mouth cavity.

[7] Hypothyroidism, also called underactive thyroid or low thyroid, is a common disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormone. It can cause a number of symptoms, such as poor ability to tolerate cold, a feeling of tiredness, constipation, depression, and weight gain. Occasionally there may be swelling of the front part of the neck due to goiter. Untreated hypothyroidism during pregnancy can lead to delays in growth and intellectual development in the baby, which is called cretinism.

[8] Oxymorphone (brand names Opana, Numorphan, Numorphone), also known as 14-hydroxydihydromorphinone, is a powerful semi-synthetic opioid analgesic (painkiller) first developed in Germany in 1914, patented in the USA by Endo Pharmaceuticals in 1955 and introduced to the United States market in January 1959.

[9] Soma, also known as carisoprodol, is an analgesic and skeletal muscle relaxant used to relieve symptoms of acute painful skeletomuscular disorders, administered orally.

[10] Morphine is the principal and most active opium alkaloid, an opioid analgesic and respiratory depressant, usually used as a sulfate salt and administered orally, parenterally, or rectally. It is used as an analgesic for relief of severe pain, antitussive, adjunct to anesthesia, and adjunct to treatment of pulmonary edema caused by left ventricular failure. Its use carries with it

physician, Dr. G. continued to provide lorazepam.[11] Respondent stopped the transbuccal fentanyl prescription previously provided by Dr. R.

16. In March 2016, Respondent changed Patient 2's diagnosis to sympathetically maintained pain in the low back and buttocks, indicating that this was the primary diagnosis for Patient 2. However, no examination of the low back or buttocks is reflected in the records and no rationale is provided for that that diagnosis.

17. Respondent continued to see Patient 2 monthly until October 4, 2016, prescribing controlled substances on an ongoing basis. However, Respondent's notes do not reflect the rationale for the maintenance of high dose opioids in conjunction with other sedating drugs. On the final visit with Respondent, Patient 2's prescriptions were for Lyrica,[12] Kadian,[13] oxycodone,[14] gabapentin,[15] Nucynta,[16] Lamictal,[17] Movantik[18] and Synthroid.[19] Respondent's final notes for Patient 2 indicate a diagnoses of cervical and lumbar degenerative disc disease, sympathetically mediated back and buttock pain, opioid induced constipation and history of hypothyroidism.

18. According to the records Respondent did not perform urine drug testing for Patient 2 at any time.

19. Respondent's notes do not clearly identify the legitimate medical purposes for the various medications that were prescribed.

---

the dangers of addiction, as well as drug tolerance. Since morphine is a powerful respiratory depressant, it should be withheld and the patient carefully assessed if the patient's respirations are less than 12 per minute.

[11] Lorazepam is a benzodiazepine derivative used as an antianxiety agent, sedative-hypnotic, pre-anesthetic medication, and anticonvulsant, and as an antiemetic in cancer chemotherapy; administered orally, intravenously, or intramuscularly.

[12] Lyrica is an anticonvulsant used to relieve fibromyalgia and neuropathic pain.

[13] Kadian is extended release morphine sulfate.

[14] Oxycodone is an opioid analgesic derived from morphine; used in the form of the hydrochloride and terephthalate salts, administered orally or rectally.

[15] Gabapentin is an anticonvulsant chemically related to y-aminobutyric acid, used in treatment of partial seizures; administered orally.

[16] Nucynta is a trade name for tapentadol. It is an opioid analgesic.

[17] Lamictal is an anticonvulsant used to treat epilepsy and bipolar disorder.

[18] Movantik is used as a treatment for opioid-caused constipation (OIC) in patients receiving chronic opioids for chronic non-cancer pain when traditional laxatives have failed. It acts peripherally as a mu receptor antagonist, blocking opioid receptors in the GI tract.

[19] Synthroid is a trademark for a preparation of levothyroxine sodium, a thyroid hormone.

Patient 3:

20. Respondent first saw Patient 3 on January 10, 2000, where he reported a history that included a motor vehicle accident at age 17, and complaints of chronic headaches. Respondent's notes include a well-documented, comprehensive examination and note that Patient 3 was currently being prescribed OxyContin[20] at 320 mg per day. Patient 3 was also taking Klonopin[21] 2 mg, at night. The initial exam details previous treatments and evaluations. The primary diagnosis was cervical sprain injury with secondary headaches. Multiple tests were ordered at the initial visit including a chemistry panel, a bone scan, a cervical MRI, a sleep study, glucose testing and allergy testing.

21. Respondent saw Patient 3 approximately every month intermittently for the next several years, during which time Respondent adjusted Patient 3's pain medications in response to changing complaints by Patient 3.

22. On about July 08, 2010, Patient 3 was assaulted by his son-in-law and struck in the face. The notes document pain and difficulty concentrating and difficulty working since this incident. He was seen by neurologist following the assault and Respondent's notes indicate a diagnosis of posttraumatic temporal headaches. Patient 3's complaints related to the assault continue to be mentioned in subsequent notes.

23. On June 25, 2012, Respondent performed a Tl-2 interlaminar epidural steroid injection at Arcadia Surgical Medical Center. Respondent's records from July 2, 2012, indicate that Patient 3 reported fifty per-cent pain relief and the procedure was repeated on July 2, 2012. Subsequent notes indicated that his upper extremity radiculopathy was resolved.

24. On May 6, 2014, Patient 3 was given trigger point injections to the right trapezius.

25. On September 23, 2014, a cervical MRI was done revealing Patient 3's spondylosis and stenosis were worse at C5-6.

///

---

[20] OxyContin is an opioid agonist and Schedule II controlled substance, with abuse potential similar to morphine.

[21] Klonopin is a trademark for a preparation of clonazepam, an anticonvulsant and anti-panic agent.

26. Respondent's notes from December 15, 2015, indicate that Respondent intended to "eventually . . . try to switch to Butrans patch. He is doing quite well and functioning with 200 mg and MS Contin[22] every 8 hours with clonazepam." However, the note does not indicate why transitioning to Butrans was being considered. Respondent's notes also refer to Respondent's intent to refer Patient 3 to Dr. E.F., a neurologist, because of Patient 3's difficulty finding words raising the possibility of a partial complex seizure disorder.

27. An April 5, 2016, note suggests switching Patient 3 to transbuccal buprenorphine. However, no rationale is provided for this change, although the note does mention that Patient 3 has high tolerance and is taking high doses of opioids to control his pain. Respondent's plan, as reflected in his notes, was to eventually convince Patient 3 to switch to buprenorphine and taper off his medications.

28. Respondent's notes of May 31, 2016, indicate a plan was to stop Ambien[23] and switch to Seroquel.[24]

29. On June 28, 2016, Patient 3 again had back and thigh pain after a 15-hour airplane flight.

30. On August 23, 2016, Patient 3 reported too many side effects from Seroquel and asked to go back to Ambien. Instead, Respondent provided Belsomra.[25]

31. On Patient 3's last visit with Respondent on September 20, 2016, Respondent's notes again mention tapering Patient 3 off opioids.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct - repeated negligent acts)

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

---

[22] MS Contin in a morphine sulfate (MS), used for formulation of tablets as well as solutions for parenteral, epidural, or intrathecal injection to relieve pain.

[23] Ambien is a sedative.

[24] Quetiapine, marketed as Seroquel among others, is an atypical antipsychotic used for the treatment of schizophrenia, bipolar disorder, and major depressive disorder.

[25] Belsomra is a trade name for suvorexant, a sedative used for the treatment of insomnia associated with difficulty in sleep onset and/or maintenance.

33. Paragraphs 6 through 31 are incorporated herein by reference as though fully set forth.

34. Respondent failed to perform risk stratification for Patient 1, Patient 2 and Patient 3, which constitutes repeated negligent acts.

35. Respondent prescribed several medications for Patient 2 without documenting a legitimate medical purpose, which constitutes a negligent act.

36. Respondent failed to perform urine testing for Patient 1, Patient 2 and Patient 3, which constitutes repeated negligent acts.

PRAYER

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

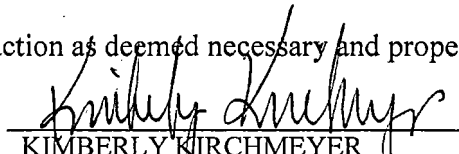
1. Revoking or suspending Physician's and Surgeon's Certificate Number A 44356, issued to Isaac M. Minehart, M.D.;

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

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

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

DATED: June 28, 2018



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

LA2018600629
52861319.docx