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

In the Matter of the Accusation Against: John F. Kirby, Jr., M.D. Physician's and Surgeon's Certificate No. G 15922 Respondent.	Case Nos. 800-2016-025104 and 800-2019-056803

ORDER CORRECTING NUNC PRO TUNC CLERICAL ERROR IN "RESPONDENT NAME" PORTION OF ORDER

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "Respondent Name" portion of the Order in the above-entitled matter and that such clerical error should be corrected so that the name will conform to the Board's issued license.

IT IS HEREBY ORDERED that the name contained on the Order Page in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read as "John F. Kirby, Jr., M.D."

July 13, 2021

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

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

In the Matter of the Accusation Against: John F. Kirby, M.D. Physician's and Surgeon's License No. G 15922 Respondent	Case Nos. 800-2016-025104 and 800-2019-056803

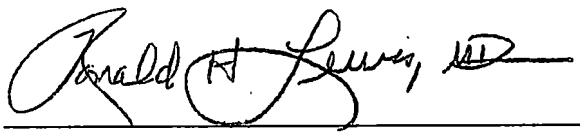
DECISION

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 14, 2021.

IT IS SO ORDERED: June 14, 2021.

MEDICAL BOARD OF CALIFORNIA



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

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

In the Matter of the Accusation Against: **JOHN F. KIRBY, JR., M.D.** **5680 N. Fresno Street, #107** **Fresno, CA 93710-8331** **Physician's and Surgeon's Certificate No. G 15922** Respondent.	Case No. 800-2016-025104 OAH No. 2019080846 & Case No. 800-2019-056803 OAH No. unassigned **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 Lynette D. Hecker, Deputy Attorney General.

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2. Respondent John F. Kirby, Jr., M.D. (Respondent) is represented in this proceeding by attorney Richard Salinas, whose address is: 8405 N. Fresno Street, Suite 150, Fresno, CA 93720.

3. On or about December 16, 1968, the Board issued Physician's and Surgeon's Certificate No. G 15922 to John F. Kirby, Jr., 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 Accusations No. 800-2016-025104 and No. 800-2019-056803, and will expire on June 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-025104 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 August 8, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-025104 is attached as Exhibit A and incorporated herein by reference.

6. Accusation No. 800-2019-056803 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 February 3, 2021. This stipulation shall serves as Respondent's Notice of Defense pursuant to Government Code section 11506, subdivision (a)(4).

7. A copy of Accusation No. 800-2019-056803 is attached as Exhibit B and incorporated herein by reference.

ADVISEMENT AND WAIVERS

8. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusations No. 800-2016-025104 and No. 800-2019-056809. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

9. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the respective Accusations; 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.

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

CULPABILITY

11. Respondent understands and agrees that the charges and allegations in Accusations No. 800-2016-025104 and No. 800-2019-056809, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

12. 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.

13. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2016-025104 and No. 800-2019-056809, true and correct copies of which are attached hereto as Exhibits A and B, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 15922 to disciplinary action.

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

CONTINGENCY

15. 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.

16. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusations No. 800-2016-025104 and No. 800-2019-056809 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

17. 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.

18. 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 15922 issued to Respondent John F. Kirby, Jr., M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions:

1. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and the Accusations 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.

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

6. 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.

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

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

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

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Travel or Residence Outside California

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

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

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

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

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards' 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; and Quarterly Declarations.

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

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

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

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

15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusations No. 800-2016-025104 and No. 800-2019-056809 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, Richard Salinas. 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: 2/18/2021

JOHN F. KIRBY, JR., M.D.
Respondent

I have read and fully discussed with Respondent John F. Kirby, Jr., 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: 2/18/21

RICHARD SALINAS
Attorney for Respondent

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ENDORSEMENT

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

DATED: 2/18/2021

Respectfully submitted,

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

LYNETTE D. HECKER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-025104

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

In the Matter of the Accusation Against: **JOHN F. KIRBY, JR., M.D.** 5680 N. Fresno Street, #107 Fresno, CA 93710-8331 **Physician's and Surgeon's Certificate No. G 15922,** Respondent.	Case No. 800-2016-025104 **ACCUSATION**

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 December 16, 1968, the Medical Board issued Physician's and Surgeon's Certificate Number G 15922 to John F. Kirby, Jr., 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 June 30, 2021, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws.

4. Business and Professions Code section 2227[1] states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

STATUTORY PROVISIONS

5. Section 725 of the Code states:

> "(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.
>
> "(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six

[1] All further statutory references are to the Business and Professions Code, unless otherwise indicated.

hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

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

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

6. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

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

7. 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."

8. Section 4021 of the Code states:

" 'Controlled substance' means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code."

9. Section 4022 of the Code states, in pertinent part:

> "'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use in humans or animals, and includes the following:
>
> "(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.
>
> "...
>
> "(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

DEFINITIONS

10. 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.

11. Acetaminophen and hydrocodone bitartrate (Vicodin®, Lortab®, and Norco®) is an opioid pain medication used for relief from moderate to moderately severe pain and has a high potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code, section 11055, subdivision (e). It is also a dangerous drug pursuant to section 4022.

12. Alprazolam (Xanax) is a member of the benzodiazepine family and is used for short term management of anxiety. It is a Schedule IV controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.14, subdivision (c) and Health and Safety Code, section 11057, subdivision (d). It is also a dangerous drug pursuant to section 4022.

13. 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. 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. (See 21 C.F.R., § 1308.14.)

14. Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. On January 11, 2012, Carisoprodol was classified a Schedule IV controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.14, subdivision (c). It is also a dangerous drug pursuant to section 4022.

15. CURES. Controlled Substance Utilization Review and Evaluation System 2.0 (CURES 2.0) 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.

16. Controlled Substances Agreement, also known as a pain management contract or pain management 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.)

17. Doxylamine is a first-generation antihistamine used as a short-term sedative and sleep aid, or in combination formulations to provide night-time allergy and cold relief.

18. Gabapentin (Neurontin®) is an anticonvulsant medication used to treat partial seizures, neuropathic pain, hot flashes, and restless legs syndrome. It is recommended as one of a number of first-line medications for the treatment of neuropathic pain caused by diabetic neuropathy, postherpetic neuralgia, and central neuropathic pain. Gabapentin is a dangerous drug, pursuant to section 4022.

19. Hydrocodone is an opioid medication used to treat moderate to severe pain. In combination with acetaminophen, it is sold under the brand names Hysingla ER® and Zohydro®, among others. Prior to October 6, 2014, Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.13,

subdivision (e). On October 6, 2014, Hydrocodone combination products were reclassified as Schedule II controlled substances pursuant to Code of Federal Regulations, Title 21, section 1308.12, where it currently remains. Hydrocodone combined with acetaminophen is a dangerous drug pursuant to section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

20. Lorazepam (Ativan®) is a member of the benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.14, subdivision (c) and Health and Safety Code, section 11057, subdivision (d).It is a dangerous drug pursuant to section 4022.

21. Methadone is an opioid medication used to treat pain. Methadone use can cause abnormal heart rhythm. It is a Schedule II controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.12, and Health and Safety Code, section 11055, subdivision (b). It is also a dangerous drug pursuant to section 4022.

22. "MME" is an abbreviation for the Morphine Milligram Equivalents used to evaluate the levels of opioids prescribed to a patient. The Centers for Disease Control and Prevention (CDC) recommends avoiding or carefully justifying any dosage greater than 90 MME per day.

23. Mirtazapine is an antidepressant, often used to treat depression that is complicated by anxiety or trouble sleeping.

24. Morphine Sulphate is an opiate medication used to treat pain. MS Contin is a preparation of morphine sulphate in an extended-release tablet. It is a Schedule II controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.12, and Health and Safety Code, section 11055, subdivision (b). It is also a dangerous drug pursuant to Business and Professions Code section 4022.

25. Nucynta® (tapentadol hydrochloride) is an opioid pain medication or narcotic that is used to treat moderate to severe pain. Nucynta® has a high potential for abuse. Nucynta® 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.

26. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodone®, Xtampza ER®) is a white odorless crystalline power 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 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 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.

27. Temazepam (Restoril®) is a benzodiazepine medication that affects chemicals in the brain that may be unbalanced in people with sleep problems. Temazepam is used to treat insomnia symptoms and has the potential for abuse. Temazepam is a Schedule IV controlled substance pursuant to Health and Safety Code, section 11057, subdivision (d), and a dangerous drug pursuant to section 4022.

28. 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 section 4022.

29. Zolpidem is non-benzodiazepine sedative used for the short term treatment of sleeping problems. It is sold under the brand name Ambien®. Zolpidem is a Schedule IV controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.14, subdivision (c) and Health and Safety Code, section 11057, subdivision (d), and a dangerous drug pursuant to section 4022.

FACTUAL ALLEGATIONS

30. Respondent is Board Certified in Physical Medicine and Rehabilitation. He has a hospital-based practice for rehabilitation medicine, as well as an office practice focused on pain management.

Circumstances related to Patient A[2]

31. Patient A, a 65-year-old man, saw Respondent regularly over many years for treatment of pain. In addition to chronic pain, Patient A suffers from chronic obstructive pulmonary disease (COPD), and diabetes. Related to his diabetes, Patient A has impaired circulation in his extremities which resulted in amputation of his right leg in 2015. Patient A is wheelchair-bound and dependent on supplemental oxygen.

32. Between January 30, 2014, and May 19, 2016, Patient A presented to Respondent every few months, for a total of 11 visits. Each of these visits was documented by Respondent on a single-page State of California Division of Worker's Compensation Primary Treating Physician's Progress Report (PR-2) form.

33. Between August 18, 2016, and August 15, 2017, Patient A presented to Respondent every few months, for a total of five visits. All five of these visits were documented by Respondent on a single-page handwritten note. In an interview with investigators, Respondent admitted that he did not have a treatment plan for Patient A, other than prescribing controlled substances.

34. Between January 30, 2014, and August 15, 2017, Respondent prescribed MS Contin 100 mg, four tablets, four times per day, for a total of 480 tables per month, and 1600 mg morphine sulphate per day. Additionally, Respondent prescribed immediate-release morphine sulphate, 30 mg, two tablets, four times per day. Respondent did not alter this medication regimen during this period.

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[2] Patient names have been redacted to protect privacy. The names will be provided to Respondent in discovery.

35. On or about September 16, 2014, February 17, 2015, May 28, 2015, July 7, 2015, and September 8, 2015, Respondent prescribed lorazepam 1 mg, one tablet, four times per day, for a total of 120 tablets for one month.

36. On or about April 18, 2017, Respondent received a faxed message from Patient A's pharmacist requesting further information in support of the written prescriptions for multiple controlled substances. The message stated that the patient had respiratory problems, and the high dosage of morphine prescribed creates a high risk for opioid toxicity. The pharmacist's notice requested an evaluation and long term treatment plan to justify the high dosage of morphine to Patient A. Respondent replied to the pharmacist in writing, disputing the significance of the MME, and asserting that the high morphine dosage was justified because Patient A had already been taking this amount or greater for "more than ten years." (Emphasis in original.) Respondent replied that "removing his meds is far more likely to be fatal than continuing his meds."

37. On or about May 10, 2017, Respondent received a written notification from Patient A's medical insurance companies Narcotic Drug Utilization Review Program. The notice expressed concern that Patient A was prescribed a high daily dose of opioids (in excess of 200 mg morphine equivalent dose/day), which "increases the risk of adverse events and may require more intense monitoring and/or opioid rotation." There is no evidence that Respondent responded to this letter.

38. Between August 18, 2016, and August 15, 2017, Respondent prescribed gabapentin 300 mg, one tablet, three times per day.

39. During the period of on or about January 1, 2014, through on or about December 31, 2014, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-01-02	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-01-03	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-01-03	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-01-30	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-01-30	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-02-11	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-02-27	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-02-27	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-03-11	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-03-27	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-03-27	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-04-10	MORPHINE SULFATE	TER	100 MG	160	RESPONDENT
2014-04-17	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-04-18	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-04-24	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-05-15	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-05-15	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-05-15	ALPRAZOLAM	TAB	1 MG	10	RESPONDENT
2014-05-23	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-06-19	MORPHINE SULFATE	TAB	30 MG	200	RESPONDENT
2014-06-19	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-06-24	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-07-10	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	24	J.M., M.D.
2014-07-14	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-07-14	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-07-28	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-08-15	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-08-15	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-08-21	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-09-09	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-09-10	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-09-16	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-10-06	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-10-07	MORPHINE SULFATE	TER	100 MG	400	RESPONDENT
2014-10-13	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-10-28	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-10-29	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-11-09	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-11-22	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-11-22	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-12-10	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-12-15	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-12-15	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT

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40. During the period of on or about January 1, 2015, through on or about December 31, 2015, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-01-11	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-01-13	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-01-16	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-02-10	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-02-10	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-02-17	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-03-05	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-03-12	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-03-16	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-04-03	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-04-03	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-04-12	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-05-01	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-05-01	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-05-12	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-05-31	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-06-03	MORPHINE SULFATE	TER	100 MG	450	RESPONDENT
2015-06-11	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-06-29	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-06-29	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-07-07	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-07-30	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-07-30	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-08-04	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-08-28	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-08-28	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-08-31	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-09-25	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-09-25	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-09-30	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-10-28	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-10-28	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-11-01	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-11-28	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-12-04	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-12-04	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-12-23	MORPHINE SULFATE	TER	100 MG	9	A.S., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-12-23	MORPHINE SULFATE	TAB	30 MG	17	A.S., M.D.
2015-12-24	MORPHINE SULFATE	TER	100 MG	18	A.S., M.D.
2015-12-24	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2015-12-24	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-25	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-26	MORPHINE SULFATE	TER	100 MG	36	A.S., M.D.
2015-12-26	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-26	MORPHINE SULFATE	TAB	30 MG	36	A.S., M.D.
2015-12-27	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-28	MORPHINE SULFATE	TER	100 MG	30	A.S., M.D.
2015-12-28	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-28	MORPHINE SULFATE	TAB	30 MG	30	A.S., M.D.
2015-12-29	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-30	MORPHINE SULFATE	TER	100 MG	100	A.S., M.D.
2015-12-30	LORAZEPAM	TAB	1 MG	2	A.S., M.D.

41. During the period of on or about January 1, 2016, through on or about December 31, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-01	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-02	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-03	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-04	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-05	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-06	MORPHINE SULFATE	TAB	30 MG	30	A.S., M.D.
2016-01-06	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-07	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-07	MORPHINE SULFATE	TAB	30 MG	54	A.S., M.D.
2016-01-08	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-09	MORPHINE SULFATE	TER	100 MG	36	A.S., M.D.
2016-01-09	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-10	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-11	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-11	MORPHINE SULFATE	TER	100 MG	84	A.S., M.D.
2016-01-12	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-13	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-14	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-15	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-01-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-01-15	LORAZEPAM	TAB	1 MG	2	A.S., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-15	MORPHINE SULFATE	TER	100 MG	84	A.S., M.D.
2016-01-16	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-17	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-18	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2016-01-18	TEMAZEPAM	CAP	15 MG	2	A.S., M.D.
2016-01-19	MORPHINE SULFATE	TER	100 MG	112	A.S., M.D.
2016-01-19	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-19	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-20	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-01-20	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-20	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-21	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-21	MORPHINE SULFATE	TAB	30 MG	84	A.S., M.D.
2016-01-21	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2016-01-22	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-22	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-23	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-23	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-24	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2016-01-24	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-25	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-25	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-26	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-26	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-27	MORPHINE SULFATE	TER	100 MG	120	A.S., M.D.
2016-01-27	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-27	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-28	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-28	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-29	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-29	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-30	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-30	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-31	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-31	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-01	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-01	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-02	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-02	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-03	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-03	LORAZEPAM	TAB	1 MG	2	A.S., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-02-04	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-04	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-05	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-05	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-06	MORPHINE SULFATE	TER	100 MG	60	A.S., M.D.
2016-02-06	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-06	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-07	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-07	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-08	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-08	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-09	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-09	MORPHINE SULFATE	TER	100 MG	60	A.S., M.D.
2016-02-09	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-10	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-10	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-11	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-11	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-12	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-12	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-13	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-13	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-14	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-14	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-15	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-15	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-16	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-16	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-17	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-17	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-17	MORPHINE SULFATE	TER	100 MG	60	A.S., M.D.
2016-02-18	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-18	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-19	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-19	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-20	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-20	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-21	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-21	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-22	MORPHINE SULFATE	TER	100 MG	120	A.S., M.D.
2016-02-22	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-02-22	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-23	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-23	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-24	TEMAZEPAM	CAP	15 MG	2	A.S., M.D.
2016-02-24	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-24	LORAZEPAM	TAB	1 MG	4	A.S., M.D.
2016-02-24	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-24	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2016-02-26	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-26	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-04-04	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-04-14	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-04-14	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-05-01	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-05-14	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-05-14	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-05-30	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-06-11	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-06-11	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-06-29	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-07-07	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-07-14	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-07-28	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-08-06	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-08-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-08-24	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-08-26	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2016-09-02	MORPHINE SULFATE	TAB	30 MG	360	J.K., M.D.
2016-09-13	MORPHINE SULFATE	TER	100 MG	480	J.K., M.D.
2016-09-23	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-09-30	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2016-10-06	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-10-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-10-20	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-10-26	DIAZEPAM	TAB	5 MG	4	S.S., M.D.
2016-11-01	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2016-11-04	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-11-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-11-21	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-12-05	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-12-10	ANDROGEL	GEL	1.62%	150	S.S., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-12-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-12-18	LORAZEPAM	TAB	1 MG	120	RESPONDENT

42. During the period of on or about January 1, 2017, through on or about December 31, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-13	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-01-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-01-17	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-02-03	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2017-02-12	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-02-15	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-02-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-03-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-03-14	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-03-15	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-03-20	LYRICA	CAP	75 MG	60	D.P., D.O.
2017-04-14	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-04-14	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-04-14	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-05-10	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-05-10	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-05-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-06-06	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-06-06	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-07-05	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-07-05	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-07-24	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2017-08-03	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-08-03	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-08-08	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-08-31	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-08-31	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-09-06	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-09-25	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2017-09-27	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-09-27	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-10-05	LORAZEPAM	TAB	1 MG	120	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-10-25	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-10-25	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-11-06	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-11-20	NUCYNTA ER	TER	100 MG	30	L.S., M.D.
2017-11-21	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-11-24	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-11-26	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-12-03	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-12-13	NUCYNTA ER	TER	100 MG	30	L.S., M.D.
2017-12-22	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-12-29	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-12-31	LORAZEPAM	TAB	1 MG	120	RESPONDENT

43. During the period of on or about January 1, 2018, through on or about December 31, 2018, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-01-22	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-02-01	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-02-02	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2018-02-08	NUCYNTA ER	TER	100 MG	30	RESPONDENT
2018-02-27	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-02-27	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-03-16	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2018-03-19	NUCYNTA ER	TER	100 MG	30	RESPONDENT
2018-03-26	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-03-26	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-04-23	NUCYNTA ER	TER	100 MG	30	RESPONDENT
2018-04-23	MORPHINE SULFATE	TAB	30 MG	240	RESPONDENT
2018-04-23	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-05-22	NUCYNTA ER	TER	100 MG	30	RESPONDENT
2018-05-22	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-05-22	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-06-18	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-06-18	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-07-19	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-07-19	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-07-26	NUCYNTA ER	TER	100 MG	9	RESPONDENT
2018-08-20	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-08-20	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-09-25	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-09-25	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-10-02	ANDROGEL	GEL	1.62%	75	R.P., M.D.
2018-11-01	ANDROGEL	GEL	1.62%	75	R.P., M.D.
2018-11-06	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2018-11-06	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-11-06	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-11-26	ANDROGEL	GEL	1.62%	75	R.P., M.D.
2018-12-11	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2018-12-11	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-12-11	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-12-26	ANDROGEL	GEL	1.62%	75	R.P., M.D.

44. During the period of on or about January 1, 2019, through on or about, July 19, 2019, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-01-10	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-02-07	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-02-07	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2019-02-07	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT
2019-02-28	ANDROGEL	GEL	1.62%	75	R.P., M.D.
2019-03-14	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-03-18	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-03-18	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-03-18	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT
2019-04-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-04-16	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT
2019-04-16	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-04-16	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-05-15	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-05-15	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-05-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-05-15	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT
2019-06-14	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-06-18	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-06-18	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-06-18	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-07-05	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	10	E.O., D.P.M.
2019-07-16	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-07-19	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-07-19	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-07-19	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT

Circumstances Related to Patient B

45. Patient B, a 50-year-old woman, was treated by Respondent regularly since 2008 for pain related to workplace injuries. She had a complex medical history that included depression, anxiety, bipolar disorder, and seizures.

46. On or about December 12, 2011, Patient B attempted suicide by taking an overdose of medications, including morphine, alprazolam, and Vicodin.

47. As of January 2014, Respondent was prescribing methadone 10 mg, two tablets, three times per day, carisoprodol, and alprazolam. On or about November 24, 2014, Respondent increased Patient B's methadone to 10 mg four times per day. On or about January 15, 2015, Respondent added zolpidem 5 mg to Patient B's prescriptions. On or about October 5, 2015, Respondent began prescribing Norco to Patient B, in addition to the methadone she was already taking. On or about July 14, 2016, Respondent began prescribing mirtazapine, and stopped prescribing zolpidem.

48. In an interview with investigators, Respondent stated that he had no long term pain management goals with specific parameters for Patient B's success, other than to "try and make life bearable for her."

49. On January 13, 2017, Patient B committed suicide. The cause of death was acute intoxication from the combined effects of methadone, alprazolam, doxylamine, and mirtazapine.

50. During the period of on or about January 1, 2014, through on or about December 31, 2014, Patient B filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-05-07	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-05-16	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-06-03	CARISOPRODOL	TAB	350 MG	108	RESPONDENT
2014-06-12	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-06-27	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-06-28	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	12	V.P., D.D.S.
2014-07-03	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	8	V.P., D.D.S.
2014-07-04	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-07-22	ALPRAZOLAM	TAB	1 MG	60	RESPONDENT
2014-07-25	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-07-30	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-08-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	8	V.P., D.D.S.
2014-08-21	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-08-26	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-09-04	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	12	V.P., D.D.S.
2014-09-06	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	8	V.P., D.D.S.
2014-09-20	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-09-23	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-10-17	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-10-20	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-11-12	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-11-13	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-12-09	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-12-10	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-12-20	TRAMADOL HCL	TAB	50 MG	20	V.P., D.D.S.

51. During the period of on or about January 1, 2015, through on or about December 31, 2015, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-01-08	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-01-08	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2015-01-15	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-01-15	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-01-30	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-02-11	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-02-15	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-02-28	CARISOPRODOL	TAB	350 MG	120	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-03-09	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-03-13	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-03-27	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-03-31	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-04-07	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-04-10	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-04-22	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-04-23	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-05-01	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-05-14	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-05-20	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-05-30	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-06-02	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-06-11	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-06-17	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-06-24	OXYCODONE HCL	CAP	5 MG	60	RESPONDENT
2015-07-02	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-07-09	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-07-21	OXYCODONE HCL	CAP	5 MG	56	RESPONDENT
2015-07-21	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-07-21	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-08-05	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-08-11	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-08-20	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	20	RESPONDENT
2015-08-20	ZOLPIDEM TARTRATE	TAB	10 MG	10	RESPONDENT
2015-08-27	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-09-02	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-09-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60	RESPONDENT
2015-09-03	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-09-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	20	V.P., D.D.S.
2015-09-15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	K.H., M.D.
2015-09-24	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-09-30	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-10-02	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-10-05	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	RESPONDENT
2015-10-08	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-10-21	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-10-27	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-10-29	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-11-05	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	84	RESPONDENT
2015-11-16	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-11-17	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-11-23	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-11-25	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-12-02	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	112	RESPONDENT
2015-12-13	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-12-14	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-12-20	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-12-23	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT

52. During the period of on or about January 1, 2016, through on or about December 31, 2016, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-10	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2016-01-11	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-01-14	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	112	RESPONDENT
2016-01-16	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-01-20	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-02-08	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-02-12	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	RESPONDENT
2016-02-13	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-02-17	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-03-06	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-03-11	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2016-03-11	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT
2016-03-11	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-03-21	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-04-04	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-04-08	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT
2016-04-09	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2016-04-09	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-04-19	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-05-01	CARISOPRODOL	TAB	350 MG	120	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-05-06	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT
2016-05-07	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-05-18	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-05-29	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-06-04	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT
2016-06-05	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-06-14	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-06-25	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-07-02	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-07-05	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-07-12	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-07-23	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-07-29	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-08-04	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-08-08	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-08-21	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-08-25	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-09-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-09-07	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-09-17	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-09-21	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-10-02	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-10-05	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-10-15	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-10-18	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-11-01	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-11-14	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-11-15	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-11-16	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-11-30	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-12-12	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-12-14	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-12-14	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-12-30	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT

53. During the period of on or about January 1, 2017, through on or about January 12, 2017, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-10	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2017-01-12	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT

Circumstances Related to Patient C

54. Patient C, a 55-year-old woman, was treated by Respondent beginning in 2008 for pain related to diabetic peripheral neuropathy, as well as her vascular insufficiency. Between January 1, 2014, and August 10, 2017, Patient C presented to Respondent every few months, for a total of 18 visits. The visits are documented in handwritten notes on four pages of paper.

55. In an interview with investigators, Respondent admitted that he did not have a treatment plan for Patient C, other than prescribing controlled substances, and added, "If it ain't broke, don't fix it."

56. Between October 28, 2015, and January 19, 2016, Respondent prescribed OxyContin ER 80 mg twice per day, OxyContin ER 40 mg twice per day, and Norco 10/325 six times per day, all to be taken by Patient C simultaneously.

57. During the period of on or about January 1, 2014, through on or about December 31, 2014, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-01-02	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-01-02	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-01-29	ALPRAZOLAM	TAB	2 MG	90	R.C., P.A.
2014-01-31	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-01-31	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-02-24	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-02-24	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.
2014-02-24	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-02-24	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	150	RESPONDENT
2014-03-19	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	150	RESPONDENT
2014-03-26	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-03-26	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-03-29	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-04-14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	150	RESPONDENT
2014-04-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-04-21	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-04-28	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.
2014-05-05	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-05-19	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-05-19	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-05-27	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.
2014-05-30	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-06-17	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-06-17	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-06-23	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-06-24	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-07-15	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-07-15	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-07-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-07-23	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-08-11	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-08-11	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-08-14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-08-21	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-09-09	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-09-09	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-09-10	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-09-25	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-10-07	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-10-07	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-10-07	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-10-22	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-11-03	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-11-04	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-11-04	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-11-19	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-11-28	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	160	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-12-01	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-12-01	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-12-18	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-12-29	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-12-30	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-12-30	OXYCONTIN	TER	80 MG	112	RESPONDENT

58. During the period of on or about January 1, 2015, through on or about December 31, 2015, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-01-15	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-01-27	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2015-01-27	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-01-27	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-02-14	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2015-02-23	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-02-23	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-02-23	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-03-16	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2015-03-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-03-20	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-03-24	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-04-14	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-04-16	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-04-16	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2015-04-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-05-11	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2015-05-12	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-05-12	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-05-18	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-06-08	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-06-08	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-06-08	OXYCODONE HCL	TER	80 MG	112	RESPONDENT
2015-06-18	OXYCODONE HCL	TER	40 MG	56	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-07-02	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-07-06	OXYCODONE HCL	TER	80 MG	112	RESPONDENT
2015-07-06	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-07-06	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-07-16	OXYCODONE HCL	TER	40 MG	56	RESPONDENT
2015-07-16	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-07-30	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-08-03	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-08-05	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-08-12	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-08-28	NORCO	TAB	325 MG-10 MG	18	RESPONDENT
2015-08-31	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-09-03	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-09-04	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-09-14	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-09-28	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-09-28	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-10-03	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-10-12	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-10-28	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-10-28	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-11-04	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.
2015-11-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-11-23	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-11-23	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-12-04	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-12-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-12-21	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-12-21	OXYCONTIN	TER	80 MG	112	RESPONDENT

59. During the period of on or about January 1, 2016, through on or about December 31, 2016, Patient C filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-06	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-01-19	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-01-19	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-01-19	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2016-02-04	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-02-16	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-02-16	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-02-16	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2016-03-03	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-03-14	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-03-14	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-03-16	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-04-01	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-04-08	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-04-08	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-04-15	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-05-04	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-05-07	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-05-07	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-05-16	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-06-02	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-06-04	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-06-04	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-06-14	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-06-30	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-07-02	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-07-02	OXYCODONE HCL	TER	40 MG	56	RESPONDENT
2016-07-14	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-07-29	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2016-07-30	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-07-30	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-08-13	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-08-26	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2016-08-29	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-08-29	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-09-10	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-09-22	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2016-09-28	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-09-28	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-10-08	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-10-20	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-10-26	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-10-26	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-11-07	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-11-21	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2016-11-25	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-11-25	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-12-05	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-12-19	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2016-12-23	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-12-23	OXYCONTIN	TER	80 MG	112	RESPONDENT

60. During the period of on or about January 1, 2017, through on or about December 31, 2017, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-03	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-01-19	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-01-20	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-01-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-01-31	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-02-20	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-02-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-02-20	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-02-28	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-03-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-03-20	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-03-20	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-03-29	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-04-15	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-04-15	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-04-18	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-04-27	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-05-13	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-05-13	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-05-17	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-05-26	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-06-09	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-06-09	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-06-15	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-06-22	NORCO	TAB	325 MG-10 MG	168	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-07-07	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-07-07	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-07-21	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-08-04	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-08-04	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-08-16	ALPRAZOLAM	TAB	2 MG	30	E.L., M.D.
2017-08-16	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-09-02	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-09-02	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-09-13	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-09-13	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-09-29	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-09-29	OXYCONTIN	TER	40 MG	60	E.L., M.D.
2017-10-11	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-10-11	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-10-26	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-10-26	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-11-08	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-11-09	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-11-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-11-21	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-12-05	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-12-07	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-12-18	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-12-18	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-12-29	NORCO	TAB	325 MG-10 MG	168	RESPONDENT

61. During the period of on or about January 1, 2018, through on or about December 31, 2018, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-01-05	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-01-16	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-01-16	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-01-29	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2018-02-02	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-02-12	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-02-12	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-02-24	NORCO	TAB	325 MG-10 MG	168	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-03-01	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-03-08	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-03-08	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-03-27	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	136	RESPONDENT
2018-03-29	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-04-05	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-04-05	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-04-17	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-05-03	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-05-03	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-05-03	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-05-14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-05-31	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-05-31	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-05-31	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-06-11	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-06-30	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-06-30	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-06-30	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-07-09	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-07-28	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-07-28	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-07-28	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-08-03	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	180	RESPONDENT
2018-08-25	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-08-25	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-08-25	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-08-31	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	180	RESPONDENT
2018-09-22	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-09-22	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-09-22	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-09-28	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-10-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-10-20	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-10-20	OXYCONTIN	TER	40 MG	56	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-10-24	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-10-31	ZOLPIDEM TARTRATE	TAB	10 MG	15	D.U., M.D.
2018-11-17	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-11-17	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-11-17	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-11-19	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-12-15	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-12-15	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-12-15	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-12-15	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT

62. During the period of on or about January 1, 2019, through on or about, July 30, 2019, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-01-12	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-01-12	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-01-12	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-01-12	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-02-08	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-02-08	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-02-08	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-02-11	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-03-06	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-03-06	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-03-06	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-03-11	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-04-03	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-04-03	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-04-03	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-04-08	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-05-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-05-01	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-05-01	OXYCONTIN	TER	40 MG	56	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-05-06	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-05-29	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-05-29	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-05-29	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-06-03	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-06-26	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-06-26	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-06-26	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-07-01	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-07-24	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	180	RESPONDENT
2019-07-24	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-07-24	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-07-30	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT

Circumstances Related to Patient D

63. On or about October 21, 2015, Patient D first presented to Respondent for treatment of her low back pain. Patient D's prior treating physicians refused to continue prescribing her controlled substances. Respondent did not contact Patient D's former treating physicians, or make any attempt to obtain Patient D's treatment records.

64. Between October 21, 2015, and January 10, 2017, Patient D presented to Respondent every few months, for a total of seven visits. The initial visit appears to be documented in handwritten notes on a single sheet of lined paper. Respondent's medical records for Patient D's remaining six visits are hand written notes on a single page that fail to identify the patient, are unsigned, and undated.

65. In an interview with investigators, Respondent stated that he had no long term pain management goals with specific parameters for Patient D's success. He further admitted that he never engaged in an informed consent conversation with Patient D regarding the risks and benefits of the long term use of opiates.

66. During the period of on or about January 1, 2015, through on or about December 31, 2015, Patient D filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-10-21	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2015-10-21	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2015-10-26	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2015-11-20	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2015-11-20	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2015-11-30	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2015-12-28	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT

67. During the period of on or about January 1, 2016, through on or about December 31, 2016, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-18	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-01-21	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-01-21	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-01-25	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-02-08	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-02-18	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-02-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-02-24	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-03-02	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-03-21	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-03-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-03-21	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-04-04	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-04-18	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-04-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-04-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-05-06	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	240	P.S., M.D.
2016-05-18	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-05-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-05-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-06-06	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-06-17	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-06-17	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-06-17	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-07-06	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-07-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-07-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-07-18	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-08-05	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-08-17	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-08-17	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-08-17	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-09-08	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-09-15	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-09-15	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-09-15	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-10-10	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-10-17	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-10-17	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-10-17	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-11-11	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-11-15	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-11-15	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-11-15	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-12-05	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-12-14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-12-14	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-12-14	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-12-28	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.

68. During the period of on or about January 1, 2017, through on or about December 31, 2017, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-13	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2017-01-13	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-01-13	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2017-02-01	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2017-02-13	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2017-02-13	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2017-02-13	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-03-07	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2017-03-14	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-03-14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2017-03-14	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2017-03-30	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	180	KING, MELANIE, E, (MSN)
2017-04-13	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-04-13	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2017-05-08	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-05-16	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-05-31	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2017-06-05	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-06-14	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-07-05	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-07-12	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-08-07	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-09-07	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-09-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-10-06	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-10-16	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-11-06	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-11-13	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-12-06	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-12-11	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT

69. During the period of on or about January 1, 2018, through on or about December 31, 2018, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-01-04	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-01-16	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-01-25	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2018-02-05	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-02-14	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-02-26	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2018-03-05	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-03-15	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-03-26	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	120	M.Z., M.D.
2018-04-04	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-04-15	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-04-19	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	20	G.R., N.P.
2018-05-04	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-05-07	DIETHYLPROPION HCL	TAB	25 MG	14	T.A., M.D.
2018-05-24	DIETHYLPROPION HCL	TAB	25 MG	14	T.A., M.D.
2018-05-24	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-06-04	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-06-21	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-06-21	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2018-07-03	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-07-23	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-07-23	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2018-08-02	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-08-21	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-08-21	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2018-08-31	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-09-19	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-09-19	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2018-10-01	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-10-23	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-10-31	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-11-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-11-30	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-12-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-12-31	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT

70. During the period of on or about January 1, 2019, through on or about , July 27, 2019, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-01-22	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-01-30	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-02-20	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-02-28	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-03-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-03-30	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-04-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-04-29	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-05-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-05-30	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-06-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-06-27	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-07-22	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-07-27	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT

Circumstances Related to Canine Patient E

71. Respondent prescribed alprazolam to Patient E, his dog, on or about February 14, 2014. Respondent prescribed 1 mg, to be taken twice per day, with a fifty tablet supply. Respondent did not maintain any medical records whatsoever related to his treatment of Patient E. Respondent is not a licensed veterinarian, and is not licensed to provide medical treatment to animals.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

72. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 15922 to disciplinary action under sections 2227 and 2234, as defined by section 2234,

subdivision (b), in that he committed an act or acts amounting to gross negligence in the care and treatment of Patient A, Patient B, Patient C, Patient D, and Canine Patient E. The circumstances are set forth in paragraphs 31 through 71, above, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

73. Respondent prescribed an extremely high quantity of morphine sulphate to Patient A, which carries a high risk of respiratory depression. Combining a high dose of morphine sulphate with a benzodiazepine greatly exacerbates this risk. Patient A suffered from COPD and depended on supplemental oxygen to assist his respiration, further increasing the risk of asphyxia. By prescribing an extremely high quantity of morphine sulphate in conjunction with lorazepam, in a patient suffering from COPD, who relied upon supplemental oxygen, Respondent committed an act of gross negligence.

74. Respondent failed to document an adequate treatment plan for Patient A while prescribing controlled substances. Respondent did not document objective data that could be used to evaluate the effectiveness of the treatment plan, including pain relief, improved physical and psychosocial function. Respondent did not attempt any other treatment modalities in the treatment of Patient A's pain, as alternatives to the continued prescribing of controlled substances. Respondent failed to appropriately manage Patient A while he was prescribed controlled substances. Respondent did not adequately attempt to reduce the amounts of controlled substances prescribed to Patient A, or utilize other less dangerous treatment methods. At times, Respondent prescribed Patient A controlled substances in excess of 1,900 morphine milligram equivalents per day. By failing to document a treatment plan, and inappropriately prescribing controlled substances to Patient A, Respondent committed an act of gross negligence.

75. Respondent failed to adequately utilize pain management agreements in his treatment of Patient A. While Respondent claimed that he did use a pain management agreement, he did not have a recent pain management agreement documented from 2014 through 2018. Respondent admitted that he did not recall obtaining informed consent from Patient A prior to prescribing controlled substances. By failing to adequately utilize pain management agreements and failing to provide informed consent, Respondent committed an act of gross negligence.

76. Respondent failed to document an adequate treatment plan for Patient B while prescribing controlled substances. Respondent admitted that he did not have a treatment plan for Patient B. Respondent failed to document consideration of less dangerous non-opiate treatment modalities for Patient B's pain management. By failing to prepare and/or adequately document a treatment plan for Patient B related to the prescribing of controlled substances, Respondent committed an act of gross negligence.

77. Respondent prescribed large doses of opioids to Patient C. Respondent failed to document an adequate physical examination to justify these prescriptions, failed to monitor Patient C's diabetes through appropriate lab studies, and failed to document trials of non-opioid medications to control the patient's pain. These failures constitute gross negligence.

78. Respondent failed to document an adequate treatment plan for Patient C while prescribing controlled substances. Respondent admitted that he merely continued prescribing the same controlled substances to Patient C that she had received from her prior physician. Respondent received recommendations of non-opiate prescriptions to treat Patient C's pain, but failed to utilize them and/or document why they were inappropriate for Patient C. Respondent failed to document consideration of less dangerous alternative treatment modalities for Patient C's pain management. Respondent failed to consider alternative treatment modalities, and continued to prescribe Patient C OxyContin in excess of 500 MME per day. By failing to consider alternative treatments for Patient C, and inappropriately prescribing controlled substances, Respondent committed an act of gross negligence.

79. Respondent failed to provide and/or document the provision of informed consent to Patient C prior to prescribing controlled substances. By failing to provide and/or document informed consent to Patient C, Respondent committed an act of gross negligence.

80. Respondent did not document any consultations related to the care of Patient C from January 1, 2014 through December 18, 2017. Respondent did not refer Patient C for any imaging, electromyogram test, nerve conduction study, blood work or urine drug screens. By failing to provide appropriate referrals for the evaluation and treatment of Patient C, Respondent committed an act of gross negligence.

81. Respondent failed to document an adequate treatment plan for Patient D while prescribing controlled substances. Respondent admitted that he did not have a treatment plan for Patient D. Respondent failed to document consideration of less dangerous non-opiate treatment modalities for Patient D's pain management. By failing to prepare and/or adequately document a treatment plan for Patient D related to the prescribing of controlled substances, Respondent committed an act of gross negligence.

82. Respondent failed to adequately document Patient D's treatment in her medical records. The majority of Respondent's medical records for Patient D involved six separate encounters, documented together on a single handwritten page. Respondent's medical records for Patient D were incomplete, and failed to contain a treatment plan. By failing to adequately and accurately document the treatment of Patient D in her medical records, Respondent committed an act of gross negligence.

83. Respondent inappropriately prescribed controlled substances to his dog. Respondent is not a licensed veterinarian, and maintained no treatment records related to the animal. By prescribing controlled substances to an animal that was not under his care, and failing to maintain appropriate treatment records, Respondent committed an act of gross negligence.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

84. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 15922 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), in that he engaged in repeated acts of negligence in his care and treatment of Patient A, Patient B, Patient C, Patient D, and Canine Patient E. The circumstances are set forth in paragraphs 31 through 71, above, which are incorporated here by reference as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing)

85. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 15922 to disciplinary action under sections 2227 and 2234, as defined by section 725, of the Code, in that, Respondent prescribed excessive amounts of controlled substances for Patient A,

and Patient C, as more particularly alleged in paragraphs 31 thorough 44 (Patient A), and 54 through 62 (Patient C), above, which are incorporated reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Recordkeeping)

86. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 15922 to disciplinary action under sections 2227 and 2234, as defined by section 2266 in that he failed to maintain adequate and accurate medical records in his care and treatment of Patient A, Patient B, Patient C, Patient D, and Canine Patient E. The circumstances are set forth in paragraphs 31 through 71, above, which are incorporated here by reference as if fully set forth.

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. G 15922, issued to John F. Kirby, Jr., M.D.;

2. Revoking, suspending or denying approval of John F. Kirby, Jr., M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering John F. Kirby, Jr., 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: August 8, 2019

Michael C. Brummel, Deputy Attorney General, for
KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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Exhibit B

Accusation No. 800-2019-056803

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

In the Matter of the Accusation Against: **John F. Kirby, Jr., M.D.** **5680 N. Fresno Street, #107** **Fresno, CA 93710-8331** **Physician's and Surgeon's Certificate No. G 15922,** Respondent.	Case No. 800-2019-056803 **ACCUSATION**

PARTIES

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

2. On or about December 16, 1968, the Medical Board issued Physician's and Surgeon's Certificate Number G 15922 to John F. Kirby, Jr., 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 June 30, 2021, 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.

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.

STATUTORY PROVISIONS

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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

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

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

DEFINITIONS

6. Codeine is an opioid pain medication, commonly referred to as a narcotic. Codeine has a high potential for abuse. It 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.

7. Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic. The Drug Enforcement Administration has identified fentanyl as a drug with a high potential for abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 9.) The Federal Drug Administration warns that fentanyl has a currently accepted medical use in the United States, with severe restrictions. Abuse of fentanyl may lead to severe psychological or physical dependence. Fentanyl pharmaceutical products are currently available in the following dosage forms: oral transmucosal lozenges commonly referred to as fentanyl "lollipops" (Actiq®), effervescent buccal tablets (Fentora®), sublingual tablets (Abstral®), sublingual sprays (Subsys®), nasal sprays (Lazanda®), transdermal patches (Duragesic®), and injectable formulations. Norfentanyl

is a DEA Schedule II controlled substance and a major metabolite of fentanyl, meaning that it is formed in or necessary for the body to metabolize fentanyl.

8. 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."

9. 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).

10. 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 morphine sulfate, 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.

11. Morphine is a non-synthetic narcotic, derived from opium, which is used for the treatment of pain. Morphine's effects include euphoria and relief of pain. Chronic use of morphine results in tolerance and physical and psychological dependence. Morphine use results in relief from physical pain, decrease in hunger, and inhibition of the cough reflex. Overdose effects include: cold and clammy skin; lowered blood pressure; sleepiness; slowed breathing; slow pulse rate; coma; and possible death. There are known risks associated with concomitant use of morphine with benzodiazepines or other central nervous system (CNS) depressants. Morphine is a Schedule II narcotic under the Controlled Substances Act. The Drug Enforcement Administration has identified morphine, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2017 Edition), at p. 45.)

12. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodon®, Xtampza ER®) is a white odorless crystalline power 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.) Noroxycodone is the major metabolite of the opioid analgesic oxycodone. It is formed from oxycodone in the liver via N- demethylation predominantly by CYP3A4. Noroxycodone binds to and activates the μ-opioid receptor (MOR) similarly to oxycodone, although with one-third of the affinity of oxycodone and 5- to 10-fold lower activational potency.

13. Oxymorphone (Opana ER®), 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 management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are not available. The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The Federal Drug Administration has issued a black box warning for Opana ER® 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 Opana ER® with benzodiazepines or other central nervous system (CNS) depressants.

14. "Failed back surgery syndrome" (also called FBSS, or failed back syndrome), though not actually a syndrome in the technical sense, is a generalized phrase that is often used by physicians and medical personnel to describe the condition of patients who have not had a successful result with back surgery or spine surgery and continue to experience pain after surgery.

FACTUAL ALLEGATIONS

15. Respondent first evaluated the patient[1], who had been referred to Respondent by his neighbor, on or about March 24, 2014. The patient's chief complaint was back pain for which he reported currently taking oxycodone 30 mg in the morning, 20 mg at dinner, and 20 mg at

[1] The Patient's name is not used in this pleading to maintain patient confidentiality.

bedtime. The patient also reported that he had previously been on Norco, had received injections in the past, and had lumbar surgery that did not provide benefit which was followed by removal of the hardware placed in that surgery. The patient reported his pain was 8/10 constant, but decreased to 5/10 with medication. Respondent diagnosed the patient with failed back surgery syndrome and gave him prescriptions for MS-Contin 30 mg thrice daily and Immediate Release morphine 15 mg thrice daily as needed. A return visit was scheduled for the patient in six weeks.

16. On or about March 31, 2014, the patient called Respondent's office because the pain medications Respondent prescribed for him were not providing sufficient relief. In response, Respondent changed the patient's medications and prescribed two oxycodone 10 mg pills, four times a day.

17. In various follow-up visits, the patient reported that oxycodone did not last long enough, so Respondent increased the patient's medications to three oxycodone 10 mg pills, four times a day, and added Norco 10/325 four times a day as needed for the patient to take in between oxycodone doses. The patient remained on these medications, at these doses, for several years. Oxycontin was tried, but was stopped because cost prohibitive. Methadone was also tried, but was stopped since too sedating. The patient's insurance plan would not cover the full amount of oxycodone that Respondent prescribed for the patient per month, so Respondent wrote two prescriptions of it for the patient each month – one for the amount his insurance would cover, and one for the remainder, for which the patient paid out of pocket. Over the years, consistent reduction in the patient's pain (from 9/10 to 3/10) was documented without side effects and the patient's daily activities were documented that "he can get out of bed with medication and cannot without."

18. On or about May 22, 2019, Respondent saw the patient in an office visit in which his usual monthly medications of oxycodone and Norco were prescribed and a urine drug specimen was collected. The patient picked up the oxycodone medication at a pharmacy on or about May 28, 2019. Quantitative analysis was performed on the patient's urine sample which detected oxycodone, oxymorphone, noroxycodone, fentanyl, norfentanyl, morphine, and codeine.

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19. On or about June 5, 2019, Respondent sent the patient a letter stating that he would be unable to fill any more prescriptions for the patient because of the drug test results, noting that it showed some medications that Respondent had not prescribed for the patient and only one of the medications that Respondent had prescribed for him. In that correspondence, Respondent stated that he was dismissing the patient based on his drug test results and in view of the strict prohibitions on obtaining medications from other sources as delineated in the pain contract that the patient signed. On or about June 27, 2019, Respondent provided the patient a prescription for 240 pills of oxycodone 30 mg, with directions for 2 pills to be taken four times a day, and with the notation "last fill." The patient picked up this prescription from a pharmacy on or about July 3, 2019. Respondent did not subsequently prescribe any further medications for the patient.

FIRST CAUSE FOR DISCIPLINE

(Repeated Acts of Negligence)

20. Respondent John F. Kirby, Jr., M.D. is subject to disciplinary action under section 2234, subdivision (c), in that he committed repeated acts of negligence. The circumstances are set forth in paragraphs 15 through 19, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

21. The standard of care requires that a medical history and physical exam must be accomplished. This 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. This information is necessary to risk stratify a patient being considered for opioid therapy. Respondent failed to obtain and document a substance abuse history in his new patient history and physical examination of the patient, on or about March 24, 2014, which constitutes negligence.

22. The standard of care dictates that the physician and surgeon should consider referring the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Complex pain problems may require consultation with a pain management specialist. In addition, physicians should give special attention to those pain patients who are at risk for

misusing their medications including those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse requires extra care, monitoring, documentation, and consultation with addiction medicine specialists, and may entail the use of agreements between the provider and the patient that specify the rules for medication use and consequences for misuse. When the patient's urine drug test revealed the presence of unexplained controlled substances (fentanyl, norfentanyl, morphine, and codeine) and the absence of one of the medications he prescribed for the patient (hydrocodone) concern for drug abuse should have been raised and consultation with an addictionologist should have been considered. Respondent's failure to consider and/or refer the patient to an addictionologist upon receipt of the drug urine testing results constitutes negligence. Further, when the patient was unable to tolerate opioid weaning because of uncontrolled pain, consideration should have been given for a referral to a specialist for a spinal cord stimulator trial or other injection. Respondent's failure to consider and/or refer the patient to a specialist for a spinal cord stimulator trial or other injection constitutes negligence.

23. The standard of care requires the physician to notify a patient of the following in writing when the physician wishes to discontinue care: (1) the last day the physician will be available to render medical care, assuring the patient has been provided at least 15 days of emergency treatment and prescriptions before discontinuing the physicians availability; (2) alternative sources of medical care (i.e. referral to other physicians by name, or to the local medical society's referral service); and (3) the information necessary to obtain the medical records compiled during the patient's care (whom to contact, how, and where). Respondent's failure to provide the patient with a list of other physicians by name or to guide the patient to the local medical society's referral service 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 15922, issued to John F. Kirby, Jr., M.D.;

2. Revoking, suspending or denying approval of John F. Kirby, Jr., M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering John F. Kirby, Jr., 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: FEB 03 2021

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

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