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

In the Matter of the Accusation Against: Russ L. Levitan, M.D. Physician's & Surgeon's Certificate No. G 58508 Respondent.	Case No. 800-2017-031409

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 July 23, 2021.

IT IS SO ORDERED June 25, 2021.

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
Deputy Attorney General
State Bar No. 236116
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2307
Facsimile: (559) 445-5106
E-mail: Michael.Brummel@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **RUSS L. LEVITAN, M.D.** **10 Santa Rosa, Ste 201** **San Luis Obispo, CA 93405** **Physician's and Surgeon's Certificate No. G 58508** Respondent.	Case No. 800-2017-031409 OAH No. 2020080226 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Michael C. Brummel, Deputy Attorney General.

///

///

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

3. On or about September 2, 1986, the Board issued Physician's and Surgeon's Certificate No. G 58508 to Russ L. Levitan, 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. 800-2017-031409, and will expire on August 31, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-031409 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 March 30, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-031409 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. 800-2017-031409. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

///

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2017-031409, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges. Respondent agrees that if in any future case he 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. 800-2017-031409 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 his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 58508 issued to Respondent Russ L. Levitan, M.D. is Publicly Reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's medical record keeping related to the treatment of three patients as set forth in Accusation No. 800-2017-031409, is as follows:

This Public Reprimand is issued pursuant to Code section 2227, subdivision (a)(4) as a result of the allegations set forth in the Accusation, relating to the inadequate documentation in support of the controlled substances provided to three patients.

1. 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.

2. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

3. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-031409 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: _____ _____
RUSS L. LEVITAN, M.D.
Respondent

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

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

15 calendar days after the effective date of the Decision, whichever is later.

2. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

3. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-031409 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 2/12/2021

RUSS L. LEVITAN, M.D.
Respondent

I have read and fully discussed with Respondent Russ L. Levitan, 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: 2/15/2021

PETER OSINOFF, ESQ.
Attorney for Respondent

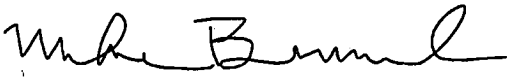
ENDORSEMENT

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

DATED: February 16, 2021

Respectfully submitted,

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



MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

FR2019504829
95376160

Exhibit A

Accusation No. 800-2017-031409

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
State Bar No. 236116
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2307
Facsimile: (559) 445-5106
E-mail: Michael.Brummel@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against:	Case No. 800-2017-031409
Russ L. Levitan, M.D. **10 Santa Rosa, Ste 201** **San Luis Obispo, CA 93405** **Physician's and Surgeon's Certificate No. G 58508,** Respondent.	**ACCUSATION**

PARTIES

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

2. On or about September 2, 1986, the Medical Board issued Physician's and Surgeon's Certificate No. G 58508 to Russ L. Levitan, 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 August 31, 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 (Code) unless otherwise indicated.

STATUTORY PROVISIONS

4. Section 2227 of the Code states:

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

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

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

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

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

5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

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 AND DEFINITIONS

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. Alprazolam (Xanax®) 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.

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. All

///

benzodiazepines are Schedule IV controlled substances and have the potential for abuse, addiction, and diversion.

10. Soma® (carisoprodol) is a muscle relaxant with a known potentiating effect on narcotics. It works by blocking pain sensations between the nerves and the brain. It 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 and indicated, it is used for the treatment of acute and painful musculoskeletal conditions. According to the DEA, Office of Diversion Control, "[c]arisoprodol abuse has escalated in the last decade in the United States...According to Diversion Drug Trends, published by the Drug Enforcement Administration (DEA) on the trends in diversion of controlled and noncontrolled pharmaceuticals, carisoprodol continues to be one of the most commonly diverted drugs. Diversion and abuse of carisoprodol is prevalent throughout the country. As of March 2011, street prices for [carisoprodol] Soma® ranged from $1 to $5 per tablet. Diversion methods include doctor shopping for the purposes of obtaining multiple prescriptions and forging prescriptions." In December 2011, the Federal Drug Administration listed carisoprodol as a Schedule IV controlled substance (76 Fed.Reg. 77330 (Dec. 12, 2011).)

11. Klonopin® (clonazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that 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 and indicated, it is used to treat seizure disorders and panic disorders. Concomitant use of Klonopin® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Klonopin®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

12. 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.

13. Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

14. Hydromorphone (Dilaudid®), an opioid analgesic, is 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. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. The Drug Enforcement Administration (DEA) has identified hydromorphone, such as Dilaudid®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 37.) The Federal Drug Administration has issued black box warnings for Dilaudid® which warn about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warnings also caution about the risks associated with concomitant use of Dilaudid® with benzodiazepines or other central nervous system (CNS) depressants.

15. Methadone is an opioid medication that has a high potential for abuse. It is a dangerous drug as defined in section 4022 and a Schedule II controlled substance and narcotic as defined by section 11055 of the Health and Safety Code. Methadone is used as a pain reliever and as part of drug addiction detoxification and maintenance programs. It may cause a prolonged QT interval (a rare heart problem that may cause irregular heartbeat, fainting, or sudden death).

16. Morphine equivalent dose (MED) or Morphine milligram equivalent (MME) is an abbreviation used to evaluate the levels of opioids prescribed to a patient. The Centers for Disease Control recommends avoiding or carefully justifying any dosage greater than 90 MED/day or MME/day.

17. MS Contin® (morphine sulfate), an opioid analgesic, 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. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 39.) The Federal Drug Administration has issued a black box warning for MS Contin® which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also cautions about the risks associated with concomitant use of MS Contin® with benzodiazepines or other central nervous system (CNS) depressants.

18. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodone®, Xtampza ER®) is a white odorless crystalline powder derived from an opium alkaloid. 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 is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, 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. When properly prescribed and indicated, oxycodone is used for the management of pain

severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative treatment options are inadequate. Respiratory depression is the chief hazard from all opioid agonist preparations. The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2 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. The Drug Enforcement Administration (DEA) has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.)

19. Phentermine HCL (Lonamin®, Fastin®, Adipex®), an anorectic, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed as indicated, phentermine HCL is used as a short term adjunct in a regiment of weight reduction based on exercise, behavioral modification, and caloric restriction. According to the DEA fact sheet for anorectic drugs, phentermine can produce amphetamine-like effects and is frequently encountered on the illicit market.

20. Phenergan (promethazine) is a Schedule V controlled substance under Health and Safety Code section 11058, and a Schedule V controlled substance under section 1308.15 of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022. Phenergan has anti-histaminic, sedative, anti-motion sickness, anti-emetic, and anti-cholinergic effects. Phenergan may significantly affect the actions of other drugs. It may increase, prolong, or intensify the sedative action of central-nervous-system depressants.

CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

21. Respondent's Physician's and Surgeon's Certificate No. G 58508 is subject to disciplinary action under section 2227, as defined by section 2234, subdivision (c), in that he

committed repeated act(s) and/or omission(s) constituting negligence. The circumstances are as follows:

22. Respondent is board certified in anesthesiology, with an added qualification in pain management. Respondent works in two offices in San Luis Obispo, and Atascadero, each of which contain an associated surgery center. Respondent treats approximately 40-45 patients per day in his office, and conducts approximately 10-20 procedures on surgery days.

23. On or about April 29, 2019, Respondent participated in an investigative interview regarding his care of Patient A, Patient B, and Patient C. Respondent stated that he tried to reduce the opiates prescribed to each of the patients after the April 2016 CDC opiate guidelines were published.

PATIENT A[1]

24. Patient A received treatment for her pain from Respondent for more than ten years. Patient A presented with a history that included lumbar radiculopathy, chronic headaches, shoulder impingement, myofascial pain, lumbar degenerative disc disease, cervical facet arthropathy, and lumbar facet arthropathy. Respondent's treatment of Patient A was reviewed from August 1, 2014 through June 30, 2017. During this period, Patient A underwent a number of pain procedures, including lumbar facet radiofrequency, caudal epidural steroid injections, cervical epidural steroid injections, cervical facet radiofrequency, greater occipital nerve blocks, and she declined a trial for implantation of an intrathecal pain pump.

2014

25. On or about August 1, 2014, Patient A presented to Respondent for pain treatment complaining of cervicogenic headaches, occipital and paracervical pain, and lumbar pain into her lower extremities. Respondent was currently prescribing oxycodone, methadone, morphine, clonazepam, and promethazine to Patient A, totaling 1,380 MED/day. Respondent stated that she was on two different long acting opiates because one had a stimulating effect, and the other had a

[1] Patient A is being used in place of the patient's name or initials to maintain patient confidentiality. The other patients are referred to as patients B, and C, to maintain their confidentiality.

sedating effect. Respondent stated that Patient A took methadone during the day, morphine at night, and oxycodone for breakthrough pain during the day. Respondent stated that he was prescribing Klonopin for Patient A's neuropathic pain.

26. During the period of on or about February 3, 2014 through December 12, 2014, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
2/3/14	MORPHINE SULFATE	TAB	30 MG	120	30	Respondent
2/9/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent
2/28/14	METHADONE HCL	TAB	10 MG	200	22	Respondent
2/28/14	MORPHINE SULFATE	TAB	30 MG	120	30	Respondent
2/28/14	MORPHINE SULFATE	TER	60 MG	90	22	Respondent
3/4/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent
3/28/14	METHADONE HCL	TAB	10 MG	200	25	Respondent
3/28/14	MORPHINE SULFATE	TAB	30 MG	120	30	Respondent
3/28/14	MORPHINE SULFATE	TER	60 MG	90	22	Respondent
4/1/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent
4/25/14	METHADONE HCL	TAB	10 MG	200	25	Respondent
4/25/14	MORPHINE SULFATE	TER	60 MG	90	22	Respondent
4/25/14	MORPHINE SULFATE	TAB	30 MG	120	30	Respondent
5/1/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent
5/12/14	METHADONE HCL	TAB	10 MG	270	30	Respondent
5/16/14	MORPHINE SULFATE	TER	60 MG	90	30	Respondent
5/23/14	MORPHINE SULFATE	TAB	30 MG	120	30	Respondent
6/2/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent
6/9/14	METHADONE HCL	TAB	10 MG	270	30	Respondent
6/9/14	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
6/19/14	MORPHINE SULFATE	TAB	30 MG	120	30	Respondent
7/2/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent
7/7/14	METHADONE HCL	TAB	10 MG	270	30	Respondent
7/7/14	MORPHINE SULFATE	TER	60 MG	90	22	Respondent
7/15/14	MORPHINE SULFATE	TAB	30 MG	120	30	Respondent
7/30/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent
8/1/14	METHADONE HCL	TAB	10 MG	270	30	Respondent
8/1/14	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
8/1/14	OXYCODONE HCL	TAB	20 MG	120	30	Respondent
8/29/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent
8/29/14	METHADONE HCL	TAB	10 MG	270	30	H.B.
8/29/14	MORPHINE SULFATE	TER	60 MG	90	30	H.B.
8/29/14	OXYCODONE HCL	TAB	20 MG	120	30	H.B.
9/26/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
9/26/14	METHADONE HCL	TAB	10 MG	270	30	H.B.
9/26/14	MORPHINE SULFATE	TER	60 MG	90	30	H.B.
9/26/14	OXYCODONE HCL	TAB	20 MG	120	30	H.B.
10/20/14	METHADONE HCL	TAB	10 MG	270	30	H.B.
10/20/14	MORPHINE SULFATE	TER	60 MG	90	30	H.B.
10/20/14	OXYCODONE HCL	TAB	20 MG	120	30	H.B.
10/24/14	CLONAZEPAM	TAB	2 MG	180	30	Respondent
11/17/14	CLONAZEPAM	TAB	2 MG	180	30	H.B.
11/17/14	METHADONE HCL	TAB	10 MG	270	30	H.B.
11/17/14	MORPHINE SULFATE	TER	60 MG	90	30	H.B.
11/17/14	OXYCODONE HCL	TAB	20 MG	120	30	H.B.
12/12/14	CLONAZEPAM	TAB	2 MG	180	30	S.T.
12/12/14	METHADONE HCL	TAB	10 MG	270	30	S.T.
12/12/14	MORPHINE SULFATE	TER	60 MG	90	30	S.T.
12/12/14	OXYCODONE HCL	TAB	20 MG	120	30	S.T.

2015

27. On or about January 23, 2015, Patient A presented to Respondent admitting that she had been taking extra medication to treat her pain, and had run out of medications two days early.

28. On or about March 20, 2015, Respondent stated that Patient A returned asking for more medications. Respondent stated that he was concerned, because she was "already on a solid dose."

29. On or about July 10, 2015, Patient A presented to Respondent's physician assistant for pain treatment, reporting that her medications were stolen "again." It is unclear from the medical records reviewed, how many times and how recently she had previously had her medications stolen. Patient A was instructed to lock up her medications in the future, and warned her that he would discontinue her controlled substance medications if they were stolen again.

30. On or about December 16, 2015, Patient A completed a urine drug screen that was negative for morphine, hydrocodone, hydromorphone, and codeine, despite her current prescriptions from Respondent for methadone and morphine.

///

///

///

31. During the period of on or about January 11, 2015 through December 22, 2015, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/11/15	CLONAZEPAM	TAB	2 MG	90	15	S.T.
1/11/15	METHADONE HCL	TAB	10 MG	135	15	S.T.
1/11/15	MORPHINE SULFATE	TER	60 MG	45	15	S.T.
1/11/15	OXYCODONE HCL	TAB	20 MG	60	15	S.T.
1/23/15	CLONAZEPAM	TAB	2 MG	180	30	S.T.
1/23/15	METHADONE HCL	TAB	10 MG	270	30	S.T.
1/23/15	OXYCODONE HCL	TAB	20 MG	120	30	S.T.
1/29/15	MORPHINE SULFATE	TER	60 MG	90	30	S.T.
2/20/15	CLONAZEPAM	TAB	2 MG	180	30	S.T.
2/20/15	METHADONE HCL	TAB	10 MG	270	30	S.T.
2/20/15	OXYCODONE HCL	TAB	20 MG	120	30	S.T.
2/26/15	MORPHINE SULFATE	TER	60 MG	90	30	S.T.
3/20/15	CLONAZEPAM	TAB	2 MG	180	30	S.T.
3/20/15	METHADONE HCL	TAB	10 MG	270	30	S.T.
3/20/15	OXYCODONE HCL	TAB	20 MG	120	30	S.T.
3/21/15	MORPHINE SULFATE	TER	60 MG	90	30	S.T.
4/17/15	CLONAZEPAM	TAB	2 MG	180	30	Respondent
4/17/15	METHADONE HCL	TAB	10 MG	360	30	Respondent
4/17/15	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
4/22/15	OXYCODONE HCL	TAB	20 MG	120	30	Respondent
5/15/15	CLONAZEPAM	TAB	2 MG	180	30	Respondent
5/15/15	METHADONE HCL	TAB	10 MG	360	30	Respondent
5/15/15	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
5/15/15	OXYCODONE HCL	TAB	20 MG	120	30	Respondent
6/12/15	CLONAZEPAM	TAB	2 MG	180	30	Respondent
6/12/15	METHADONE HCL	TAB	10 MG	360	30	Respondent
6/12/15	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
6/12/15	OXYCODONE HCL	TAB	20 MG	120	30	Respondent
7/10/15	CLONAZEPAM	TAB	2 MG	180	30	S.T.
7/10/15	METHADONE HCL	TAB	10 MG	360	30	S.T.
7/10/15	MORPHINE SULFATE	TER	60 MG	90	23	S.T.
7/10/15	OXYCODONE HCL	TAB	20 MG	120	30	S.T.
8/7/15	CLONAZEPAM	TAB	2 MG	180	30	Respondent
8/7/15	METHADONE HCL	TAB	10 MG	360	30	Respondent
8/7/15	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
8/7/15	OXYCODONE HCL	TAB	20 MG	120	30	Respondent
9/4/15	CLONAZEPAM	TAB	2 MG	180	30	Respondent
9/4/15	METHADONE HCL	TAB	10 MG	360	30	S.M.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
9/4/15	MORPHINE SULFATE	TER	60 MG	90	30	S.M.
9/4/15	OXYCODONE HCL	TAB	20 MG	120	30	S.M.
10/2/15	CLONAZEPAM	TAB	2 MG	180	30	S.M.
10/2/15	METHADONE HCL	TAB	10 MG	360	30	S.M.
10/2/15	MORPHINE SULFATE	TER	60 MG	90	30	S.M.
10/2/15	OXYCODONE HCL	TAB	20 MG	140	28	S.M.
10/30/15	CLONAZEPAM	TAB	2 MG	180	30	J.S.
10/30/15	METHADONE HCL	TAB	10 MG	360	30	J.S.
10/30/15	MORPHINE SULFATE	TER	60 MG	90	30	J.S.
10/30/15	OXYCODONE HCL	TAB	20 MG	140	35	J.S.
11/22/15	CLONAZEPAM	TAB	2 MG	180	30	J.S.
11/25/15	METHADONE HCL	TAB	10 MG	360	30	J.S.
11/25/15	MORPHINE SULFATE	TER	60 MG	90	30	J.S.
11/25/15	OXYCODONE HCL	TAB	20 MG	140	18	J.S.
12/16/15	OXYCODONE HCL	TAB	20 MG	140	35	J.S.
12/22/15	CLONAZEPAM	TAB	2 MG	180	30	J.S.
12/22/15	METHADONE HCL	TAB	10 MG	360	30	J.S.
12/22/15	MORPHINE SULFATE	TER	60 MG	90	30	J.S.

2016

32. On or about August 19, 2016, Patient A returned to Respondent for follow up, reporting that her pain was controlled by her medications. Patient A completed a urine drug screen which was negative for morphine or its metabolites, despite her current prescriptions from Respondent for high doses of morphine.

33. On or about September 16, 2016, Patient A returned to the clinic, unable to provide any explanation for the absence of her prescribed morphine in her recent urine drug screen. Patient A claimed that she was taking three morphine tablets per day. Patient A ignored Respondent's recommendation to go to the emergency room for her headaches, electing to self-medicate with additional controlled substances instead. Respondent noted that he would discharge the patient if her urine was negative again. A urine drug screen taken at the same visit was negative for the presence of oxycodone or its metabolites, despite current high dosage prescriptions for oxycodone.

34. On or about October 14, 2016, Patient A returned to Respondent, unable to provide any explanation for the negative test for oxycodone, despite her current prescriptions from

Respondent for oxycodone. Despite repeated failed urine toxicology tests, Respondent did not alter his prescribing.

35. During the period of on or about January 12, 2016 through December 16, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days Supply	Prescriber Name
1/12/16	OXYCODONE HCL	TAB	20 MG	140	18	Respondent
1/18/16	CLONAZEPAM	TAB	2 MG	180	30	J.S.
1/18/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
1/18/16	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
2/10/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
2/10/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
2/10/16	MORPHINE SULFATE	TER	60 MG	120	30	Respondent
2/10/16	OXYCODONE HCL	TAB	20 MG	180	23	Respondent
3/4/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
3/4/16	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
3/4/16	OXYCODONE HCL	TAB	20 MG	140	18	Respondent
3/11/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
4/1/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
4/1/16	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
4/1/16	OXYCODONE HCL	TAB	20 MG	140	18	Respondent
4/3/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
4/29/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
4/29/16	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
4/29/16	OXYCODONE HCL	TAB	20 MG	180	23	Respondent
4/30/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
5/27/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
5/27/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
5/27/16	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
5/27/16	OXYCODONE HCL	TAB	20 MG	180	23	Respondent
6/24/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
6/24/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
6/24/16	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
6/24/16	OXYCODONE HCL	TAB	20 MG	180	23	Respondent
7/22/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
7/22/16	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
7/22/16	OXYCODONE HCL	TAB	20 MG	180	23	Respondent
7/25/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
8/19/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
8/19/16	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
8/19/16	OXYCODONE HCL	TAB	20 MG	180	23	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
8/21/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
9/16/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
9/16/16	MORPHINE SULFATE	TER	60 MG	90	23	Respondent
9/16/16	OXYCODONE HCL	TAB	20 MG	180	23	Respondent
9/17/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
10/14/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
10/14/16	MORPHINE SULFATE	TER	60 MG	90	30	Respondent
10/14/16	OXYCODONE HCL	TAB	20 MG	180	30	Respondent
10/17/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
11/11/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
11/11/16	MORPHINE SULFATE	TER	60 MG	90	30	Respondent
11/11/16	OXYCODONE HCL	TAB	20 MG	180	45	Respondent
11/15/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
12/9/16	METHADONE HCL	TAB	10 MG	360	30	Respondent
12/9/16	MORPHINE SULFATE	TER	60 MG	90	30	Respondent
12/16/16	CLONAZEPAM	TAB	2 MG	180	30	Respondent
12/16/16	OXYCODONE HCL	TAB	20 MG	120	30	Respondent

2017

36. On or about January 4, 2017, Patient A returned requesting early refills of her methadone. Respondent did not provide the early refill request. Respondent stated in his interview that he believed that she probably overtook her methadone while she was sick. Respondent reduced the amount of opiates prescribed to Patient A to a 1380 MED / day, starting in February 2017.

37. On or about June 30, 2017, Patient A presented to Respondent for her final visit, reporting that she was moving away from the area. Patient A was still receiving 6 mg of clonazepam per day, combined with opiates totaling 1,320 MED per day at her final visit.

38. During the period of on or about January 5, 2017 through August 14, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/5/17	MORPHINE SULFATE	TER	60 MG	90	30	Respondent
1/13/17	OXYCODONE HCL	TAB	20 MG	180	45	Respondent
1/17/17	METHADONE HCL	TAB	10 MG	300	25	Respondent
2/3/17	CLONAZEPAM	TAB	2 MG	150	25	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days Supply	Prescriber Name
2/3/17	MORPHINE SULFATE	TER	60 MG	90	30	Respondent
2/9/17	METHADONE HCL	TAB	10 MG	270	30	Respondent
2/25/17	OXYCODONE HCL	TAB	20 MG	120	30	Respondent
3/3/17	MORPHINE SULFATE	TER	60 MG	60	30	Respondent
3/7/17	CLONAZEPAM	TAB	2 MG	150	25	Respondent
3/7/17	METHADONE HCL	TAB	10 MG	270	30	Respondent
3/22/17	OXYCODONE HCL	TAB	20 MG	120	30	Respondent
3/31/17	CLONAZEPAM	TAB	2 MG	150	25	Respondent
3/31/17	MORPHINE SULFATE	TER	60 MG	60	30	H.B.
4/6/17	METHADONE HCL	TAB	10 MG	270	30	H.B.
4/19/17	OXYCODONE HCL	TAB	20 MG	120	30	H.B.
6/1/17	MORPHINE SULFATE	TER	60 MG	60	30	Respondent
6/5/17	METHADONE HCL	TAB	10 MG	270	30	Respondent
6/9/17	CLONAZEPAM	TAB	2 MG	90	15	Respondent
7/5/17	MORPHINE SULFATE	TER	60 MG	60	30	Respondent
7/10/17	CLONAZEPAM	TAB	2 MG	90	15	Respondent
7/15/17	OXYCODONE HCL	TAB	20 MG	120	30	Respondent
8/6/17	MORPHINE SULFATE	TER	60 MG	60	30	Respondent
8/9/17	METHADONE HCL	TAB	10 MG	270	30	Respondent
8/14/17	CLONAZEPAM	TAB	2 MG	90	15	Respondent
8/14/17	OXYCODONE HCL	TAB	20 MG	120	30	Respondent

PATIENT B

2014

39. On or about July 16, 2014, Patient B presented to Respondent at 64 years of age, with a history that included cervical, thoracic, and lumbar myofascial pain, and recurrent shingles. Patient B was currently taking hydromorphone 80 mg/day, hydrocodone 120 mg/day, morphine 540 mg/day, and Soma 3500 mg/day. Respondent was prescribing Patient B medications totaling a 1040 MME, as well as 3900 mg /day of acetaminophen. Respondent recommended reducing the opiate prescriptions, but after the patient declined, Respondent continued to prescribe without change until November 21, 2016. Respondent prescribed three short acting opiates to Patient B, stating that some had a sedating effect, and others had a stimulating effect on the patient. Patient B underwent multiple pain procedures between July 6, 2014 through December 12, 2018, including a cervical facet procedure, and two thoracic epidural steroid injections with little benefit.

40. During the period of on or about February 18, 2014 through December 3, 2014, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
2/18/14	CARISOPRODOL	TAB	350 MG	300	25	Respondent
2/18/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	360	30	Respondent
2/18/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
2/18/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
3/18/14	CARISOPRODOL	TAB	350 MG	360	25	Respondent
3/18/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	360	30	Respondent
3/18/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
3/18/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
4/16/14	CARISOPRODOL	TAB	350 MG	360	25	Respondent
4/16/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	360	30	Respondent
4/16/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
4/16/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
5/14/14	CARISOPRODOL	TAB	350 MG	360	25	Respondent
5/14/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	360	30	Respondent
5/14/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
5/14/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
6/12/14	CARISOPRODOL	TAB	350 MG	360	25	Respondent
6/12/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	10	Respondent
6/12/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
6/12/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
6/24/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	240	20	Respondent
7/10/14	CARISOPRODOL	TAB	350 MG	300	25	Respondent
7/10/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
7/10/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
7/12/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	360	30	Respondent
8/8/14	CARISOPRODOL	TAB	350 MG	300	25	Respondent
8/8/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
8/8/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
8/9/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	360	30	Respondent
9/7/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	360	30	Respondent
9/7/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
9/7/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
9/8/14	CARISOPRODOL	TAB	350 MG	300	25	Respondent
10/5/14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	360	30	Respondent
10/5/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
10/5/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
10/7/14	CARISOPRODOL	TAB	350 MG	300	25	Respondent
11/5/14	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
11/5/14	CARISOPRODOL	TAB	350 MG	300	25	Respondent
11/5/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
11/5/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
12/3/14	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
12/3/14	CARISOPRODOL	TAB	350 MG	300	25	Respondent
12/3/14	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
12/3/14	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent

2015

41. During the period of on or about January 1, 2015 through December 12, 2015, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/1/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
1/1/15	CARISOPRODOL	TAB	350 MG	300	25	Respondent
1/1/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
1/1/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
1/28/15	CARISOPRODOL	TAB	350 MG	300	25	Respondent
1/30/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
1/30/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
1/30/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
2/26/15	CARISOPRODOL	TAB	350 MG	300	25	Respondent
2/28/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
2/28/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
2/28/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
3/29/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
3/29/15	CARISOPRODOL	TAB	350 MG	300	25	Respondent
3/29/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/29/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
4/27/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
4/27/15	CARISOPRODOL	TAB	350 MG	360	30	Respondent
4/27/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
4/27/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
5/25/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
5/25/15	CARISOPRODOL	TAB	350 MG	360	30	Respondent
5/25/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
5/25/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
6/23/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
6/23/15	CARISOPRODOL	TAB	350 MG	360	30	Respondent
6/23/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
6/23/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
7/21/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
7/21/15	CARISOPRODOL	TAB	350 MG	360	30	Respondent
7/21/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
7/21/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
8/19/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
8/19/15	CARISOPRODOL	TAB	350 MG	360	30	Respondent
8/19/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
8/19/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
9/17/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
9/17/15	CARISOPRODOL	TAB	350 MG	360	30	Respondent
9/17/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
9/17/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
10/15/15	CARISOPRODOL	TAB	350 MG	360	30	Respondent
10/15/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
10/15/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
10/16/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
11/14/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
11/14/15	CARISOPRODOL	TAB	350 MG	360	30	Respondent
11/14/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
11/14/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
12/12/15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
12/12/15	CARISOPRODOL	TAB	350 MG	360	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
12/12/15	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
12/12/15	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent

2016

42. On or about November 21, 2016, Respondent decreased the opiate prescriptions by 60 mg/day of morphine, reducing the overall MED to 980/day.

43. During the period of on or about January 10, 2016 through December 29, 2016, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/10/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
1/10/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
1/10/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
1/10/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
2/8/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
2/8/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
2/8/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
2/8/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
3/6/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	T.K.
3/6/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
3/6/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	T.K.
3/6/16	MORPHINE SULFATE	TAB	30 MG	540	30	T.K.
4/4/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
4/4/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
4/4/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
4/4/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
5/2/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
5/2/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
5/2/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
5/2/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
5/31/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
5/31/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
5/31/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
5/31/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
6/29/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
6/29/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
6/29/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
7/1/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	10	Respondent
7/14/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	240	20	Respondent
7/29/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
7/29/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
7/29/16	CARISOPRODOL	TAB	350 MG	100	10	Respondent
7/29/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
7/29/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
8/27/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
8/27/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
8/27/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
8/27/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
9/25/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
9/25/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
9/25/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
9/25/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
10/23/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
10/23/16	CARISOPRODOL	TAB	350 MG	360	30	Respondent
10/23/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
10/23/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
11/21/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
11/21/16	CARISOPRODOL	TAB	350 MG	300	25	Respondent
11/21/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
11/21/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
12/14/16	CARISOPRODOL	TAB	350 MG	300	25	Respondent
12/19/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	10	Respondent
12/19/16	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
12/19/16	MORPHINE SULFATE	TAB	30 MG	540	30	Respondent
12/29/16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	240	20	Respondent

2017

44. On or about January 25, 2017, Respondent documented that he would assume responsibility for Patient B's recurring "Nitrostat" prescription, a cardiac medication.

Respondent did not document any additional information in the record to explain why he was prescribing the heart medication as the patient's pain management physician.

45. During the period of on or about January 12, 2017 through December 27, 2017, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/12/17	CARISOPRODOL	TAB	350 MG	300	30	Respondent
1/17/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
1/17/17	HYDROMORPHONE HCL	TAB	8 MG	360	30	Respondent
1/17/17	MORPHINE SULFATE	TAB	30 MG	480	30	Respondent
2/10/17	CARISOPRODOL	TAB	350 MG	300	30	Respondent
2/15/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
2/15/17	HYDROMORPHONE HCL	TAB	8 MG	300	25	Respondent
2/15/17	MORPHINE SULFATE	TAB	30 MG	480	30	Respondent
3/10/17	CARISOPRODOL	TAB	350 MG	300	30	Respondent
3/15/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
3/15/17	HYDROMORPHONE HCL	TAB	8 MG	240	30	Respondent
3/15/17	MORPHINE SULFATE	TAB	30 MG	480	30	Respondent
4/9/17	CARISOPRODOL	TAB	350 MG	300	30	Respondent
4/13/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
4/13/17	HYDROMORPHONE HCL	TAB	8 MG	180	22	Respondent
4/13/17	MORPHINE SULFATE	TAB	30 MG	480	30	Respondent
5/7/17	CARISOPRODOL	TAB	350 MG	300	30	Respondent
5/11/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
5/11/17	HYDROMORPHONE HCL	TAB	8 MG	150	30	Respondent
5/11/17	MORPHINE SULFATE	TAB	30 MG	450	30	Respondent
6/6/17	CARISOPRODOL	TAB	350 MG	300	30	Respondent
6/8/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
6/8/17	HYDROMORPHONE HCL	TAB	8 MG	150	30	Respondent
6/8/17	MORPHINE SULFATE	TAB	30 MG	450	30	Respondent
7/7/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
7/7/17	HYDROMORPHONE HCL	TAB	8 MG	150	30	Respondent
7/7/17	MORPHINE SULFATE	TAB	30 MG	450	30	Respondent
7/14/17	CARISOPRODOL	TAB	350 MG	270	30	Respondent
8/5/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
8/5/17	HYDROMORPHONE HCL	TAB	8 MG	150	30	Respondent
8/5/17	MORPHINE SULFATE	TAB	30 MG	420	30	Respondent
8/12/17	CARISOPRODOL	TAB	350 MG	270	30	Respondent
9/3/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
9/3/17	HYDROMORPHONE HCL	TAB	8 MG	150	30	Respondent
9/3/17	MORPHINE SULFATE	TAB	30 MG	420	30	Respondent
9/10/17	CARISOPRODOL	TAB	350 MG	240	30	Respondent
10/2/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
10/2/17	HYDROMORPHONE HCL	TAB	8 MG	180	30	Respondent
10/2/17	MORPHINE SULFATE	TAB	30 MG	360	30	Respondent
10/8/17	CARISOPRODOL	TAB	350 MG	240	30	Respondent
10/31/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	30	Respondent
10/31/17	HYDROMORPHONE HCL	TAB	8 MG	150	30	Respondent
10/31/17	MORPHINE SULFATE	TAB	30 MG	330	30	Respondent
11/7/17	CARISOPRODOL	TAB	350 MG	240	30	Respondent
11/29/17	HYDROMORPHONE HCL	TAB	8 MG	150	30	Respondent
11/29/17	MORPHINE SULFATE	TAB	30 MG	300	30	Respondent
12/5/17	CARISOPRODOL	TAB	350 MG	240	30	Respondent
12/6/17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	330	30	Respondent
12/27/17	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
12/27/17	MORPHINE SULFATE	TAB	30 MG	270	30	Respondent

2018

46. On or about December 12, 2018, Patient B presented to Respondent for refills. Respondent had continued to lower the overall opioid doses during previous visits, but the total prescriptions still totaled of 338 MED/day.

47. During the period of on or about January 6, 2018 through December 28, 2018, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/6/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	300	30	Respondent
1/6/18	CARISOPRODOL	TAB	350 MG	240	30	Respondent
1/25/18	HYDROMORPHONE HCL	TAB	8 MG	150	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/25/18	MORPHINE SULFATE	TAB	30 MG	300	30	Respondent
2/4/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	300	30	Respondent
2/7/18	CARISOPRODOL	TAB	350 MG	240	30	Respondent
2/23/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
2/23/18	MORPHINE SULFATE	TAB	30 MG	270	30	Respondent
3/6/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	270	30	Respondent
3/12/18	CARISOPRODOL	TAB	350 MG	240	30	Respondent
3/23/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
3/23/18	MORPHINE SULFATE	TAB	30 MG	240	30	Respondent
4/4/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	270	30	Respondent
4/10/18	CARISOPRODOL	TAB	350 MG	240	30	Respondent
4/21/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
5/2/18	MORPHINE SULFATE	TAB	30 MG	240	30	Respondent
5/3/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	270	30	Respondent
5/8/18	CARISOPRODOL	TAB	350 MG	210	30	Respondent
5/19/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
5/31/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	240	30	Respondent
5/31/18	MORPHINE SULFATE	TAB	30 MG	240	30	Respondent
6/6/18	CARISOPRODOL	TAB	350 MG	210	30	Respondent
6/16/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
6/29/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	240	30	Respondent
6/29/18	MORPHINE SULFATE	TAB	30 MG	240	30	Respondent
7/4/18	CARISOPRODOL	TAB	350 MG	210	30	Respondent
7/16/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
7/27/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	210	30	Respondent
7/28/18	MORPHINE SULFATE	TAB	30 MG	210	30	Respondent
8/2/18	CARISOPRODOL	TAB	350 MG	180	30	Respondent
8/15/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
8/24/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	30	Respondent
8/26/18	MORPHINE SULFATE	TAB	30 MG	210	30	Respondent
8/30/18	CARISOPRODOL	TAB	350 MG	180	30	Respondent
9/12/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
9/23/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	30	Respondent
9/24/18	MORPHINE SULFATE	TAB	30 MG	210	30	Respondent
9/29/18	CARISOPRODOL	TAB	350 MG	180	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
10/12/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
10/23/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	30	Respondent
10/24/18	MORPHINE SULFATE	TAB	30 MG	180	30	Respondent
10/29/18	CARISOPRODOL	TAB	350 MG	180	30	Respondent
11/11/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
11/21/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	30	Respondent
11/21/18	MORPHINE SULFATE	TAB	30 MG	150	30	Respondent
11/28/18	CARISOPRODOL	TAB	350 MG	180	30	Respondent
12/11/18	HYDROMORPHONE HCL	TAB	8 MG	120	30	Respondent
12/21/18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	30	Respondent
12/21/18	MORPHINE SULFATE	TAB	30 MG	150	30	Respondent
12/28/18	CARISOPRODOL	TAB	350 MG	180	30	Respondent

2019

48. During the period of on or about January 10, 2019 through February 28, 2019, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/10/19	HYDROMORPHONE HCL	TAB	8 MG	120	30	J.G.
1/20/19	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	30	J.G.
1/22/19	MORPHINE SULFATE	TAB	30 MG	150	30	J.G.
1/28/19	CARISOPRODOL	TAB	350 MG	180	30	Respondent
2/10/19	HYDROMORPHONE HCL	TAB	8 MG	90	30	Respondent
2/21/19	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	30	Respondent
2/22/19	MORPHINE SULFATE	TAB	30 MG	120	30	Respondent
2/28/19	CARISOPRODOL	TAB	350 MG	180	30	Respondent

PATIENT C

49. Between July 17, 2016 through September 25, 2017, Respondent continued to treat Patient C for chronic low back pain, arthritis of the spine, and myofascial pain syndrome. In addition to prescribing pain medications, Respondent performed several procedures including lumbar facet injections and epidural steroid injections.

///

2014

50. During the period of on or about May 21, 2014 through May 30, 2014, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
5/21/14	HYDROMORPHONE HCL	TAB	2 MG	15	2	S.T.
5/22/14	CARISOPRODOL	TAB	350 MG	30	7	S.B.
5/22/14	HYDROCODONE BITARTRATE-IBUPROFEN	TAB	7.5 MG-200 MG	40	8	S.B.
5/24/14	HYDROMORPHONE HCL	TAB	2 MG	30	5	L.F.
5/30/14	HYDROCODONE BITARTRATE-IBUPROFEN	TAB	7.5 MG-200 MG	40	6	S.B.
5/30/14	CARISOPRODOL	TAB	350 MG	30	7	S.B.

2015

51. During the period of on or about May 27, 2015 through December 12, 2015, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
5/27/15	OXYCODONE HCL	TAB	15 MG	120	30	Respondent
6/19/15	OXYCODONE HCL	TAB	15 MG	150	30	Respondent
6/19/15	PHENTERMINE HCL	CAP	15 MG	30	30	Respondent
7/17/15	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
7/17/15	OXYCODONE HCL	TAB	30 MG	150	30	Respondent
8/12/15	OXYCODONE HCL	TAB	30 MG	150	30	S.T.1.
8/12/15	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
9/2/15	OXYCODONE HCL	TAB	30 MG	35	7	H.B.
9/9/15	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
9/9/15	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
10/6/15	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
10/6/15	METHADONE HCL	TAB	10 MG	60	30	Respondent
10/9/15	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
10/27/15	METHADONE HCL	TAB	10 MG	60	30	Respondent
10/27/15	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
10/27/15	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
11/16/15	CARISOPRODOL	TAB	350 MG	60	30	Respondent
11/16/15	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
11/16/15	PHENTERMINE HCL	TAB	37.5 MG	60	30	Respondent
12/4/15	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
12/12/15	PHENTERMINE HCL	TAB	37.5 MG	60	30	Respondent

///

2016

52. On or about July 17, 2016, Patient C presented to Respondent for pain management, and was prescribed oxycodone 150 mg/day, carisoprodol 700 mg/day, and phentermine 37.5 mg/day. Respondent prescribed Patient C a total of 225 MED at this visit.

53. During the period of on or about January 8, 2016 through December 30, 2016, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/8/16	CARISOPRODOL	TAB	350 MG	30	30	Respondent
1/8/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
1/8/16	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
2/5/16	CARISOPRODOL	TAB	350 MG	60	30	Respondent
2/5/16	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
2/8/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
2/16/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
3/4/16	CARISOPRODOL	TAB	350 MG	60	30	Respondent
3/4/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
3/4/16	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
4/1/16	CARISOPRODOL	TAB	350 MG	60	30	Respondent
4/1/16	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
4/1/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
5/11/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
5/11/16	OXYCODONE HCL	TAB	30 MG	180	30	Respondent
6/9/16	CARISOPRODOL	TAB	350 MG	60	30	Respondent
6/10/16	OXYCODONE HCL	TAB	30 MG	180	30	S.T.1.
6/10/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	S.T.1.
6/29/16	CARISOPRODOL	TAB	350 MG	60	30	Respondent
6/29/16	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
7/11/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
7/27/16	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
8/31/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
8/31/16	CARISOPRODOL	TAB	350 MG	60	30	Respondent
8/31/16	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
9/28/16	OXYCODONE HCL	TAB	30 MG	180	30	H.B.
9/28/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
10/27/16	OXYCODONE HCL	TAB	30 MG	180	23	S.T.1.
10/27/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	S.T.1.
10/27/16	CARISOPRODOL	TAB	350 MG	60	30	S.T.1.
11/22/16	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
11/22/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	S.T.1.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
11/22/16	CARISOPRODOL	TAB	350 MG	60	30	Respondent
12/12/16	OXYCODONE HCL	TAB	30 MG	180	23	Respondent
12/12/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
12/30/16	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent

2017

54. On or about January 17, 2017, Patient C returned to Respondent and reported that she was recently hospitalized. Patient C stated that she was "blacking out for 3 days," then woke up in the hospital ICU. Respondent documented that he planned to get records for the ICU hospitalization, but no ICU records were ever added to Patient C's medical record. Respondent slightly reduced the oxycodone from 180 mg/day to 150 mg/day, and continued the Soma without change. Respondent decreased Patient C's prescription for phentermine to 15 mg/day, without documenting any explanation for the change. Patient C completed a urine drug screen that was negative for amphetamines, despite her current prescription for phentermine.

55. On or about May 24, 2017, Respondent began prescribing Patient C methadone 20 mg/day. Respondent continued to prescribe Patient C oxycodone 150 mg/day, due to a recent fall. Patient C completed a urine drug screen that was positive for methadone, and negative for oxycodone and amphetamines. It is unclear why Patient C's test was positive for methadone, since she only received her prescription the same day. It is also unclear why Patient C's urine drug screen was negative for oxycodone and phentermine, as she was currently being prescribed oxycodone and phentermine daily.

56. On or about June 21, 2017, Respondent diagnosed Patient C with lumbar radiculopathy, despite normal motor, reflex, and sensory exams. Respondent did not document any review of lumbar imaging for Patient C. Respondent prescribed three-level transforaminal epidural steroid injections on the right L3, L4, and L5.

57. On or about June 22, 2017, Respondent attempted to perform the three-level transforaminal epidural steroid injections on Patient C, but was only able to complete the injections at one level. Respondent did not document why the procedure was altered or incomplete in the medical records. Respondent did not document what happened when he tried to

insert the needles into Patient C during the procedure that prevented him from completing the procedure.

58. On or about July 19, 2017, Patient C returned to Respondent complaining of continued lower back pain. Patient C completed a urine drug screen that was positive for benzoylecgonine, a metabolite of cocaine. The medical records contain no physical examination, but state that the methadone and oxycodone were decreased due to the urine screen and the patient asked to be discharged from the practice. Patient C participated in a urine drug test at this visit, which was negative for amphetamines, opiates, and oxycodone. The same day, Respondent's office manager sent a letter to Patient C discharging her from the practice due to the positive cocaine metabolite result. The letter included a prescription for methadone and oxycodone. Patient C filled both prescriptions provided by Respondent, with subsequent refills on August 24, 2017 and September 28, 2017.

59. During the period of on or about January 18, 2017 through September 28, 2017, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/18/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent
1/18/17	OXYCODONE HCL	TAB	30 MG	150	19	Respondent
1/18/17	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
2/14/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent
2/14/17	OXYCODONE HCL	TAB	30 MG	150	19	Respondent
3/3/17	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
3/13/17	OXYCODONE HCL	TAB	30 MG	150	19	Respondent
3/13/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent
4/5/17	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
4/5/17	OXYCODONE HCL	TAB	30 MG	150	30	Respondent
4/5/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent
5/1/17	OXYCODONE HCL	TAB	30 MG	150	30	Respondent
5/1/17	PHENTERMINE HCL	TAB	37.5 MG	30	30	Respondent
5/1/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent
5/24/17	METHADONE HCL	TAB	10 MG	60	30	Respondent
5/24/17	OXYCODONE HCL	TAB	30 MG	150	19	Respondent
5/24/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent
6/21/17	OXYCODONE HCL	TAB	30 MG	150	19	Respondent
6/21/17	METHADONE HCL	TAB	10 MG	60	30	Respondent
6/27/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
7/19/17	OXYCODONE HCL	TAB	30 MG	150	19	Respondent
7/19/17	METHADONE HCL	TAB	10 MG	60	30	Respondent
7/19/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent
8/16/17	METHADONE HCL	TAB	10 MG	30	30	Respondent
8/16/17	OXYCODONE HCL	TAB	30 MG	75	25	Respondent
8/24/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent
9/28/17	CARISOPRODOL	TAB	350 MG	60	30	Respondent

DEPARTURES

PATIENT A

60. Respondent treated Patient A's pain by prescribing three different opiates daily, and two additional sedatives. The combination of prescribed opiates and benzodiazepines greatly increased the risk of overdose due to a dangerous drug combination. Respondent reduced the amount of opiates prescribed in 2017, but continued to prescribe an extremely high dose of opiates in combination with benzodiazepines. Despite Patient A's repeated failed urine toxicology test, Respondent continued to prescribe controlled substances without any investigation or modification of the treatment plan. Respondent's medical records for Patient A do not document adequate information to support the use of extremely high levels of opiates, in combination with benzodiazepines. Respondent's failure to adequately document a sufficient justification for the prescription and continued use of high doses of opioids and benzodiazepines, despite aberrant behaviors, constitutes negligence.

PATIENT B

61. Respondent initiated Patient B on extremely high doses of opioids at the outset of treatment, including three short acting opioids (hydromorphone, morphine and hydrocodone) used concurrently. Respondent prescribed opiates totaling 1040 MME/day at the beginning of the treatment period reviewed, with continuing high doses absent any medical documentation to support the amount of opiates prescribed. In December of 2018, Respondent began to lower the doses of opiates prescribed, but still did not document an adequate medical necessity for the prescribed opiates. Respondent's records for Patient B often contained little more than a subjective complaint of pain. Despite reducing the prescribed opiates to Patient B, Respondent

continued to prescribe 338 MME / day, an amount three to six times greater than what was recommended by the CDC at the time. Respondent failed to document sufficient justification for the continued prescription of high dose opiates to Patient B, which constitutes negligence.

PATIENT C

62. Respondent prescribed Patient C 225 MED / day on the initial visit for Patient C on July 17, 2016. Respondent chose to initiate a very high dose of opiates in his treatment of Patient C, despite her not receiving any opiates during the previous 51 weeks according to CURES. Respondent quickly increased the amount of opiates prescribed to Patient C, absent any attempt to treat Patient C's pain with non-opioid medications other than carisoprodol and an amphetamine. Respondent did not document an adequate justification to support the amount of opiates prescribed to Patient C. Patient C notified Respondent that she blacked out and was hospitalized while prescribed a very high amount of opiates, but Respondent did not obtain copies of the ICU hospitalization records to investigate her hospitalization. Respondent continued to prescribe high dose opiates to Patient C, despite repeated failed and suspicious urine drug toxicology tests. Respondent began prescribing methadone to Patient C following a reported fall, absent any clinical findings to justify the new prescription other than Patient C's subjective report. Respondent prescribed controlled substances to Patient C, without performing an adequate evaluation and risk stratification prior to and during the time that he prescribed controlled substances, which constitutes negligence.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 58508, issued to Russ L. Levitan, M.D.;

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

3. Ordering Russ L. Levitan, 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: MAR 30 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

FR2019504829
14539511