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

In the Matter of the Accusation Against: Weilee Eddie Yeh, M.D. Physician's and Surgeon's Certificate No. A 67923 Respondent.	Case No.: 800-2018-047427

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 January 14, 2022.

IT IS SO ORDERED: December 16, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

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

In the Matter of the Accusation Against: **WEILEE EDDIE YEH, M.D.** **41511 East Florida Avenue** **Hemet, CA 92544** **Physician's and Surgeon's Certificate No. A 67923,** Respondent.	Case No. 800-2018-047427 OAH No. 2021020831 **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 Rob Bonta, Attorney General of the State of California, via Joshua M. Templet, Deputy Attorney General.

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2. Respondent Weilee Eddie Yeh, M.D. (Respondent) is represented in this proceeding by attorney Henry R. Fenton, Fenton Law Group, LLP, 1990 South Bundy Drive, Suite 777, Los Angeles, CA 90025.

3. On March 26, 1999, the Board issued Physician's and Surgeon's Certificate No. A 67923 to Respondent. The certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-047427 and will expire on March 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-047427 (Accusation) 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 December 14, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of the Accusation is attached as **exhibit A** and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the Accusation. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in the Accusation, if proven at a hearing, constitute cause for imposing discipline on his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case for the charges in the Accusation. Respondent hereby gives up his right to contest those charges.

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

CONTINGENCY

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

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in the Accusation shall be deemed true, correct, and fully admitted by Respondent for purposes of such proceeding or any other licensing proceeding involving Respondent in the State of California.

14. 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.

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15. 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. A 67923 issued to Respondent Weilee Eddie Yeh, M.D. is revoked. However, the revocation is stayed, and Respondent is placed on probation for 35 months with the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I-certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. 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 months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

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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.

3. 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 months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the 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.

4. PRACTICE MONITORING. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor the name and qualifications of one or more licensed physicians and surgeons

whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering; shall be in Respondent's field of practice; and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor shall submit a quarterly written report to the Board or its designee that includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within ten calendar days after the end of the preceding quarter.

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If the monitor resigns or is no longer available, Respondent shall, within five calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

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

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

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

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

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

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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 30 calendar days.

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

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

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

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

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

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

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

16. 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 agency in the State of California, all of the charges and allegations contained in the Accusation shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or other proceeding seeking to deny or restrict such license.

ACCEPTANCE

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

DATED: 9/29/2021

WEILEE EDDIE YEH, M.D.
Respondent

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

DATED: 9/29/2021

HENRY R. FENTON
Fenton Law Group, LLP
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: September 29, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

Joshua M. Templet

JOSHUA M. TEMPLET
Deputy Attorney General
Attorneys for Complainant

LA2020601720
Stipulated Settlement and Disc Order

Accusation 800-2018-047427

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Weilee Eddie Yeh, M.D.** **41511 East Florida Avenue** **Hemet, CA 92544** **Physician's and Surgeon's Certificate No. A 67923,** Respondent.	Case No. 800-2018-047427 **A C C U S A T I O N**

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 March 26, 1999, the Medical Board issued Physician's and Surgeon's Certificate No. A 67923 to Weilee Eddie Yeh, 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 March 31, 2021, unless renewed.

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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 provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

STATUTORY PROVISIONS

5. Section 2228.1 of the Code states, in pertinent part:

> (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:
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> (1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:
>
> (A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.
>
> (B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.
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> (C) Criminal conviction directly involving harm to patient health.
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> (D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.
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> (2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.
>
> (b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate,

signed copy of that disclosure.

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

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

8. 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.

9. 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."

10. Section 4022 of the Code states:

" '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."

PERTINENT DRUG INFORMATION

11. Alprazolam – Generic name for Xanax. Alprazolam is a member of the benzodiazepine family and is a short-acting medication commonly used for the short-term management of anxiety disorders. Specifically panic disorder or generalized anxiety disorder, alprazolam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

12. Carisoprodol – Generic name for Soma. Carisoprodol 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(c). It is a dangerous drug pursuant to Business and Professions Code section 4022.

13. Diazepam – Generic name for the drug Valium. It is a benzodiazepine drug used to treat a wide range of conditions, including anxiety, panic attacks, insomnia, seizures (including status epilepticus), muscle spasms (such as in tetanus cases), restless leg syndrome, alcohol withdrawal, benzodiazepine withdrawal, opiate withdrawal syndrome and Meniere's disease. It is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

14. Hydrocodone Bitartrate with Acetaminophen – Generic name for the drugs Vicodin, Norco, and Lortab. It is an opioid analgesic combination product used to treat moderate to moderately severe pain. 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(e). On October 6, 2014, hydrocodone combination products were reclassified as Schedule II controlled substances. Hydrocodone with acetaminophen is a dangerous drug

pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

15. Lorazepam – Generic name for Ativan. Lorazepam 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(c) and California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

16. Methadone Hydrochloride – Generic name for Adanon, Althose, Dolophine, and Methadose. Methadone hydrochloride is a synthetic opioid with analgesic activity similar to morphine and other morphine-like agents, methadone mimics the actions of endogenous peptides at central nervous system (CNS) opioid receptors, primarily the mu-receptor. Methadone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

17. Oxycodone – Generic name for Oxycontin, Roxicodone, and Oxecta. It is a short acting opioid analgesic used to treat moderate to severe pain. It is a high risk drug for addiction and dependence. It can cause respiratory distress and death when taken in high doses or when combined with other substances, especially alcohol. Oxycodone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Oxycodone is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

18. Oxycodone with Acetaminophen– Generic name for Endocet and Percocet. It is an opioid analgesic combination product used to treat moderate to severe pain. Oxycodone and acetaminophen is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

19. Respondent Weilee Eddie Yeh, M.D. has subjected his Physician's and Surgeon's Certificate No. A 67923 to disciplinary action under sections 2227 and 2334, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient DE and Patient RN[1], as more particularly alleged hereafter:

20. Respondent is a licensed physician and surgeon who at all times relevant to the charges brought herein worked under Weilee Eddie Yeh, M.D. – Valley Medical Center in Hemet, California.

Patient DE

21. Patient DE was a 54-year old male who first sought treatment from Respondent in 2006 for acid reflux, a skin lesion and restless leg syndrome. Patient DE continued to see Respondent for regular and ongoing pain management until his death on August 21, 2017, due to an overdose of prescription medications which was determined to be accidental. Patient DE's diagnoses included: C-spine moderate degenerative disc disease, degenerative joint disease, other chronic pain, depression, and anxiety. Patient DE disclosed and Respondent was aware of Patient DE's prior addiction to illicit drugs.

22. On or about September 30, 2009, Patient DE had a comprehensive pain management consultation at the Temecula Pain Management Group in Hemet, California. The consultation conclusion contained a list of recommendations, one of which stated that "opiates are not a good treatment for this patient due to his history with opiate escalation and subsequent withdrawal symptoms..." No additional pain management specialist consultations occurred. Nevertheless, Respondent prescribed Patient DE opioid medications, which at times resulted in a morphine equivalent dose (MED[2]) of 120 mg or more per day.

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[1] To protect the privacy of the patients, the patients' names and information were not included in this pleading. Respondent is aware of Patient DE's, Patient MD's and Patient RN's identities. All witnesses will be fully identified in discovery.

[2] Morphine Equivalent Dose ("MED"). An MED is a numerical standard against which most opioids can be compared, yielding an apples-to-apples comparison of each medication's potency. The California Medical Board Guidelines issues November 2014 stated that any

23. On or about the following dates Respondent saw Patient DE for follow-up visits during which Respondent documented referrals to pain management specialists that Patient DE refused: August 1, 2017, July 7, 2017, June 7, 2017, May 2, 2017, April 7, 2017, March 6, 2017, February 7, 2017, January 4, 2017, December 9, 2016, October 11, 2016, April 18, 2016, February 26, 2016, November 23, 2015, April 9, 2015, October 6, 2014, September 9, 2014, June 20, 2014, March 28, 2014, January 9, 2014, November 15, 2013, and September 19, 2013. Nevertheless, Respondent continued to prescribe Patient DE combinations of increasing amounts opioids, benzodiazepines, and muscle relaxants.

24. On or about January 7, 2014 through February 10, 2015, on an approximately monthly basis, Respondent prescribed two-hundred forty (240) 10/325 mg dosages of oxycodone with acetaminophen (120 MED), sixty (60) 1 mg dosages of alprazolam, and ninety (90) 350 mg dosages of carisoprodol to Patient DE.[3]

25. On or about February 11, 2015 through March 2015, Respondent ceased prescribing oxycodone with acetaminophen, and instead began prescribing oxycodone without acetaminophen at one-hundred twenty (120) 20 mg dosages (still 120 MED) to Patient DE while continuing the same monthly regimen of alprazolam and carisoprodol.

26. On or about August 7, 2015 through September 29, 2015, Respondent prescribed oxycodone at one-hundred twenty (120) 20 mg dosages per month, oxycontin thirty (30) 20 mg dosages per month (150 MED), and ninety (90) 350 mg dosages of carisoprodol to Patient DE.

27. On or about November 2, 2015 through April 27, 2016, on an approximately monthly basis, Respondent prescribed oxycodone at one-hundred eighty (180) 20 mg dosages per month (180 MED) and ninety (90) 350 mg dosages of carisoprodol to Patient DE.

28. On or about May 12, 2016 through December 20, 2016, on an approximately monthly basis, Respondent prescribed oxycodone at one-hundred eighty (180) 20 mg dosages (180 MED),

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physicians should proceed cautiously (yellow flag warning) once an MED reaches 80 mg per day. http://www.mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf

[3] Prescribing opioids together with benzodiazepines and muscle relaxants is a highly addictive and dangerous mix also called the "Holy Trinity."

ninety (90) 350 mg dosages of carisoprodol, and ninety (90) 5 mg dosages of diazepam to Patient DE.[4]

29. On or about May 12, 2016 through August 1, 2017, Respondent's medical record documentation of Patient DE lacked up-to-date medication lists insofar as the prescribed medications of diazepam and carisoprodol do not appear in Patient DE's chart notes.

30. On or about January 10, 2017 through August 20, 2017, on an approximately monthly basis, Respondent prescribed oxycodone at one-hundred eighty (180) 20 mg dosages (180 MED) and ninety (90) 350 mg dosages of carisoprodol to Patient DE.

31. On or about August 1, 2017, at Patient DE's last follow-up visit with Respondent, twenty days prior to his death, Patient DE disclosed to Respondent that he "is hanging out with some new people and is tempted to go back [to] drinking and taking illicit drugs." Respondent did not attempt to taper, wean, or stop prescribing controlled substances to Patient DE but rather, required a urine drug screening as condition precedent for the following month's follow-up visit. Virtually no prior urine drug analysis screenings were conducted by Respondent prior to this.

32. On or about January 2013 through August 2017, at almost each of Patient DE's monthly follow-up visits with Respondent, Respondent did not sufficiently document in Patient DE's medical records whether or not Patient DE's functional status improved with the escalating dosages of opioids nor did Respondent properly document whether the risks were justified by the benefits to Patient DE.

33. On or about the following dates Respondent saw Patient DE for follow-up visits during which Respondent documented, in the progress notes of the medical file, that Patient DE reported falling down: August 1, 2017, July 7, 2017, February 7, 2017, October 11, 2016, August 15, 2016, July 7, 2016, February 26, 2016, November 23, 2015, August 13, 2015, August 4, 2015, February 11, 2015, January 2, 2015, September 9, 2014, and September 19, 2013. In each instance, there was little or no context or description stated in the medical records regarding the surrounding circumstances of the falls. Furthermore, no precise dates are documented as to when each of Patient DE's falls took place.

[4] Also known as the "Holy Trinity."

34. Respondent's care and treatment of Patient DE departed from the standard of care in that:

A. Respondent failed to follow the 2009 formal pain management specialist recommendation which explicitly stated the avoidance of opioids;

B. Respondent did not insist on periodic input from pain management specialists despite Patient DE's refusal to continually see pain management specialists;

C. Respondent failed to consistently document whether or not Patient DE's functional status improved or not with escalating doses of opioids nor did he clarify if the risks were justified by the benefits;

D. Respondent failed to implement more frequent urine drug screenings;

E. Respondent failed to taper or stop prescribing controlled substances to Patient DE at Patient DE's last visit on or about August 1, 2017, when Patient DE informed Respondent he was likely to use alcohol and/or illicit drugs again;

F. Respondent failed to properly document the details of Patient DE's multiple falls such as the precise dates of the falls, the context of the falls, and other important details; and

G. Respondent's medical record documentation of Patient DE lacked up-to-date medication lists and the progress notes lacked important elements to form a complete unambiguous narrative.

Patient RN

35. Patient RN is a 43-year old male who first sought treatment from Respondent prior to 2006. In or about August 2009, Respondent was treating Patient RN for chronic back pain due to degenerative disc disease and depression. Respondent prescribed hydrocodone bitartrate with acetaminophen at 10/650 mg every six hours as needed.

36. On or about September 30, 2009, Patient RN had a comprehensive pain management consultation at the Temecula Pain Management Group in Hemet, California for low back pain with leg pain. Patient RN's assessment was degenerative joint disease, lumbar spine and lumbar radiculitis. The consultation contained a treatment plan of lumbar epidural steroid injections.

37. On or about July 17, 2014, at Patient RN's follow-up visit with Respondent, Respondent ceased prescribing oxycodone, and instead began prescribing methadone hydrochloride without knowing the conversion factor between the two opioid medications.

38. On or about January 2, 2016 through October 10, 2016, on an approximately monthly basis, Respondent prescribed hydrocodone bitartrate with acetaminophen at one-hundred eighty (180) 10/325 mg dosages, methadone hydrochloride at two-hundred forty (240) 10 mg dosages (1020 MED), and ninety (90) 350 mg dosages of carisoprodol to Patient RN.

39. On or about the following dates Respondent saw Patient RN for follow-up visits during which Respondent documented referrals to pain management specialists and/or clinics that Patient C refused: September 9, 2015, December 3, 2015, March 3, 2016, June 2, 2016, July 14, 2016, September 29, 2016, March 9, 2017, June 22, 2017, and December 29, 2017. Nevertheless, Respondent continued to prescribe Patient RN combinations of increasing amounts opioids and muscle relaxants.

40. On or about September 3, 2014 through October 27, 2016, Respondent's medical record documentation of Patient RN lacked up-to-date medication lists for instance, the prescribed medication carisoprodol does not appear in Patient RN's chart notes.

41. On or about October 27, 2016 through November 28, 2016, on an approximately monthly basis, Respondent prescribed hydrocodone bitartrate with acetaminophen at ninety (90) 10/325 mg dosages, oxycodone at sixty (60) 40 mg dosages, and ninety (90) 350 mg dosages of carisoprodol to Patient RN.

42. On or about December 8, 2016 through October 12, 2017, on an approximately monthly basis, Respondent prescribed methadone hydrochloride at one-hundred eighty (180) 10 mg dosages (600 MED) to Patient RN.

43. On or about November 10, 2017 through August 6, 2019, on an approximately monthly basis, Respondent prescribed methadone hydrochloride at one-hundred fifty (150) 10 mg dosages to Patient RN.

44. On or about July 2014 through August 2019, at almost each of Patient RN's follow-up visits with Respondent, Respondent did not sufficiently document in Patient RN's medical

records whether or not Patient RN's functional status improved with the escalating dosages of opioids nor did Respondent properly document Patient RN's baseline level of functioning.

45. On or about July 2014 through August 2018, at almost each of Patient RN's follow-up visits with Respondent, Respondent did not utilize pain scales when evaluating Patient RN's functional status nor did Respondent require regular urine drug screens to verify Patient RN's consumption of controlled substances.

46. Respondent's care and treatment of Patient RN departed from the standard of care in that:

A. Respondent failed to document baseline levels of functional status nor did he document functional improvement other than stating the medications helped with the pain;

B. Respondent failed to utilize pain scales or regular urine drug screens in the treatment of Patient RN;

C. Respondent inappropriately and dangerously increased the morphine equivalents from 180 mg with the use of oxycodone to 500 mg morphine equivalents with the use of methadone hydrochloride;

D. Respondent failed to know the conversation factor between oxycodone and methadone;

E. Respondent failed to insist on a pain management specialist or cease prescribing when the controlled substance doses became excessive;

F. Respondent's medical record documentation of Patient RN lacked up-to-date medication lists and the progress notes lacked any description of the escalation or de-escalation of prescription medications.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

47. Respondent Weilee Eddie Yeh, M.D. has subjected his Physician's and Surgeon's Certificate No. A 67923 to disciplinary action under in that under section 2234, subdivision (c) of the Code, in that he committed repeated negligent acts during the care and treatment of Patients DE, RN, and MD, as more particularly alleged hereinafter:

48. Complainant realleges paragraphs 19 through 46, and those paragraphs are incorporated by reference as if fully set forth herein.

Patient MD

49. Patient MD is a 58-year old male who first sought treatment from Respondent in 1998. In April 2010 Respondent began treating Patient MD after the patient suffered from severe lumbar pain due to a motor vehicle accident. In July 2010 Patient MD underwent surgery to repair his fractured back and Respondent continued treating Patient MD throughout 2010 for anxiety, depression and pain management.

50. On or about January 31, 2014, Patient MD was re-established as a new patient by Respondent since he was last seen by the Respondent in December 2010. Patient MD complained of shoulder and back pain as well as headaches. Respondent diagnosed Patient MD with "re-establishing as new patient," "temporal headache," "pain in left shoulder," and "lower back pain." Respondent prescribed hydrocodone bitartrate with acetaminophen at one-hundred twenty (120) 10/325 mg dosages.

51. On or about February 5, 2016 through May 11, 2016, on an approximately monthly basis, Respondent prescribed hydrocodone bitartrate with acetaminophen at one-hundred eighty (180) 10/325 mg dosages, ninety (90) 1 mg dosages of lorazepam, and one-hundred twenty (120) 350 mg dosages of carisoprodal to Patient MD.[5]

52. On or about October 8, 2015 through April 5, 2016, Respondent's medical record documentation of Patient MD lacked up-to-date medication lists insofar as the prescribed medications of carisoprodol and lorazepam do not appear in Patient MD's chart notes.

53. On or about June 8, 2016 through August 13, 2017, on an approximately monthly basis, Respondent prescribed hydrocodone bitartrate with acetaminophen at one-hundred eighty (180) 10/325 mg dosages and ninety (90) 1 mg dosages of lorazepam to Patient MD.

54. On or about July 5, 2016 through August 2, 2017, Respondent's medical record documentation of Patient MD lacked up-to-date medication lists insofar as the prescribed medication lorazepam does not appear in Patient MD's chart notes.

[5] Also known as the "Holy Trinity."

55. On or about September 2, 2017, at Patient MD's follow-up visit with Respondent, Respondent ceased prescribing lorazepam, and instead began prescribing alprazolam without any explanation in Patient's MD chart notes.

56. On or about September 1, 2017 through December 29, 2017, on an approximately monthly basis, Respondent prescribed hydrocodone bitartrate with acetaminophen at one-hundred eighty (180) 10/325 mg dosages and sixty (60) 0.25 mg dosages of alprazolam to Patient MD.

57. On or about September 2, 2017 through December 11, 2017, Respondent's medical record documentation of Patient MD lacked up-to-date medication lists insofar as the prescribed medication alprazolam does not appear in Patient MD's chart notes.

58. On or about January 2014 through December 2017, at almost each of Patient MD's follow-up visits with Respondent, Respondent did not sufficiently document in Patient MD's medical records Patient MD's baseline levels of functional impairment nor did Respondent document functional improvement other than stating the medications helped with the pain.

59. On or about January 2016 through December 2017, at almost each of Patient MD's follow-up visits with Respondent, Patient MD's chart notes reflect that Patient MD's pain was under good control and that the patient was doing better. Despite this, Respondent did not attempt to taper, wean, or stop prescribing controlled substances to Patient MD but rather, continued to prescribe the same levels and dosages of opioids and benzodiazepines.

60. Respondent's care and treatment of Patient MD departed from the standard of care in that:

A. Respondent failed to document baseline levels of functional status nor did he document functional improvement other than stating the medications helped with the pain;

B. Respondent did not attempt de-escalation of pain medication when Patient MD was doing well; and

C. Respondent's medical record documentation of Patient MD lacked up-to-date medication lists.

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THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

61. Respondent Weilee Eddie Yeh, M.D. has subjected his Physician's and Surgeon's Certificate No. A 67923 to disciplinary action under in that under section 2266 of the Code, in that he failed to maintain adequate and accurate medical records relating to his care and treatment of Patients DE, RN, and MD, as more particularly alleged hereinafter:

62. Complainant realleges paragraphs 19 through 60, and those paragraphs are incorporated by reference as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 67923, issued to Weilee Eddie Yeh, M.D.;

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

3. Ordering Weilee Eddie Yeh, M.D., if placed on probation, to pay the Board the costs of probation monitoring;

4. Ordering Weilee Eddie Yeh, M.D., if placed on probation, to notify his patients of his probation status pursuant to Business and Professions Code §2228.1; and

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

DATED: 12/14/2020

Jennifer Jones for William Prasifka
WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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