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

In the Matter of the Accusation Against:	)	
Diana Jean Hylton, M.D.	)	**Case No. 800-2016-019566**
Physician's and Surgeon's Certificate No. A 41225	)	
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 December 18, 2019.

IT IS SO ORDERED: November 18, 2019.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **DIANA JEAN HYLTON, M.D.** **750 W. Olive Avenue, #105** **Merced, CA 95348** **Physician's and Surgeon's Certificate No. A 41225** Respondent.	Case No. 800-2016-019566 OAH No. 2019020484 **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 Michael C. Brummel, Deputy Attorney General.

2. Respondent Diana Jean Hylton, M.D. (Respondent) is represented in this proceeding by attorney Kevin E. Thelen, whose address is: 5001 East Commercenter Drive, Suite 300 P.O. Box 12092, Bakersfield, CA 93389-2092.

3. On or about October 1, 1984, the Board issued Physician's and Surgeon's Certificate No. A 41225 to Diana Jean Hylton, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-019566, and will expire on February 29, 2020, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-019566 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 4, 2019. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-019566 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. 800-2016-019566. 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 her 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 her; the right to present evidence and to testify on her 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.

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-019566, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges. Respondent agrees that if she ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2016-019566 shall be deemed true, correct and fully admitted by respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

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

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

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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 admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 41225 issued to Respondent Diana Jean Hylton, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to

the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

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

4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical

record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

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12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Kevin E. Thelen. 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: 9/18/19

DIANA JEAN HYLTON, M.D.
Respondent

I have read and fully discussed with Respondent Diana Jean Hylton, 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: 9/23/19

KEVIN E. THELEN
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
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Kevin E. Thelen. 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: _____

DIANA JEAN HYLTON, M.D.
Respondent

I have read and fully discussed with Respondent Diana Jean Hylton, 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: _____

KEVIN E. THELEN
Attorney for Respondent

ENDORSEMENT

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

DATED: September 23, 2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-019566

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Diana Jean Hylton, M.D.** **750 W. Olive Avenue, #105** **Merced, CA 95348** **Physician's and Surgeon's Certificate No. A 41225,** Respondent.	Case No. 800-2016-019566 **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 October 1, 1984, the Medical Board issued Physician's and Surgeon's Certificate No. A 41225 to Diana Jean Hylton, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought

herein and will expire on February 29, 2020, 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, in pertinent part:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring under 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, in pertinent part:

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

"(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.

". . ."

6. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

PERTINENT DRUGS

7. Acetaminophen (Tylenol®) is a pain reliever and a fever reducer. It is used to treat many conditions including headache, muscle aches, arthritis, backache, toothaches, colds, and fevers. Acetaminophen is not a controlled substance.

8. Ambien® (zolpidem tartrate), a centrally acting hypnotic-sedative, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed as indicated, it is used for the short-term treatment of insomnia characterized by difficulties with sleep initiation.

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9. Benzodiazepines are a class of agents that work on the central nervous system, acting on select receptors in the brain that inhibit or reduce the activity of nerve cells within the brain. Valium, diazepam, alprazolam, and temazepam are all examples of benzodiazepines.

10. Carisoprodol (Soma®) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed as indicated, it is used for the treatment of acute and painful musculoskeletal conditions.

11. Demerol® (meperidine) is an opioid pain medication used to treat moderate to severe pain. Meperidine is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

12. Dilaudid® (hydromorphone, Exalgo®, Hydrostat IR®) is an opioid pain medication commonly called a narcotic. It is used to treat moderate to severe pain. Dilaudid can slow or stop the patient's breathing and should not be used in larger amounts or longer periods than prescribed. Dilaudid may be habit-forming and can cause addiction, overdose or death if misused. Dilaudid is a Schedule II controlled substance under Health and Safety Code section 11055, and a Schedule II controlled substance under section 1308.12 of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022.

13. Fentanyl is an opioid skin patch that is used to treat severe chronic pain. Fentanyl has a high potential for abuse. Fentanyl is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022.

14. Gabapentin (Neurontin®) is an anti-epileptic medication also called an anticonvulsant. It affects chemicals and nerves in the body that are involved in the cause of seizures and some types of pain. Gabapentin is a dangerous drug as defined in Section 4022.

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15. Hydrocodone is an opioid pain medication used to treat pain. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

16. Keppra® (levetiracetam) is an anti-epileptic drug, also called an anticonvulsant. Keppra a dangerous drug pursuant to Business and Professions Code section 4022.

17. Lorazepam (Ativan®) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

18. Morphine sulfate (Roxanol®) is a narcotic analgesic used to treat pain. Morphine sulfate is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022.

19. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodon®, Xtampza ER®) is a white odorless crystalline powder derived from an opium alkaloid. Oxycodone is used to treat moderate to severe pain. It is a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of Oxycodone include anxiolysis, euphoria and feelings of relaxation. Oxycodone has a high potential for abuse. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022. Respiratory depression is the chief hazard from all opioid agonist preparations. Oxycodone should be used with caution and started in a reduced dosage (1/3 to ½ of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers and alcohol.

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20. Percocet is a brand name for oxycodone and acetaminophen, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

21. Tramadol (Ultram®) is a narcotic like pain reliever used to treat severe pain. Tramadol has the potential for abuse. Tramadol is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

22. Vicodin® and Norco® are brand names for acetaminophen and hydrocodone bitartrate, a Schedule III controlled substances pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

23. Xanax® (alprazolam) is in the class of benzodiazepine medications. It affects chemicals in the brain that may be unbalanced in people with anxiety. Xanax is used to treat anxiety disorders, panic disorders and anxiety caused by depression. Xanax has the potential for abuse. Xanax is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

24. Respondent has subjected her Physician's and Surgeon's License No. A 41225 to disciplinary action under section 2227, as defined by section 2234, subdivision (b), of the Code, in that she committed act(s) and/or omission(s) constituting gross negligence. The circumstances are as follows:

PATIENT A[1]

25. On or about August 19, 2014, Patient A presented to Respondent for a consultation complaining of severe migraine headaches that were triggering seizures. Respondent's notes indicate that she had previously treated Patient A in 2008. Respondent diagnosed her with

[1] To protect the privacy of patients, individual names are not identified in this Accusation.

chronic migraines and chronic seizures, increased her prescription of Keppra, continued her prescription of Xanax, and added prescriptions for Soma and morphine. Respondent documented that a pain contract as signed, but failed to include it in the medical records.

26. On or about December 2, 2014, Patient A returned to Respondent for refills on her medications. Although Respondent first saw Patient A in 2008 during a consultation, the prescribing suggests that Respondent assumed the role as Patient A's pain management physician prior to 2014. The medical record does not contain a history and physical examination, or any assessment of Patient A's history of substance abuse or psychological function. In fact, Patient A had a longstanding history of opiate use. Respondent admitted that she did not obtain any information from Patient A during this visit regarding her past medical history, past surgical history, past psychiatric history, past history of possible drug abuse, family history, social history, systems review or other elements of the history and physical. Respondent admitted that she only became aware of Patient A's history of narcotic abuse after learning about Patient A's arrest in a local newspaper. Respondent stated that Patient A had tested positive for methamphetamines, but she continued to prescribe controlled substances after Patient A promised that she would stop using methamphetamines.

27. Respondent concurrently prescribed opiates and multiple sedatives to Patient A. Respondent did not document any discussions with Patient A related to informed consent; however, Respondent told investigators that she discussed the risk of respiratory depression or death with Patient A "many times."

28. According to the CURES[2] report for Patient A, during the period from on or about October 13, 2015, through on or about December 28, 2015, Patient A filled the following prescriptions for controlled substances:

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[2] Controlled Substance Utilization Review and Evaluation System 2.0 (CURES) is a database of Schedule II, III and IV controlled substance prescriptions dispensed in California serving the public health, regulatory and oversight agencies and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2015-10-13	MORPHINE SULFATE	20 MG	12	HYLTON, DIANA J (MD)
2015-10-13	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2015-10-15	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2015-11-05	PERCOCET	325 MG-5 MG	60	R.K. (MD)
2015-11-05	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2015-11-10	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2015-11-12	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2015-12-04	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2015-12-08	MORPHINE SULFATE	20 MG	12	HYLTON, DIANA J (MD)
2015-12-10	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2015-12-12	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2015-12-15	PERCOCET	325 MG-10 MG	30	R.K. (MD)
2015-12-28	SOMA	350 MG	60	HYLTON, DIANA J (MD)

29. According to the CURES report for Patient A, during the period from on or about January 8, 2016, through on or about December 27, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-01-08	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2016-01-12	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2016-01-12	MORPHINE SULFATE	20 MG	12	HYLTON, DIANA J (MD)
2016-01-12	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2016-01-12	PERCOCET	325 MG-10 MG	20	R.K. (MD)
2016-01-20	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-02-06	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2016-02-08	PERCOCET	325 MG-10 MG	30	R.K. (MD)
2016-02-11	CHERATUSSIN AC	10 MG/5 ML-100 MG/5 ML	120	D.M. (MD)
2016-02-11	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2016-02-19	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-03-04	PERCOCET	325 MG-5 MG	20	R.K. (MD)
2016-03-08	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2016-03-08	MORPHINE SULFATE	20 MG	12	HYLTON, DIANA J (MD)
2016-03-08	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2016-03-17	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-04-06	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2016-04-06	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2016-04-10	VICODIN	325 MG-5 MG	20	E.W. (MD)
2016-04-14	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-05-04	VICODIN	325 MG-5 MG	10	P.W. (DDS)
2016-05-04	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-05-04	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2016-05-10	MORPHINE SULFATE	20 MG	12	HYLTON, DIANA J (MD)
2016-05-12	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-06-02	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2016-06-02	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2016-06-11	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-07-02	XANAX	0.5 MG	60	HYLTON, DIANA J (MD)
2016-07-02	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2016-07-13	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-07-21	MORPHINE SULFATE	20 MG	15	R.C. (MD)
2016-07-28	MORPHINE SULFATE	20 MG	12	HYLTON, DIANA J (MD)
2016-07-30	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2016-08-11	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-08-30	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2016-08-30	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2016-09-09	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-10-01	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2016-10-07	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-10-31	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2016-11-04	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-11-28	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2016-12-02	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-12-27	MORPHINE SULFATE	30 MG	12	HYLTON, DIANA J (MD)
2016-12-27	XANAX	1 MG	30	HYLTON, DIANA J (MD)

30. According to the CURES report for Patient A, during the period from on or about January 5, 2017, through on or about December 26, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2017-01-05	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-01-24	MORPHINE SULFATE	30 MG	12	HYLTON, DIANA J (MD)
2017-01-24	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-01-24	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-02-02	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-02-21	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-02-24	PERCOCET	325 MG-5 MG	15	P.W. (DDS)
2017-02-26	VICODIN	325 MG-5 MG	30	R.B. (MD)
2017-03-01	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-03-02	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-03-14	MORPHINE SULFATE	30 MG	12	HYLTON, DIANA J (MD)
2017-03-14	XANAX	1 MG	60	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2017-03-23	SOMA	350 MG	75	HYLTON, DIANA J (MD)
2017-04-05	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-04-12	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-04-12	MORPHINE SULFATE	30 MG	12	HYLTON, DIANA J (MD)
2017-04-21	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-05-04	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-05-10	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-05-19	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-06-02	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-06-09	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-06-17	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-07-08	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-07-08	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-07-16	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-07-25	MORPHINE SULFATE	30 MG	12	HYLTON, DIANA J (MD)
2017-08-07	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-08-24	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-08-24	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-09-05	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-09-20	MORPHINE SULFATE	30 MG	12	HYLTON, DIANA J (MD)
2017-09-20	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-09-28	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-10-02	HYDROCODONE BITARTRATE-ACETAMINOPHE	325 MG-5 MG	12	I.V. (MD)
2017-10-03	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-10-18	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-10-27	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-11-03	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-11-14	MORPHINE SULFATE	30 MG	12	HYLTON, DIANA J (MD)
2017-11-17	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-11-27	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2017-11-29	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2017-12-14	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-12-26	XANAX	1 MG	30	HYLTON, DIANA J (MD)

31. According to the CURES report for Patient A, during the period from on or about January 4, 2018, through on or about September 13, 2018, Patient A filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2018-01-04	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2018-01-12	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-01-23	MORPHINE SULFATE	30 MG	30	HYLTON, DIANA J (MD)
2018-01-26	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2018-02-09	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-02-09	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2018-02-20	VICODIN	325 MG-5 MG	12	T.C. (MD)
2018-02-26	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2018-03-09	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2018-03-09	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-03-26	XANAX	1 MG	30	HYLTON, DIANA J (MD)
2018-03-28	MORPHINE SULFATE	30 MG	30	HYLTON, DIANA J (MD)
2018-04-06	XANAX	1 MG	60	HYLTON, DIANA J (MD)
2018-04-09	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-05-04	XANAX	1 MG	60	HYLTON, DIANA J (MD)
2018-05-09	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-06-06	XANAX	1 MG	60	HYLTON, DIANA J (MD)
2018-06-08	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-07-06	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-07-06	XANAX	1 MG	60	HYLTON, DIANA J (MD)
2018-07-23	VICODIN	325 MG-5 MG	20	T.F. (MD)
2018-08-27	PERCOCET	325 MG-5 MG	20	A.S. (MD)
2018-08-29	PERCOCET	325 MG-10 MG	40	S.T. (MD)
2018-09-09	VICODIN	325 MG-10 MG	30	N.D. (MD)
2018-09-13	PERCOCET	325 MG-10 MG	60	S.T. (MD)

32. Respondent did not document an adequate physical examination of Patient A prior to prescribing controlled substances. Respondent's documentation was cursory, and frequently failed to document a chief complaint or any evidence of a physical examination. Respondent did not document any effort to elicit information from Patient A regarding a prior history of substance abuse prior to prescribing controlled substances. Respondent did not conduct a risk evaluation for Patient A, obtain a signed treatment agreement, develop a treatment plan with objectives, or review the risk of taking opiates with the patient.

33. Respondent failed to develop a treatment plan prior to prescribing controlled substances to Patient A. Respondent did not identify objectives by which the treatment plan could be evaluated, such as pain relief and/or improved physical and psychosocial function, or indicate if any further diagnostic evaluations or other treatments were planned.

34. Respondent did not provide and/or document informed consent to Patient A prior to prescribing controlled substances. Respondent did not provide informed consent regarding the risk of controlled substances, the risk of medication interactions, the risk of overdose, provide warnings about driving while taking controlled substances, the dangers of residing with children while taking controlled substances or the danger of becoming pregnant while taking controlled substances.

35. Respondent failed to document and/or conduct a periodic review of the course of pain treatment for Patient A. Respondent failed to document adequate information about the etiology of Patient A's pain and her state of health. Respondent continued to prescribe Patient A controlled substances for pain management, despite evaluating her progress towards specific treatment objectives. Respondent failed to assess the appropriateness of the continued use of controlled substances as a part of the treatment plan for Patient A, and failed to consider the use of non-opiate therapeutic modalities.

STANDARD OF CARE

36. History and Physical Examination. The standard of care requires that a medical history and physical examination be performed on a patient prior to prescribing controlled substances. The physical examination includes an assessment of the pain; physical and psychological function; a substance abuse history; history of prior pain treatment; an assessment of underlying or coexisting diseases or conditions; and documentation of the presence of a recognized medical indication for the use of a controlled substance. The patient may require a referral to one or more consulting physicians. In continuing care situations for chronic pain management, the physician and surgeon should have a more extensive evaluation of the history, past treatment, diagnostic tests and physical exam.

37. Treatment Plan and Objectives. The standard of care requires a physician to develop a treatment plan prior to prescribing controlled substances to a patient. The treatment plan should state objectives by which the treatment plan can be evaluated, such as pain relief and/or improved physical and psychosocial function, and indicate if any further diagnostic evaluations or other treatments are planned. The physician and surgeon should tailor pharmacological therapy to the

individual medical needs of each patient. Multiple treatment modalities and/or a rehabilitation program may be necessary if the pain is complex or is associated with physical and psychosocial impairment. Physicians and surgeons may use control of pain, increase in function, and improved quality of life as criteria to evaluate the treatment plan. When the patient is requesting opioid medications for their pain and inconsistencies are identified in the patient's history, presentation, behavior or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision.

38. Informed Consent. The standard of care requires a physician and surgeon to discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document the patient's education, the treatment plan, and the informed consent. Patient, guardian, and caregiver attitudes about medicines may influence the patient's use of medications for relief from pain.

39. Periodic Review. The physician and surgeon should periodically review the course of pain treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluations of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician and surgeon should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. Patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment.

40. Pain Management Agreement. Also known as a pain contract or controlled substance agreement. A pain management agreement is recommended for patients on short-acting opioids at the time of the third visit; on long acting opioids; or, expected to require more than three months of opioids. A pain management agreement outlines the responsibilities of the physician

and patient during the time that controlled substances are prescribed. See Medical Board of California: Guidelines for Prescribing Controlled Substances for Pain, November 2014.

41. Records. The standard of care requires that the physician and surgeon keep accurate and complete records, including the medical history and physical examination, other evaluations and consultations, treatment plan objectives, informed consent, treatments, medications, rationale for changes in the treatment plan or medications, agreements with the patient, and periodic reviews of the treatment plan. The physician and surgeon should document a periodic review should be done at least annually or more frequently as warranted. Pain levels, levels of function, and quality of life should be documented. Medical documentation should include both subjective complaints of patient and caregiver, and objective findings by the physician.

DEPARTURES

42. Respondent committed gross negligence in the care and treatment of Patient A, which included, but was not limited to the following:

A. Paragraphs 25 through 35 are hereby incorporated by reference as if fully set forth herein;

B. Respondent failed to perform and/or document a periodic review during the time that she prescribed controlled substances to Patient A, which constitutes gross negligence.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

43. Respondent has subjected her Physician's and Surgeon's License No. A 41225 to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code, in that she committed multiple acts and/or omissions constituting negligence. The circumstances are as follows:

PATIENTS

PATIENT A

44. Paragraphs 25 through 35 relating to Patient A, are hereby incorporated by reference as if fully set forth herein.

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PATIENT B

45. On or about January 6, 2004, Patient B first presented to Respondent for treatment after experiencing changes in her vision related to benign intracranial hypertension, degenerative spine disease and intermittent headaches. Patient B's history included lumbar disc herniation and severe migraines. Respondent concluded that her headaches and visual disturbances caused by migraines. Patient B subsequently underwent a neck surgery, but it was unsuccessful in eliminating her pain. Respondent referred her to an interventional pain management specialist in 2011 for epidural injections, followed by a December 21, 2011 referral to a separate pain management clinic.

46. On or about December 17, 2012, Patient B provided a urine sample for a quantitative drug analysis. Patient B tested positive for hydrocodone, dihydrocodeine, meperidine, normeperidine, and meprobamate. Respondent stated that the levels "were very high," so she contacted the lab director to discuss the results. Ultimately, Respondent concluded that the results were consistent with the medications that she was prescribing.

47. Respondent referred Patient B for epidural steroid injections on multiple occasions. Respondent was unable to recall ever communicating with Patient B's primary care physician about the care he provided to Patient B. Respondent stated that she does not provide notes or updates to Patient B's primary care physician on a routine basis. Respondent did not provide and/or document a periodic review of the care provided to Patient B during the time she prescribed controlled substances.

48. Respondent provided Patient B with near monthly prescriptions for Vicodin 325 mg/10 mg (#180), Demerol 100 mg (#240), and Soma 350 mg (#120). Respondent repeatedly prescribed multiple opiates, Demerol and Vicodin, concomitantly in addition to prescriptions for the muscle relaxant Soma. Respondent explained that "Demerol relieves her migraine, but it does not help her spine pain. And oxycodone relieves her spine pain." According to the CURES report for Patient B, during the period from on or about October 9, 2015, through on or about December 21, 2015, Patient B filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2015-10-09	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2015-10-22	DEMEROL	100 MG	240	HYLTON, DIANA J (MD)
2015-10-26	SOMA	350 MG	120	HYLTON, DIANA J (MD)
2015-11-06	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2015-11-20	DEMEROL	100 MG	240	HYLTON, DIANA J (MD)
2015-11-23	SOMA	350 MG	120	HYLTON, DIANA J (MD)
2015-12-04	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2015-12-17	DEMEROL	100 MG	240	HYLTON, DIANA J (MD)
2015-12-21	SOMA	350 MG	120	HYLTON, DIANA J (MD)

49. During 2016, Respondent repeatedly prescribed Patient B multiple opiates, Demerol and Vicodin concomitantly, in addition to prescriptions for the muscle relaxant Soma. According to the CURES report for Patient B, during the period from on or about January 1, 2016, through on or about December 27, 2016, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-01-01	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2016-01-13	DEMEROL	100 MG	240	HYLTON, DIANA J (MD)
2016-01-18	SOMA	350 MG	120	HYLTON, DIANA J (MD)
2016-01-29	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2016-02-12	DEMEROL	100 MG	240	HYLTON, DIANA J (MD)
2016-02-15	SOMA	350 MG	120	HYLTON, DIANA J (MD)
2016-02-26	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2016-03-04	OXYCONTIN[3]	40 MG	120	HYLTON, DIANA J (MD)
2016-03-11	DEMEROL	100 MG	240	HYLTON, DIANA J (MD)
2016-03-14	SOMA	350 MG	120	HYLTON, DIANA J (MD)
2016-03-21	OXYCODONE HCL	10 MG	90	HYLTON, DIANA J (MD)
2016-04-11	OXYCODONE HCL	10 MG	240	HYLTON, DIANA J (MD)
2016-04-11	SOMA	350 MG	120	HYLTON, DIANA J (MD)
2016-04-23	DEMEROL	100 MG	240	HYLTON, DIANA J (MD)
2016-05-09	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2016-05-11	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2016-06-07	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2016-06-08	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2016-07-06	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2016-07-06	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2016-08-02	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2016-08-03	SOMA	350 MG	90	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-08-22	DEMEROL	100 MG	60	HYLTON, DIANA J (MD)
2016-08-29	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2016-08-31	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2016-09-20	DEMEROL	100 MG	30	HYLTON, DIANA J (MD)
2016-09-27	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2016-09-28	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2016-10-26	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2016-10-28	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2016-11-18	DEMEROL	100 MG	100	HYLTON, DIANA J (MD)
2016-11-22	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2016-11-28	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2016-12-21	DEMEROL	100 MG	100	HYLTON, DIANA J (MD)
2016-12-21	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2016-12-27	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)

50. During 2017, Respondent repeatedly prescribed Patient B multiple opiates, Demerol and Vicodin, concomitantly in addition to prescriptions for the muscle relaxant Soma. According to the CURES report for Patient B, during the period from on or about January 16, 2017, through on or about December 22, 2017, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2017-01-16	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-01-20	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-01-26	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-02-14	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-02-16	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-02-24	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-03-14	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-03-16	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-03-24	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-04-12	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-04-13	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-04-24	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-05-10	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-05-11	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-05-24	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-06-06	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-06-12	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-06-23	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2017-06-24	VICODIN	325 MG-10 MG	60	HYLTON, DIANA J (MD)
2017-07-02	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-07-11	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-07-21	VICODIN	325 MG-10 MG	60	HYLTON, DIANA J (MD)
2017-07-24	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-07-27	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-08-14	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2017-08-23	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-08-29	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-09-06	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-09-12	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2017-09-22	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-09-22	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-10-06	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-10-12	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2017-10-23	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-10-26	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-11-07	DEMEROL	100 MG	120	HYLTON, DIANA J (MD)
2017-11-22	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2017-11-24	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-12-21	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2017-12-22	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)

51. During 2018, Respondent repeatedly prescribed Patient B multiple opiates, Demerol and Vicodin, concomitantly in addition to prescriptions for the muscle relaxant Soma. According to the CURES report for Patient B, during the period from on or about January 22, 2018, through on or about September 21, 2018, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2018-01-22	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2018-01-23	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2018-02-20	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2018-02-21	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2018-03-21	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2018-03-23	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2018-04-19	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2018-04-23	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2018-05-19	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2018-05-23	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty.	Prescriber Name
2018-06-17	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2018-06-22	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2018-07-10	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2018-07-16	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2018-07-23	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2018-08-08	SOMA	350 MG	120	HYLTON, DIANA J (MD)
2018-08-22	OXYCODONE HCL	10 MG	360	HYLTON, DIANA J (MD)
2018-09-05	SOMA	350 MG	120	HYLTON, DIANA J (MD)
2018-09-21	OXYCODONE HCL	10 MG	240	HYLTON, DIANA J (MD)

52. Respondent failed to document and/or conduct a periodic review of the course of pain treatment for Patient B. Respondent prescribed Patient B controlled substances, but did not review the course of pain treatment or identify significant changes in the etiology of Patient B's pain or state of health. Respondent did not identify specific treatment objectives for Patient B in order to evaluate her progress while using controlled substances. Respondent failed to see Patient B on a regular basis to assess her progress toward specific treatment objectives. Respondent failed to document changes in Patient B's pain, level of function, or quality of life. Respondent did not contact any family members or other caregivers to assess Patient B's response to treatment with controlled substances. Respondent did not assess the appropriateness of the continued use of controlled substances for Patient B, and did not document consideration of the use of other therapeutic modalities to treat Patient B's pain.

PATIENT C

53. On or about September 15, 2000, Patient C presented to Respondent with a history of seizures. Patient C had a history of osteochondrosis, cerebral palsy, and numerous allergies. Patient C received numerous pain medications from other providers prior to the time that Respondent assumed responsibility for her pain management.

54. On or about August 1, 2014, Respondent assumed responsibility for Patient C's pain management related to her musculoskeletal pain and migraines. Respondent's medical records related to Patient C's treatment were both scant and difficult to interpret.

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55. On or about April 20, 2015, Patient C presented to Respondent for care. Respondent did not document a chief complaint or a physical examination. Respondent prescribed Patient C Hydrocodone 10 mg / 325 mg (#180).

56. According to the CURES report for Patient C, during the period from on or about October 21, 2015, through on or about December 20, 2015, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2015-10-21	TEMAZEPAM	30 MG	30	HYLTON, DIANA J (MD)
2015-10-22	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2015-11-10	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2015-11-21	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2015-12-14	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2015-12-20	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)

57. According to the CURES report for Patient C, on or about January 19, 2016, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-01-19	VICODIN	325 MG-10 MG	180	HYLTON, DIANA J (MD)
2016-01-19	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)

58. Respondent did not document an adequate physical examination of Patient C prior to prescribing controlled substances. Respondent's documentation was cursory, and frequently failed to document a chief complaint or any evidence of a physical examination. Respondent did not document any effort to elicit information from Patient C regarding a prior history of substance abuse prior to prescribing controlled substances.

59. Respondent failed to develop a treatment plan prior to prescribing controlled substances to Patient C. Respondent did not identify objectives by which the treatment plan could be evaluated, such as pain relief and/or improved physical and psychosocial function, or indicate if any further diagnostic evaluations or other treatments were planned.

60. Respondent did not provide and/or document informed consent to Patient C prior to prescribing controlled substances. Respondent did not provide informed consent regarding the risk of controlled substances, the risk of medication interactions, the risk of overdose, provide

warnings about driving while taking controlled substances, the dangers of residing with children while taking controlled substances or the danger of becoming pregnant while taking controlled substances.

61. Respondent failed to document and/or conduct a periodic review of the course of pain treatment for Patient C. Respondent failed to document adequate information about the etiology of Patient C's pain and her state of health. Respondent continued to prescribe Patient C controlled substances for pain management, despite evaluating her progress towards specific treatment objectives. Respondent failed to assess the appropriateness of the continued use of controlled substances as a part of the treatment plan for Patient C, and failed to consider the use of non-opiate therapeutic modalities. Respondent continued to prescribe Patient C benzodiazepines and opiates concurrently, despite failing to conduct a periodic review of her course of pain treatment.

PATIENT D

62. On or about sometime in 2003, Patient D first presented to Respondent with a history of multiple orthopedic complaints, ulnar neuropathy, migraines, and lumbar degenerative disease. Respondent prescribed Demerol and diazepam to Patient D as needed.

63. On or about May 22, 2013, Patient D presented to Respondent complaining of pain in his neck, headaches, pain in his hands and wrists, and numbness in his elbows.

64. On or about October 21, 2013, Respondent's plan was to withdraw Patient D from Dilaudid and diazepam. Respondent documented communications with Patient D's wife. According to Patient D's wife, Patient D had recently received a stent in his heart and was prescribed a high dose of Dilaudid at the hospital. Patient D's wife reported that Patient D discontinued the Dilaudid due to constipation, but began to experience symptoms of withdrawal and high blood pressure. Respondent stated that she did not perform a neurologic examination, and that Patient D's blood pressure was normal during the visit to the office.

65. According to the CURES report for Patient D, during the period from on or about October 12, 2015, through on or about December 23, 2015, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2015-10-12	VICODIN	325 MG-10 MG	90	HYLTON, DIANA J (MD)
2015-10-21	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)
2015-10-27	FENTANYL TRANSDERMAL SYSTEM	25 MCG/1 HR	10	HYLTON, DIANA J (MD)
2015-10-27	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2015-11-23	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)
2015-11-25	SOMA	350 MG	90	HYLTON, DIANA J (MD)
2015-12-14	FENTANYL TRANSDERMAL SYSTEM	25 MCG/1 HR	10	HYLTON, DIANA J (MD)
2015-12-14	VICODIN	325 MG-10 MG	90	HYLTON, DIANA J (MD)
2015-12-14	DILAUDID	4 MG	30	HYLTON, DIANA J (MD)
2015-12-18	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2015-12-23	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)

66. According to the CURES report for Patient D, during the period from on or about January 18, 2016, through on or about December 15, 2016, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-01-18	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-01-28	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)
2016-02-02	VICODIN	325 MG-10 MG	120	HYLTON, DIANA J (MD)
2016-02-02	DILAUDID	4 MG	45	HYLTON, DIANA J (MD)
2016-02-12	AMBIEN	5 MG	30	HYLTON, DIANA J (MD)
2016-02-25	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)
2016-03-28	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)
2016-04-04	VICODIN	325 MG-10 MG	120	HYLTON, DIANA J (MD)
2016-04-04	FENTANYL TRANSDERMAL SYSTEM	25 MCG/1 HR	10	HYLTON, DIANA J (MD)
2016-04-15	DILAUDID	4 MG	45	HYLTON, DIANA J (MD)
2016-04-17	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-04-26	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)
2016-05-17	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-05-25	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)
2016-06-17	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-06-21	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)
2016-06-27	DILAUDID	2 MG	40	HYLTON, DIANA J (MD)
2016-07-14	MORPHINE SULFATE	15 MG	20	T.P.
2016-07-17	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-07-29	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2016-08-20	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-08-23	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-08-26	DILAUDID	2 MG	30	HYLTON, DIANA J (MD)
2016-08-26	VICODIN	325 MG-10 MG	90	HYLTON, DIANA J (MD)
2016-09-14	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2016-09-20	DIAZEPAM	10 MG	60	HYLTON, DIANA J (MD)
2016-10-26	VICODIN	325 MG-10 MG	90	HYLTON, DIANA J (MD)
2016-10-28	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-11-18	SOMA	350 MG	270	HYLTON, DIANA J (MD)
2016-12-15	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)

67. According to the CURES report for Patient D, during the period from on or about January 25, 2017, through on or about December 20, 2017, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2017-01-25	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-02-27	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-03-01	MORPHINE SULFATE	15 MG	30	HYLTON, DIANA J (MD)
2017-03-31	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-04-11	VICODIN	325 MG-10 MG	90	HYLTON, DIANA J (MD)
2017-04-29	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-05-29	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-06-02	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-06-12	DILAUDID	2 MG	90	HYLTON, DIANA J (MD)
2017-06-29	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-07-25	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-08-02	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-08-04	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-08-18	VICODIN	325 MG-10 MG	90	HYLTON, DIANA J (MD)
2017-10-05	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-12-20	SOMA	350 MG	60	HYLTON, DIANA J (MD)

68. Respondent did not document an adequate physical examination of Patient D prior to prescribing controlled substances. Respondent's documentation was cursory, and frequently failed to document a chief complaint or any evidence of a physical examination. Respondent did not document any effort to elicit information from Patient D regarding a prior history of substance abuse prior to prescribing controlled substances. Respondent did not conduct a risk evaluation for Patient D, obtain a signed treatment agreement, develop a treatment plan with objectives, or review the risk of taking opiates with the patient.

69. Respondent did not provide and/or document informed consent to Patient D prior to prescribing controlled substances. Respondent did not provide informed consent regarding the risk of controlled substances, the risk of medication interactions, the risk of overdose, provide warnings about driving while taking controlled substances, or the dangers of residing with children while taking controlled substances.

70. Respondent failed to document and/or conduct a periodic review of the course of pain treatment for Patient D. Respondent failed to document adequate information about the etiology of Patient D's pain and his state of health. Respondent continued to prescribe Patient D controlled substances for pain management, despite failing to evaluating his progress towards specific treatment objectives. Respondent failed to assess the appropriateness of the continued use of controlled substances as a part of the treatment plan for Patient D, and failed to consider the use of non-opiate therapeutic modalities.

71. Respondent failed to keep accurate and complete records relating to the care provided to Patient D. Respondent failed to adequately document the medical history and physical examination, evaluations and consultations, treatment plan objectives, informed consent, treatments, medications, rationale for changes in the treatment plan or medications, agreements with the patient, and periodic reviews of the treatment plan. Respondent failed to document a periodic review of Patient D's treatment as appropriate. Respondent failed to adequately document Patient D's pain levels, levels of function, and quality of life. Respondent failed to adequately document Patient D's subjective complaints, complaints made by Patient D's caregiver(s), or objective findings by the physician.

PATIENT E

72. On or about March 6, 2009, Patient E presented to Respondent with a history of neck pain and arthritis.

73. On or about March 20, 2009, Respondent wrote in the medical records that Patient E should restrict her driving.

74. On or about November 15, 2015, Patient E called Respondent and requested a prescription of Phenergan or promethazine for nausea because she was unable to get it from her

primary care physician. Respondent provided the prescription, but did not know why Patient E was experiencing nausea.

75. According to the CURES report for Patient E, during the period from on or about October 12, 2015, through on or about December 23, 2015, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2015-10-12	VICODIN	325 MG-7.5 MG	60	HYLTON, DIANA J (MD)
2015-10-12	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2015-11-09	DIAZEPAM	5 MG	60	HYLTON, DIANA J (MD)
2015-11-15	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2015-12-04	DIAZEPAM	5 MG	60	HYLTON, DIANA J (MD)
2015-12-09	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2015-12-14	VICODIN	325 MG-10 MG	60	HYLTON, DIANA J (MD)
2015-12-23	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)

76. On or about June 27, 2016, Respondent provided Patient E a recommendation for the use of medical marijuana in addition to the monthly prescriptions for controlled substances.

77. According to the CURES report for Patient E, during the period from on or about January 8, 2016, through on or about December 26, 2016, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-01-08	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-01-13	DIAZEPAM	5 MG	60	HYLTON, DIANA J (MD)
2016-01-15	TRAMADOL HCL	50 MG	30	HYLTON, DIANA J (MD)
2016-01-20	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-02-02	VICODIN	325 MG-10 MG	120	HYLTON, DIANA J (MD)
2016-02-06	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-02-09	DIAZEPAM	5 MG	60	HYLTON, DIANA J (MD)
2016-02-19	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-03-08	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-03-30	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-04-04	VICODIN	325 MG-10 MG	120	HYLTON, DIANA J (MD)
2016-04-07	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-04-27	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-05-09	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-05-27	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-06-17	SOMA	350 MG	60	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-06-29	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-07-10	VICODIN	325 MG-10 MG	120	HYLTON, DIANA J (MD)
2016-07-17	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-08-11	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-08-25	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-08-26	TRAMADOL HCL	50 MG	120	HYLTON, DIANA J (MD)
2016-08-26	VICODIN	325 MG-10 MG	120	HYLTON, DIANA J (MD)
2016-09-25	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-09-25	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-10-24	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-10-24	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-10-25	VICODIN	325 MG-5 MG	12	NURSE PRACTITIONER
2016-11-04	VICODIN	325 MG-10 MG	120	HYLTON, DIANA J (MD)
2016-11-21	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-11-21	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2016-11-23	SOMA	350 MG	180	HYLTON, DIANA J (MD)
2016-12-02	VICODIN	325 MG-10 MG	60	HYLTON, DIANA J (MD)
2016-12-26	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)

78. According to the CURES report for Patient E, during the period from on or about January 27, 2017, through on or about December 28, 2017, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2017-01-27	VICODIN	325 MG-10 MG	60	HYLTON, DIANA J (MD)
2017-01-27	SOMA	350 MG	270	HYLTON, DIANA J (MD)
2017-01-27	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-03-09	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)
2017-03-25	VICODIN	325 MG-10 MG	60	HYLTON, DIANA J (MD)
2017-06-16	VICODIN	325 MG-10 MG	60	HYLTON, DIANA J (MD)
2017-08-18	VICODIN	325 MG-10 MG	60	HYLTON, DIANA J (MD)
2017-12-28	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-12-28	DIAZEPAM	10 MG	30	HYLTON, DIANA J (MD)

79. Respondent did not provide and/or document informed consent to Patient E prior to prescribing controlled substances. Respondent did not provide informed consent regarding the risk of controlled substances, the risk of medication interactions, the risk of overdose, provide warnings about driving while taking controlled substances, the dangers of residing with children

while taking controlled substances or the danger of becoming pregnant while taking controlled substances.

80. Respondent failed to document and/or conduct a periodic review of the course of pain treatment for Patient E. Respondent failed to document adequate information about the etiology of Patient E's pain and her state of health. Respondent continued to prescribe Patient E controlled substances for pain management, despite evaluating her progress towards specific treatment objectives. Respondent failed to assess the appropriateness of the continued use of controlled substances as a part of the treatment plan for Patient E, and failed to consider the use of non-opiate therapeutic modalities.

PATIENT F

81. On or about June 12, 2012, Patient F first presented to Respondent for neck pain that was causing a shooting pain down her left arm. Respondent diagnosed her with probable early cervical myelopathy, ordered an MRI, and increased her prescription of gabapentin.

82. On or about June 25, 2013, Patient F returned to Respondent for treatment complaining of increased pain. Respondent documented that Patient F was seeing another physician for pain management and currently taking morphine and Soma. Respondent advised her to follow up as needed and continue treatment with her pain management physician.

83. By 2015, Respondent had assumed the role as Patient F's physician for pain management. Respondent documented a complicated history for Patient F that included migraines, bilateral wrist pain and numbness, degenerative spine disease, fibromyalgia, chronic fatigue syndrome, and depression. Patient F struggled with weight control and had previously undergone a gastric bypass surgery. Respondent stated that she would usually only document abnormal findings after the first visit with a patient. Respondent did not document a neurological examination; however, she stated that even if she had done a neurological examination, she would not have documented it in the medical records. Respondent's treatments for Patient F included prescriptions for pain medications, epidural injections, and referrals for physical therapy.

84. Respondent claims that she examined Patient F at each visit to determine whether her pain was better or worse, but failed to document this in the medical records. Respondent

admitted that she only evaluated Patient F's range of motion, neurologic function, grip strength, and reflex loss every three or four months unless there was a specific complaint that required an evaluation. Respondent stated that Patient F was not a surgical candidate, but did not refer her to a neurosurgeon for a consultation.

85. Respondent stated that the medications prescribed were able to control Patient F's pain. Respondent's records for Patient F do not contain any evidence of drug tests; however, Respondent claimed that she required Patient F to participate in a drug test once each year and twice in 2018. Respondent did not document obtaining or reviewing the CURES report for Patient F, to ensure that she was not obtaining controlled substances from other providers.

86. According to the CURES report for Patient F, during the period from on or about October 13, 2015, through on or about December 8, 2015, Patient F filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2015-10-13	LORAZEPAM	1 MG	90	T.B. (MD)
2015-10-21	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2015-11-09	LORAZEPAM	1 MG	90	T.B. (MD)
2015-11-18	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2015-12-07	LORAZEPAM	1 MG	90	T.B. (MD)
2015-12-08	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2015-12-08	OXYCODONE HCL	30 MG	90	HYLTON, DIANA J (MD)

87. On or about October 11, 2016, Respondent provided Patient F a prescription for phentermine to aid in her weight loss. Respondent continued to prescribe multiple controlled substances to Patient F on a monthly basis.

88. According to the CURES report for Patient F, during the period from on or about January 4, 2016, through on or about December 28, 2016, Patient F filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-01-04	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-01-19	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-02-01	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-02-09	OXYCODONE HCL	30 MG	90	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2016-02-10	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2016-02-19	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-02-28	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-03-27	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-04-12	OXYCODONE HCL	30 MG	90	HYLTON, DIANA J (MD)
2016-04-12	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2016-04-25	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-05-24	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-05-29	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-06-14	OXYCODONE HCL	30 MG	90	HYLTON, DIANA J (MD)
2016-06-14	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2016-06-21	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-07-29	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-08-09	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2016-08-09	OXYCODONE HCL	30 MG	90	HYLTON, DIANA J (MD)
2016-08-28	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-09-25	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-10-11	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2016-10-11	OXYCODONE HCL	30 MG	90	HYLTON, DIANA J (MD)
2016-10-11	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2016-10-23	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-11-21	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2016-11-21	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-12-14	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2016-12-19	LORAZEPAM	1 MG	90	HYLTON, DIANA J (MD)
2016-12-19	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2016-12-27	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2016-12-28	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)

89. According to the CURES report for Patient F, during the period from on or about January 16, 2017, through on or about December 14, 2017, Patient F filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2017-01-16	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-01-16	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-01-25	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-02-14	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2017-02-15	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-02-22	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-03-15	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-03-15	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2017-03-25	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-04-09	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-04-16	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-04-22	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-04-25	MORPHINE SULFATE	15 MG	30	HYLTON, DIANA J (MD)
2017-04-25	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2017-05-12	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-05-17	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-05-20	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-05-24	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2017-05-25	MORPHINE SULFATE	15 MG	30	HYLTON, DIANA J (MD)
2017-06-11	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-06-14	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-06-19	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-06-20	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2017-07-04	VICODIN	325 MG-5 MG	15	J.L. (DO)
2017-07-07	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	36	HYLTON, DIANA J (MD)
2017-07-10	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-07-11	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2017-07-15	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-07-17	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-07-28	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2017-08-09	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-08-11	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2017-08-14	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-08-14	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-09-04	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2017-09-08	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-09-12	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2017-09-13	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-09-13	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-10-06	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-10-06	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2017-10-12	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-10-12	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-11-07	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-11-07	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2017-11-14	MORPHINE SULFATE	15 MG	30	HYLTON, DIANA J (MD)
2017-11-15	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2017-11-15	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-12-12	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2017-12-12	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2017-12-12	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2017-12-13	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2017-12-14	MORPHINE SULFATE	15 MG	30	HYLTON, DIANA J (MD)

90. According to the CURES report for Patient F, during the period from on or about January 10, 2018, through on or about September 28, 2018, Patient F filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2018-01-10	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2018-01-10	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2018-01-10	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-01-12	MORPHINE SULFATE	15 MG	30	HYLTON, DIANA J (MD)
2018-01-12	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2018-02-05	VICODIN	325 MG-5 MG	30	P.W. (DDS)
2018-02-07	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-02-07	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2018-02-10	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2018-02-12	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2018-02-14	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2018-03-09	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2018-03-12	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2018-03-13	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-04-06	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2018-04-09	MORPHINE SULFATE	15 MG	30	HYLTON, DIANA J (MD)
2018-04-25	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2018-05-04	XANAX	2 MG	30	HYLTON, DIANA J (MD)
2018-05-09	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2018-05-23	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2018-06-13	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2018-06-22	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2018-07-11	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2018-07-24	MORPHINE SULFATE	15 MG	45	HYLTON, DIANA J (MD)
2018-07-24	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2018-08-06	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-08-08	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2018-08-09	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)
2018-08-10	SOMA	350 MG	60	HYLTON, DIANA J (MD)
2018-08-28	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)
2018-08-28	MORPHINE SULFATE	15 MG	60	HYLTON, DIANA J (MD)
2018-08-31	KLONOPIN	2 MG	30	HYLTON, DIANA J (MD)

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
2018-09-17	SOMA	350 MG	180	HYLTON, DIANA J (MD)
2018-09-28	KLONOPIN	2 MG	90	HYLTON, DIANA J (MD)
2018-09-28	PHENTERMINE HCL	30 MG	30	HYLTON, DIANA J (MD)

91. Respondent did not document an adequate physical examination of Patient F prior to prescribing controlled substances. Respondent's documentation was cursory, and frequently failed to document a chief complaint or any evidence of a physical examination. Respondent did not document any effort to elicit information from Patient F regarding a prior history of substance abuse prior to prescribing controlled substances. Respondent did not conduct a risk evaluation for Patient F, obtain a signed treatment agreement, develop a treatment plan with objectives, or review the risk of taking opiates with the patient.

92. Respondent failed to develop a treatment plan prior to prescribing controlled substances to Patient F. Respondent did not identify objectives by which the treatment plan could be evaluated, such as pain relief and/or improved physical and psychosocial function, or indicate if any further diagnostic evaluations or other treatments were planned.

93. Respondent did not provide and/or document informed consent to Patient F prior to prescribing controlled substances. Respondent did not provide informed consent regarding the risk of controlled substances, the risk of medication interactions, the risk of overdose, provide warnings about driving while taking controlled substances, the dangers of residing with children while taking controlled substances or the danger of becoming pregnant while taking controlled substances.

94. Respondent failed to document and/or conduct a periodic review of the course of pain treatment for Patient F. Respondent failed to document adequate information about the etiology of Patient F's pain and her state of health. Respondent continued to prescribe Patient F controlled substances for pain management, despite evaluating her progress towards specific treatment objectives. Respondent failed to assess the appropriateness of the continued use of controlled substances as a part of the treatment plan for Patient F, and failed to consider the use of non-opiate therapeutic modalities.

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DEPARTURES

95. Respondent committed repeated negligence in the care and treatment of Patient A, Patient B, Patient C, Patient D, Patient E, and Patient F, which included, but was not limited to the following:

A. Respondent failed to obtain an appropriate history and physical examination prior to prescribing controlled substances to Patient A, Patient C, Patient D, and Patient F, which constitutes negligence.

B. Respondent failed to develop a treatment plan and objectives prior to prescribing controlled substances to Patient A, Patient C, and Patient F, which constitutes negligence.

C. Respondent failed to provide informed consent prior to prescribing controlled substances to Patient A, Patient C, Patient D, Patient E, and Patient F, which constitutes negligence.

D. Respondent failed to perform and/or document a periodic review during the time that he prescribed controlled substances to Patient B, Patient C, Patient D, Patient E, and Patient F, which constitutes negligence.

E. Respondent failed to maintain accurate and complete medical records for Patient D, which constitutes negligence.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

96. Respondent has subjected her Physician's and Surgeon's License No. A 41225 to disciplinary action under section 2227, as defined by section 2266, of the Code, in that she failed to maintain adequate and accurate records in connection with her care and treatment of Patient A, Patient B, Patient C, Patient D, Patient E, and Patient F, as more particularly alleged in paragraphs 25 through 35 (Patient A), 45 through 52 (Patient B), 53 through 61 (Patient C), 62 through 71 (Patient D), 72 through 80 (Patient E), and 81 through 94 (Patient F), which are hereby incorporated by reference and realleged as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 41225, issued to Diana Jean Hylton, M.D.;

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

3. Ordering Diana Jean Hylton, 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: January 4, 2019

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

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