

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

**In the Matter of the First Amended
Accusation Against:**

Kenneth Dale Logan, M.D.

**Physician's and Surgeon's
Certificate No. G 50800**

Case No.: 800-2018-043460

Respondent.

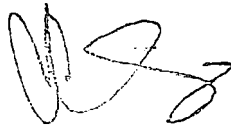
DECISION

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

This Decision shall become effective at 5:00 p.m. on March 25, 2022.

IT IS SO ORDERED: February 24, 2022.

MEDICAL BOARD OF CALIFORNIA



**Laurie Rose Lubiano, J.D., Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 RYAN J. YATES
Deputy Attorney General
4 State Bar No. 279257
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-6329
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7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation
13 Against:

14 **KENNETH DALE LOGAN, M.D.**
15 **15151 Little Ron Road**
Chico, CA 95973

16 **Physician's and Surgeon's Certificate**
No. G 50800

17 Respondent.

Case No. 800-2018-043460

OAH No. 2021050836

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Ryan J. Yates, Deputy
25 Attorney General.

26 2. Respondent Kenneth Dale Logan, M.D. (Respondent) is represented in this
27 proceeding by attorney Maria Lathrop Winter, whose address is: 1600 Humboldt Rd., Suite 1,
28 Chico, CA 95928.

3. On or about July 25, 1983, the Board issued Physician's and Surgeon's Certificate No. G 50800 to Kenneth Dale Logan, 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 the First Amended Accusation No. 800-2018-043460, and will expire on July 31, 2023, unless renewed.

JURISDICTION

4. The First Amended Accusation No. 800-2018-043460 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on October 12, 2021. Accusation No. 800-2018-043460 was filed before the Board, and all other statutorily required documents were properly served on Respondent on March 19, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of the First Amended Accusation No. 800-2018-043460 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 First Amended Accusation No. 800-2018-043460. 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 First Amended 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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1 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
2 other licensing proceeding involving Respondent in the State of California.

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

6 15. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
7 including copies of the signatures of the parties, may be used in lieu of original documents and
8 signatures and, further, that such copies shall have the same force and effect as originals.

9 16. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
10 be an integrated writing representing the complete, final, and exclusive embodiment of the
11 agreements of the parties in the above-entitled matter.

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

15 **DISCIPLINARY ORDER**

16 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 50800 issued
17 to Respondent Kenneth Dale Logan, M.D. is revoked. However, the revocation is stayed and
18 Respondent is placed on probation for two (2) years on the following terms and conditions:

19 1. **CONTROLLED SUBSTANCES - PARTIAL RESTRICTION.** Respondent shall not
20 order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by
21 the California Uniform Controlled Substances Act, except for those drugs listed in Schedule V of
22 the Act.

23 Respondent shall not issue an oral or written recommendation or approval to a patient or a
24 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
25 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If
26 Respondent forms the medical opinion, after an appropriate prior examination and medical
27 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent
28 shall so inform the patient and shall refer the patient to another physician who, following an

1 appropriate prior examination and medical indication, may independently issue a medically
2 appropriate recommendation or approval for the possession or cultivation of marijuana for the
3 personal medical purposes of the patient within the meaning of Health and Safety Code section
4 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that
5 Respondent is prohibited from issuing a recommendation or approval for the possession or
6 cultivation of marijuana for the personal medical purposes of the patient and that the patient or
7 the patient's primary caregiver may not rely on Respondent's statements to legally possess or
8 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully
9 document in the patient's chart that the patient or the patient's primary caregiver was so
10 informed. Nothing in this condition prohibits Respondent from providing the patient or the
11 patient's primary caregiver information about the possible medical benefits resulting from the use
12 of marijuana.

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

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

25 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this
26 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
27 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
28 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at

1 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
2 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
3 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
4 completion of each course, the Board or its designee may administer an examination to test
5 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
6 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

24 5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
25 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
26 advance by the Board or its designee. Respondent shall provide the approved course provider
27 with any information and documents that the approved course provider may deem pertinent.
28 Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
2 complete any other component of the course within one (1) year of enrollment. The medical
3 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
4 Medical Education (CME) requirements for renewal of licensure.

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

10 Respondent shall submit a certification of successful completion to the Board or its
11 designee not later than 15 calendar days after successfully completing the course, or not later than
12 15 calendar days after the effective date of the Decision, whichever is later.

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

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

28 Respondent shall submit a certification of successful completion to the Board or its

1 designee not later than 15 calendar days after successfully completing the program or not later
2 than 15 calendar days after the effective date of the Decision, whichever is later.

3 7. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
4 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
5 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
6 licenses are valid and in good standing, and who are preferably American Board of Medical
7 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
8 relationship with Respondent, or other relationship that could reasonably be expected to
9 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
10 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
11 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

23 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
24 date of this Decision, Respondent shall receive a notification from the Board or its designee to
25 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
26 shall cease the practice of medicine until a monitor is approved to provide monitoring
27 responsibility.

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1 The monitor(s) shall submit a quarterly written report to the Board or its designee which
2 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
3 are within the standards of practice of medicine, and whether Respondent is practicing medicine
4 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
5 that the monitor submits the quarterly written reports to the Board or its designee within 10
6 calendar days after the end of the preceding quarter.

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
9 name and qualifications of a replacement monitor who will be assuming that responsibility within
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
12 notification from the Board or its designee to cease the practice of medicine within three (3)
13 calendar days after being so notified. Respondent shall cease the practice of medicine until a
14 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

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

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

12 12. GENERAL PROBATION REQUIREMENTS.

13 Compliance with Probation Unit

14 Respondent shall comply with the Board's probation unit.

15 Address Changes

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

21 Place of Practice

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

25 License Renewal

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

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1 Travel or Residence Outside California

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

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

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

11 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
12 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
13 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
14 defined as any period of time Respondent is not practicing medicine as defined in Business and
15 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
16 patient care, clinical activity or teaching, or other activity as approved by the Board. If
17 Respondent resides in California and is considered to be in non-practice, Respondent shall
18 comply with all terms and conditions of probation. All time spent in an intensive training
19 program which has been approved by the Board or its designee shall not be considered non-
20 practice and does not relieve Respondent from complying with all the terms and conditions of
21 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
22 on probation with the medical licensing authority of that state or jurisdiction shall not be
23 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
24 period of non-practice.

25 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
26 months, Respondent shall successfully complete the Federation of State Medical Board's Special
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
28 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.

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

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

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

15. 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.

16. 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.

17. 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

1 application shall be treated as a petition for reinstatement of a revoked certificate.

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

7 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
8 a new license or certification, or petition for reinstatement of a license, by any other health care
9 licensing action agency in the State of California, all of the charges and allegations contained in
10 Accusation No. 800-2018-043460 shall be deemed to be true, correct, and admitted by
11 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
12 restrict license.

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1 ACCEPTANCE


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

7
8 DATED: 10/27/2021


9 KENNETH DALE LOGAN, M.D.
Respondent

10 I have read and fully discussed with Respondent Kenneth Dale Logan, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13 DATED: 10/28/2021


14 MARIA LATHROP WINTER
Attorney for Respondent

15
16 ENDORSEMENT

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

19
20 DATED: 10/28/21

Respectfully submitted,

21 ROB BONTA
Attorney General of California
22 STEVEN D. MUNI
Supervising Deputy Attorney General

23 

24 RYAN J. YATES
Deputy Attorney General
25 Attorneys for Complainant
26

27 SA2020303141
28 Logan Settlement and Order sdag reviewed.docx

Exhibit A

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 VERONICA VO
Deputy Attorney General
4 State Bar No. 230698
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7

8 *Attorneys for Complainant*

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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
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13 In the Matter of the First Amended Accusation
Against:

14 **KENNETH DALE LOGAN, M.D.**
15 **15151 Little Ron Road**
16 **Chico, CA 95973**

17 **Physician's and Surgeon's Certificate**
No. G 50800,

18 Respondent.

Case No. 800-2018-043460

FIRST AMENDED ACCUSATION

19 **PARTIES**
20

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

24 2. On or about July 25, 1983, the Board issued Physician's and Surgeon's Certificate
25 Number G 50800 to Kenneth Dale Logan, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on July 31, 2023, unless renewed.

28 ///

JURISDICTION

3. This First Amended 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.

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.

...

6. 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

1 administering of drugs or treatment is guilty of a misdemeanor and shall be punished
2 by a fine of not less than one hundred dollars (\$100) nor more than six 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.

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

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

7 7. Section 2241 of the Code states:

8 (a) A physician and surgeon may prescribe, dispense, or administer prescription
9 drugs, including prescription controlled substances, to an addict under his or her
treatment for a purpose other than maintenance on, or detoxification from,
10 prescription drugs or controlled substances.

11 (b) A physician and surgeon may prescribe, dispense, or administer prescription
12 drugs or prescription controlled substances to an addict for purposes of maintenance
on, or detoxification from, prescription drugs or controlled substances only as set
13 forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and
11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a
14 physician and surgeon to prescribe, dispense, or administer dangerous drugs or
controlled substances to a person he or she knows or reasonably believes is using or
will use the drugs or substances for a nonmedical purpose.

15 (c) Notwithstanding subdivision (a), prescription drugs or controlled substances
16 may also be administered or applied by a physician and surgeon, or by a registered
nurse acting under his or her instruction and supervision, under the following
17 circumstances:

18 (1) Emergency treatment of a patient whose addiction is complicated by the
presence of incurable disease, acute accident, illness, or injury, or the infirmities
19 attendant upon age.

20 (2) Treatment of addicts in state-licensed institutions where the patient is kept
under restraint and control, or in city or county jails or state prisons.

21 (3) Treatment of addicts as provided for by Section 11217.5 of the Health and
22 Safety Code.

23 (d)(1) For purposes of this section and Section 2241.5, addict means a person
whose actions are characterized by craving in combination with one or more of the
24 following:

25 (A) Impaired control over drug use.

26 (B) Compulsive use.

27 (C) Continued use despite harm.

28 (2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is
primarily due to the inadequate control of pain is not an addict within the meaning of

1 this section or Section 2241.5.

2 8. Section 2241.5 of the Code states:

3 (a) A physician and surgeon may prescribe for, or dispense or administer to, a
4 person under his or her treatment for a medical condition dangerous drugs or
5 prescription controlled substances for the treatment of pain or a condition causing
6 pain, including, but not limited to, intractable pain.

7 (b) No physician and surgeon shall be subject to disciplinary action for
8 prescribing, dispensing, or administering dangerous drugs or prescription controlled
9 substances in accordance with this section.

10 (c) This section shall not affect the power of the board to take any action
11 described in Section 2227 against a physician and surgeon who does any of the
12 following:

13 (1) Violates subdivision (b), (c), or (d) of Section 2234 regarding gross
14 negligence, repeated negligent acts, or incompetence.

15 (2) Violates Section 2241 regarding treatment of an addict.

16 (3) Violates Section 2242 or 2525.3 regarding performing an appropriate prior
17 examination and the existence of a medical indication for prescribing, dispensing, or
18 furnishing dangerous drugs or recommending medical cannabis.

19 (4) Violates Section 2242.1 regarding prescribing on the Internet.

20 (5) Fails to keep complete and accurate records of purchases and disposals of
21 substances listed in the California Uniform Controlled Substances Act (Division 10
22 (commencing with Section 11000) of the Health and Safety Code) or controlled
23 substances scheduled in the federal Comprehensive Drug Abuse Prevention and
24 Control Act of 1970 (21 U.S.C. Sec. 801 et seq.), or pursuant to the federal
25 Comprehensive Drug Abuse Prevention and Control Act of 1970. A physician and
26 surgeon shall keep records of his or her purchases and disposals of these controlled
27 substances or dangerous drugs, including the date of purchase, the date and records of
28 the sale or disposal of the drugs by the physician and surgeon, the name and address
of the person receiving the drugs, and the reason for the disposal or the dispensing of
the drugs to the person, and shall otherwise comply with all state recordkeeping
requirements for controlled substances.

(6) Writes false or fictitious prescriptions for controlled substances listed in the
California Uniform Controlled Substances Act or scheduled in the federal
Comprehensive Drug Abuse Prevention and Control Act of 1970.

(7) Prescribes, administers, or dispenses in violation of this chapter, or in
violation of Chapter 4 (commencing with Section 11150) or Chapter 5 (commencing
with Section 11210) of Division 10 of the Health and Safety Code.

(d) A physician and surgeon shall exercise reasonable care in determining
whether a particular patient or condition, or the complexity of a patient's treatment,
including, but not limited to, a current or recent pattern of drug abuse, requires
consultation with, or referral to, a more qualified specialist.

(e) Nothing in this section shall prohibit the governing body of a hospital from

1 taking disciplinary actions against a physician and surgeon pursuant to Sections
2 809.05, 809.4, and 809.5.

3 9. Section 2242 of the Code states:

4 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
5 4022 without an appropriate prior examination and a medical indication, constitutes
6 unprofessional conduct. An appropriate prior examination does not require a
7 synchronous interaction between the patient and the licensee and can be achieved
8 through the use of telehealth, including, but not limited to, a self-screening tool or a
9 questionnaire, provided that the licensee complies with the appropriate standard of
10 care.

11 (b) No licensee shall be found to have committed unprofessional conduct within
12 the meaning of this section if, at the time the drugs were prescribed, dispensed, or
13 furnished, any of the following applies:

14 (1) The licensee was a designated physician and surgeon or podiatrist
15 serving in the absence of the patient's physician and surgeon or podiatrist, as the
16 case may be, and if the drugs were prescribed, dispensed, or furnished only as
17 necessary to maintain the patient until the return of the patient's practitioner, but in
18 any case no longer than 72 hours.

19 (2) The licensee transmitted the order for the drugs to a registered nurse or to
20 a licensed vocational nurse in an inpatient facility, and if both of the following
21 conditions exist:

22 (A) The practitioner had consulted with the registered nurse or licensed
23 vocational nurse who had reviewed the patient's records.

24 (B) The practitioner was designated as the practitioner to serve in the
25 absence of the patient's physician and surgeon or podiatrist, as the case may be.

26 (3) The licensee was a designated practitioner serving in the absence of the
27 patient's physician and surgeon or podiatrist, as the case may be, and was in
28 possession of or had utilized the patient's records and ordered the renewal of a
medically indicated prescription for an amount not exceeding the original
prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health
and Safety Code.

10. 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."

11. Section 4022 of the Code states:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for
self use, except veterinary drugs that are labeled as such, 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.

“(b) Any device that bears the statement: ‘Caution: federal law restricts this device to sale by or on the order of a _____,’ ‘Rx only,’ or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

“(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.”

12. 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.

DEFINITIONS

13. **Alprazolam** (generic name for the drug Xanax) is a short-acting benzodiazepine used to treat anxiety, and is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14. Alprazolam is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057, subdivision (d).

14. **Carisoprodol** (generic name for the drug 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(c). It is a dangerous drug pursuant to Business and Professions Code section 4022.

15. **Clonazepam** (generic name for the drug Klonopin) is a benzodiazepine drug used to treat a wide range of conditions, including anxiety, panic attacks, seizures, among others. 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.

16. **Diazepam** (generic name for the drug Valium) 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 legs syndrome, alcohol withdrawal, benzodiazepine withdrawal, opiate withdrawal syndrome and Meniere's disease. It is

1 a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057,
2 subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

3 17. **Fentanyl** (generic name for the drug Duragesic) is a potent, synthetic opioid
4 analgesic with a rapid onset and short duration of action used for pain. The fentanyl transdermal
5 patch is used for long term chronic pain. It has an extremely high danger of abuse and can lead to
6 addiction as the medication is estimated to be 80 times more potent than morphine and hundreds
7 of times more potent than heroin.¹ Fentanyl is a Schedule II controlled substance pursuant to
8 Code of Federal Regulations Title 21 section 1308.12. Fentanyl is a dangerous drug pursuant to
9 California Business and Professions Code section 4022 and is a Schedule II controlled substance
10 pursuant to California Health and Safety Code section 11055, subdivision (c).

11 18. **Hydrocodone with acetaminophen** (generic name for the drugs Vicodin, Norco, and
12 Lortab). Hydrocodone with acetaminophen is classified as an opioid analgesic combination
13 product used to treat moderate to moderately severe pain. Hydrocodone with acetaminophen is a
14 Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section
15 1308.12. Hydrocodone with acetaminophen is a dangerous drug pursuant to Business and
16 Professions Code section 4022 and is a Schedule II controlled substance pursuant to California
17 Health and Safety Code 11055, subdivision (b). Prior to October 6, 2014, Hydrocodone with
18 acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations
19 Title 21 section 1308.13(e).

20 19. **Lorazepam** (generic name for Ativan) is a member of the benzodiazepine family and
21 is a fast-acting anti-anxiety medication used for the short-term management of severe anxiety.
22 Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title
23 21 section 1308.14(c) and California Health and Safety Code section 11057, subdivision (d), and
24 a dangerous drug pursuant to Business and Professions Code section 4022.

25 20. **Methadone** (generic name for the drug Symoron) is a synthetic opioid. It is used
26 medically as an analgesic and a maintenance anti-addictive and reductive preparation for use by
27 patients with opioid dependence. Methadone is a Schedule II controlled substance pursuant to

28 ¹ http://www.cdc.gov/niosh/ershdb/EmergencyResponseCard_29750022.html

1 Code of Federal Regulations Title 21 section 1308.12. It is a Schedule II controlled substance
2 pursuant to California Health and Safety Code 11055, subdivision (c), and a dangerous drug
3 pursuant to Business and Professions Code section 4022.

4 21. **Oxycodone** (generic name for Roxicodone and Oxecta.) Oxycodone has a high risk
5 for addiction and dependence. It can cause respiratory distress and death when taken in high
6 doses or when combined with other substances, especially alcohol. Oxycodone is a short-acting
7 opioid analgesic used to treat moderate to severe pain. Oxycodone can also come in a long-acting
8 formulation known as Oxycontin-ER. This formulation allows for extended release of the
9 medication. Oxycodone is a Schedule II controlled substance pursuant to Code of Federal
10 Regulations Title 21 section 1308.12. Oxycodone is a dangerous drug pursuant to California
11 Business and Professions Code section 4022, and is a Schedule II controlled substance pursuant
12 to California Health and Safety Code section 11055 subdivision (b).

13 22. **Temazepam** (generic name for Restoril) is a medication used to treat insomnia but
14 can also be used to relieve anxiety, as an anti-convulsant and as a muscle relaxant. It is a
15 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision
16 (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

17 23. **Testosterone Cypionate** is a Schedule III controlled substance pursuant to Health
18 and Safety Code section 11056, subdivision (f), and a dangerous drug pursuant to Business and
19 Professions Code section 4022.

20 24. **Zolpidem tartrate** (generic name for Ambien): is a sedative and hypnotic used for
21 short term treatment of insomnia. Zolpidem tartrate is a Schedule IV controlled substance
22 pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV
23 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a
24 dangerous drug pursuant to Business and Professions Code section 4022.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 25. Respondent has subjected his Physician's and Surgeon's Certificate No. G 50800 to
4 disciplinary action under section 2227 and 2234, subdivision (b), of the Code, in that he
5 committed gross negligence in his care and treatment of Patients A, B, and C,² as more
6 particularly alleged hereinafter.³

7 26. Respondent practices family medicine. From 2008 through December 2017,
8 Respondent worked at Ampla Health, where he treated the below-mentioned patients.

9 **Patient A**

10 27. From on or about February 22, 2012, through on or about March 25, 2018,
11 Respondent provided care and treatment to Patient A, for among other things, ankylosing
12 spondylitis, psoriasis, psoriatic arthritis, depression/anxiety disorder and chronic opiate use.
13 Throughout that period, Respondent treated Patient A for pain management and prescribed high
14 dosages of opioids frequently in combination with benzodiazepines.

15 28. At the first consultation occurring on or about February 22, 2012, Respondent and
16 Patient A discussed a pain management contract since Patient A was on a regimen of methadone,
17 diazepam, Soma, and clonazepam.

18 29. Approximately every month in 2012, Respondent had a medical appointment with
19 Patient A.

20 30. On or about March 7, 2012, and on or about September 27, 2012, Patient A was
21 admitted into the hospital after appearing overly sedated. Respondent did not assess these issues
22 further other than to notate Patient A's "depression/anxiety- problematic with methadone."

23 31. On or about October 2012, Patient A developed further medical issues involving:
24 necrotizing fasciitis with compartment syndrome of the right buttock and thigh, acute kidney
25 injury attributed to acute tubular necrosis, left ventricular thrombus with heart failure, and

26
27 ² To protect the privacy of all patients involved, patient names have not been included in
this pleading. Respondent is aware of the identity of all patients referred herein.

28 ³ Conduct occurring more than seven (7) years from the filing date of this Accusation is
for informational purposes only and is not alleged as a basis for disciplinary action.

1 respiratory failure requiring intubation and mechanical ventilation. Respondent discussed these
2 medical issues with Patient A.

3 32. In 2012, Patient A had at least three urine toxicology screenings. One of those urine
4 screenings showed that Patient A tested positive for methamphetamine. There is no
5 documentation of a change in treatment plan or discussion of the risks associated with illicit
6 drugs. Instead, Respondent continued to prescribe Patient A methadone and benzodiazepines,
7 albeit in lower dosages.

8 33. In 2013, Respondent continued his treatment of Patient A with the continued goal of
9 decreasing Patient A's use of methadone. Respondent met with Patient A approximately once a
10 month.

11 34. On or about January 21, 2013, Respondent requested the one and only laboratory
12 screening for this year and that was solely to determine testosterone levels.

13 35. On or about December 13, 2013, Patient A was taken to the emergency room after
14 becoming drowsy from taking too many medications. Earlier in the day, Patient A had refilled his
15 prescriptions for Soma, Klonopin, and methadone. Patient A received a chest x-ray and laboratory
16 exams. While the x-ray appeared normal, the toxicology screen was positive for cannabinoids.

17 36. In 2014, Respondent continued his treatment of Patient A. On or about January 13,
18 2014, Respondent had an office visit with Patient A to discuss medication refills including
19 methadone, Clonazepam, and Soma.

20 37. On or about March 18, 2014, Patient A was admitted to the emergency room due to a
21 drug overdose combination of Xanax and Soma. Patient A was discharged the following day with
22 a recommendation for admission in a psychiatric facility.

23 38. On or about April 15, 2014, Respondent had an office visit with Patient A.
24 Respondent noted that Patient A attempted suicide one month prior via medication overdose.
25 Nonetheless, Respondent continued prescriptions for Soma, Clonazepam, and methadone but
26 suggested tapering down.

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1 39. On or about July 18, 2014, Respondent briefly met with Patient A solely to fill a
2 prescription. Respondent noted that Patient A "saw a provider on June 16, 2014, and Rx of
3 methadone was written, I believe at 8/day (possibly 9/day, I'm not positive)- of the 10 mg
4 methadone. I discuss with him today, again, the goal of tapering down dosing- he favors this as
5 well, he states. Therefore, Rx today will be for 7.5 pills/day. He is to continue to work at
6 obtaining a physician in Paradise..."

7 40. On or about May 25, 2015, Patient A went to Respondent for his medications.
8 Respondent noted that Patient A's chronic pain continued and that methadone was helpful.
9 Respondent prescribed Patient A methadone and Xanax. Vitals were taken and a very limited
10 physical exam to note that Patient A was not in acute distress.

11 41. On or about July 1, 2015, Patient A was terminated from Respondent's health facility
12 for threatening staff after a different physician did not fill his methadone prescription.

13 42. On or about June 2017, Respondent received a warning from his employer regarding
14 his treatment for pain. Respondent was reminded to remain compliant with their health policies
15 limiting prescriptions of certain medication such as Dilaudid, fentanyl patch, methadone,
16 Phenergan with codeine syrup, Soma, and Stadol.

17 43. On or about January 24, 2018, when Patient A was no longer a patient at
18 Respondent's health facility, Patient A received a prescription for methadone from Respondent on
19 a script from that facility. Patient A had not had an exam at that facility in over two and half
20 years.

21 44. From on or about May 25, 2015, to on or about March 25, 2018, Respondent
22 continued prescribing controlled substances without associated progress notes from that health
23 facility.

24 45. From on or about August 17, 2014, through on or about March 29, 2018, Respondent
25 simultaneously treated Patient A at a separate health facility, Shalom Free Clinic. The medical
26 notes from that clinic indicated Respondent tapered Patient A's prescription for methadone
27 throughout that time period. However, the notes did not indicate Respondent ordered Patient A to
28

1 obtain a urine drug toxicology nor did Respondent order electrocardiogram while Patient A was
2 on methadone.

3 46. On or about May 6, 2020, Respondent was interviewed by an investigator with the
4 California Department of Consumer Affairs, Division of Investigation ("DOI"). Respondent was
5 familiar with the treatment he provided to Patient A from 2012 through 2018. Respondent
6 admitted he regularly prescribed Patient A medications but never "mathematically" calculated the
7 morphine milligram equivalents of the drugs he prescribed. Although he was familiar that the
8 California Medical Board set forth guidelines for prescribing controlled substances in 2007, and
9 in 2014, he never studied those guidelines. Respondent now recognizes the mistake of prescribing
10 a combination of benzodiazepines with opioids. Further, Respondent acknowledged he should
11 have ordered Patient A to submit to urine toxicology screenings on a regular basis stating, "that
12 would be something I should have been doing and, apparently, did not do." He admits he never
13 monitored Patient A with EKG's and never referred Patient A to a pain management specialist.

14 47. During the period from January 4, 2015, through March 25, 2018, Respondent
15 prescribed and Patient A filled the following controlled substances:

Date filled	Drug Name	Dosage	Quantity	Days sup.	Schedule
2015-01-04	METHADONE HCL	10 MG	210	30	II
2015-01-04	CLONAZEPAM	0.5 MG	90	30	IV
2015-01-20	TESTOSTERONE CYPIONATE	200 MG/1 ML	2	30	III
2015-02-01	METHADONE HCL	10 MG	210	30	II
2015-02-01	ALPRAZOLAM	0.5 MG	60	15	IV
2015-02-22	ALPRAZOLAM	0.5 MG	60	15	IV
2015-03-01	METHADONE HCL	10 MG	210	30	II
2015-03-10	TESTOSTERONE CYPIONATE	200 MG/1 ML	2	20	III
2015-03-14	ALPRAZOLAM	0.5 MG	60	15	IV
2015-03-29	METHADONE HCL	10 MG	210	30	II
2015-03-29	ALPRAZOLAM	0.5 MG	60	15	IV

Date Filled	Drug Name	Dosage	Qty	Days sup.	Schedule
2015-04-10	ALPRAZOLAM	0.5 MG	60	15	IV
2015-04-27	METHADONE HCL	10 MG	210	30	II
2015-04-27	ALPRAZOLAM	0.5 MG	60	15	IV
2016-03-27	METHADONE HCL	10 MG	165	30	II
2016-03-27	CLONAZEPAM	0.5 MG	90	30	IV
2016-04-13	TESTOSTERONE CYPIONATE	200 MG/1 ML	2	28	III
2016-04-24	METHADONE HCL	10 MG	160	30	II
2016-04-24	CLONAZEPAM	0.5 MG	120	30	IV
2016-05-16	TESTOSTERONE CYPIONATE	200 MG/1 ML	2	28	III
2016-05-22	CLONAZEPAM	0.5 MG	120	30	IV
2016-05-22	METHADONE HCL	10 MG	170	28	II
2016-06-26	CLONAZEPAM	0.5 MG	120	30	IV
2016-06-26	METHADONE HCL	10 MG	160	30	II
2016-06-29	TESTOSTERONE CYPIONATE	200 MG/1 ML	2	28	III
2016-07-24	CLONAZEPAM	0.5 MG	120	30	IV
2016-07-26	METHADONE HCL	10 MG	170	30	II
2016-08-21	METHADONE HCL	10 MG	170	30	II
2016-09-11	TESTOSTERONE CYPIONATE	200 MG/1 ML	2	28	III
2016-09-12	METHADONE HCL	10 MG	200	30	II
2016-10-09	CLONAZEPAM	0.5 MG	120	30	IV
2016-10-10	METHADONE HCL	10 MG	200	30	II
2016-10-30	METHADONE HCL	10 MG	200	30	II
2016-11-23	CLONAZEPAM	0.5 MG	120	30	IV
2016-11-24	METHADONE HCL	10 MG	200	30	II
2016-11-28	TESTOSTERONE CYPIONATE	200 MG/1 ML	2	28	III

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Date Filled	Drug Name	Dosage	Qty	Days sup.	Schedule
2016-12-18	METHADONE HCL	10 MG	180	30	II
2016-12-18	CLONAZEPAM	0.5 MG	120	30	IV
2017-01-15	CLONAZEPAM	0.5 MG	120	30	IV
2017-01-16	TESTOSTERONE CYPIONATE	200 MG/1 ML	2	28	
2017-02-05	ACETAMINOPHEN- HYDROCODONE BITARTRAT	325 MG-10 MG	30	5	II
2017-02-07	METHADONE HCL	10 MG	175	30	II
2017-02-12	CLONAZEPAM	0.5 MG	120	30	IV
2017-03-05	METHADONE HCL	10 MG	175	30	II
2017-03-12	CLONAZEPAM	0.5 MG	120	30	IV
2017-03-27	TESTOSTERONE CYPIONATE	200 MG/1 ML	2	28	III
2017-03-27	ACETAMINOPHEN- HYDROCODONE BITARTRAT	325 MG-10 MG	20	4	II
2017-03-27	METHADONE HCL	10 MG	175	225	II
2017-04-14	CLONAZEPAM	0.5 MG	120	30	IV
2017-04-23	METHADONE HCL	10 MG	200	30	II
2017-05-13	CLONAZEPAM	0.5 MG	90	22	IV
2017-05-23	METHADONE HCL	10 MG	200	28	II
2017-06-25	ACETAMINOPHEN- HYDROCODONE BITARTRAT	325 MG-10 MG	20	5	II
2017-06-25	METHADONE HCL	10 MG	200	30	II
2017-06-25	CLONAZEPAM	0.5 MG	42	28	IV
2017-07-23	METHADONE HCL	10 MG	200	30	II
2017-07-23	CLONAZEPAM	0.5 MG	20	20	IV
2017-08-13	METHADONE HCL	10 MG	200	30	II
2017-09-18	METHADONE HCL	10 MG	185	30	II
2017-10-17	METHADONE HCL	10 MG	147	28	II

Date Filled	Drug Name	Dosage	Qty	Days Sup.	Schedule
2017-11-05	METHADONE HCL	10 MG	165	25	II
2017-12-30	METHADONE HCL	10 MG	135	30	II
2018-01-28	METHADONE HCL	10 MG	120	30	II
2018-02-18	OXYCODONE HCL	20 MG	20	10	II
2018-02-25	METHADONE HCL	10 MG	120	30	II
2018-03-18	OXYCODONE HCL	20 MG	50	30	II
2018-03-25	METHADONE HCL	10 MG	77	28	II

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

49. Paragraphs 27 through 48, above, are hereby incorporated by reference and realleged as if fully set forth herein;

50. Respondent failed to order random urine toxicology screens to determine the presence or absence of diversion;

51. Respondent failed to order random urine toxicology screens to determine whether Patient A was exposed to illicit drugs that may have had adverse drug interactions with the medication prescribed.

Patient B

52. Patient B was a Physician Assistant at Ampla Health at the same time Respondent was employed at that location. Patient B approached Respondent and requested Respondent regularly refill his prescriptions for testosterone.

53. On or about February 18, 2016, Patient B consulted with Respondent. This was the only consultation in a 25-month period during which Respondent regularly wrote prescriptions for Patient B. During this consultation, Respondent noted Patient B's five-year history of hypotestosteronemia, where Patient B self-injected testosterone on a weekly basis. Respondent noted Patient B's original symptoms were fatigue, decreased libido, rise in body fat, and some cognitive issues. Respondent concluded Patient B was stable on his current dosage. Although the

1 treatment plan for Patient B included regular prescriptions for testosterone, Respondent did not.
2 mention whether or not Patient B had specific erectile dysfunction symptoms and quantifiable
3 response. Respondent also did not address whether or not Patient B had any obstructive urinary
4 symptoms while on testosterone replacement therapy. Certainly, Respondent did not even
5 evaluate Patient B's prostate at the one and only visit.

6 54. When interviewed by DOI, Respondent admitted filling Patient B's prescription for
7 testosterone. Respondent admitted Patient B was not one of his on-going patients; he was not
8 involved with evaluating him for symptoms of low testosterone; and the dosing of the
9 testosterone was done subjectively. This doctor/patient relationship started when Patient B
10 approached Respondent and asked "him if he could be the prescriber of his testosterone."
11 Ultimately, Respondent filled Patient B's prescriptions for approximately two years while never
12 treating Patient B as he would normally treat any other patient. If Respondent ordered labs for
13 Patient B it was at the behest of Patient B and not because Respondent consulted with him.
14 Respondent regrets allowing Patient B to talk him into prescribing testosterone for him.

15 55. During the period from February 22, 2016, through March 25, 2018, Respondent
16 prescribed Patient B the following prescriptions for testosterone:

17

Date Filled	Drug Name	Strength	Qty	Days Sup.	Schedule
2016-02-22	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	46	III
2016-04-12	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	46	III
2016-06-02	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	45	III
2016-07-14	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	45	III
2016-08-28	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	45	III
2016-10-13	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	45	III
2016-11-28	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	45	III
2017-01-25	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	66	III
2017-03-11	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	66	III
2017-04-24	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	46	III
2017-06-10	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	46	III
2017-07-26	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	46	III

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Date Filled	Drug Name	Strength	QTY	Days sup.	Schedule
2017-09-11	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	46	III
2017-10-26	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	30	III
2018-01-23	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	30	III
2018-02-20	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	30	III
2018-03-25	TESTOSTERONE CYPIONATE	200 MG/1 ML	10	30	III

56. Respondent committed gross negligence in his care and treatment of Patient B, which included, but is not limited to, the following:

57. Paragraphs 53 through 56, above, are hereby incorporated by reference and realleged as if fully set forth herein;

58. Respondent failed to safely prescribe and monitor Patient B's response to testosterone treatment;

59. Respondent failed to monitor the significant potential of adverse effects of testosterone;

60. Respondent failed to maintain adequate and accurate medical records regarding his care and treatment of Patient B, including the failure to document a detailed plan and rationale for prescriptions and dosage of testosterone.

Patient C

61. From on or about January 30, 2015, through February 3, 2017, Respondent provided care and treatment to Patient C for, among other things, neuropathy in the lower extremities, COPD, hepatitis C, cirrhosis, esophageal varices, thrombocytopenia, periodic hematuria, and blood clots. Records from that period indicate Respondent treated Patient C for pain management and prescribed high dosages of opioids, frequently in combination of benzodiazepines. There was no pain contract between Respondent and Patient C associated with these prescriptions.

62. On or about January 30, 2015, Patient C first consulted with Respondent. After that visit, Respondent prescribed fentanyl patches, lorazepam, oxycodone, and Ambien. The fentanyl

1 patches and the oxycodone represented a daily Morphine Equivalent Dose (MED) of
2 approximately 790.5.⁴

3 63. Respondent met with Patient C approximately once a month throughout 2015. On or
4 about February 27, 2015, Patient C went for a follow-up appointment with Respondent after
5 being admitted into the emergency room two days prior. During that emergency room visit, the
6 attending physician ordered a urine drug screening. While Respondent noted that Patient C had
7 abnormal labs, there was no follow-up to determine the nature of the abnormalities. Patient C was
8 again prescribed fentanyl and oxycodone, along with some benzodiazepines.

9 64. On or about March 27, 2015, Patient C reported having gone to the emergency room
10 due to urinary issues. Respondent conducted a general assessment and then prescribed oxycodone
11 along with some benzodiazepines.

12 65. On or about May 15, 2015, Patient C went to Respondent complaining of
13 ongoing/chronic pain. Patient C admitted he was using oxycodone more often as he felt like his
14 fentanyl patch was less effective. In fact, Patient C complained about running out of oxycodone
15 one week early. Respondent ordered a urine drug screening after that patient visit.

16 66. On or about September 11, 2015, Patient C consulted with Respondent. Respondent
17 noted he would attempt to obtain recent lab results from the hospital. Nevertheless, Respondent
18 increased the fentanyl prescription because Patient C reported the patches were no longer staying
19 on the full three days. In addition to the fentanyl, Respondent also prescribed oxycodone and
20 benzodiazepines.

21 67. Respondent saw Patient C three additional times in 2015 for treatment of chronic
22 pain. During each of those occasions, Respondent prescribed Patient C fentanyl, oxycodone, and
23 benzodiazepines.

24 68. From on or about January 8, 2016, through on or about December 2, 2016,
25 Respondent provided care and treatment to Patient C on approximately ten occasions.

26 ⁴ Morphine Equivalent Dose ("MED"); is a numerical standard against which most
27 opioids can be compared, yielding an apples-to-apples comparison of each medication's potency.
28 The California Medical Board Guidelines issued in November 2014 stated that physicians should
proceed cautiously (yellow flag warning) once an MED reaches 80 mg per day.
http://mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf at page 17.

1 69. On or about March 14, 2016, Patient C sought treatment from Respondent for urinary
2 issues. Respondent ordered a urine screening but not a urine drug screening. Respondent also
3 prescribed entanyl and oxycodone.

4 70. On or about November 4, 2016, Patient C continued to see Respondent for pain
5 treatment. Patient C noted he had increased his use of daily oxycodone and was finding himself
6 out of medication 2-3 days before he was due for his next refill. Respondent filled a prescription
7 for fentanyl, Norco, and oxycodone.

8 71. Respondent treated Patient C beginning on or about January 5, 2017, through the end
9 of 2017, however, there were only two medical notes for that year.

10 72. On or about January 5, 2017, Patient C reported his medications were stolen. Patient
11 C reported increasing his use of oxycodone to quell the pain and asked about the potential for a
12 morphine pump. Respondent gave Patient C a pain management referral, a palliative care referral,
13 and continued Patient C on oxycodone.

14 73. On or about February 3, 2017, Patient C returned to see Respondent because the pain
15 management clinic had not yet contacted him. Respondent ordered laboratory studies and
16 prescribed oxycodone.

17 74. On or about March 30, 2017, Patient C saw Respondent for follow-up and medication
18 refills. Patient C reported worsening pain on the ankles. Patient C advised the pain increased after
19 being taken off fentanyl patches. Patient C noted running out of pain medication. Respondent
20 described that the pain medication quantity increased with the last visit from # 240 to #270. After
21 examining Patient C, Respondent ordered several lab tests. Respondent also prescribed oxycodone.

22 75. On or about August 10, 2017, Patient C saw Respondent for follow-up. They
23 discussed the best way to alleviate Patient C's pain. Respondent reviewed the CURES⁵ report for
24 Patient C. Respondent prescribed oxycodone. Respondent also started tapering Patient C off of
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27 ⁵ Controlled Substance Utilization Review and Evaluation System (CURES) is a database of
28 Schedule II, III and IV Controlled Substance prescriptions dispensed in California serving the
public health, regulatory oversight agencies, and law enforcement.

lorazepam because of opiate use and problems with potential respiratory depression if utilized in combination.

76. On or about September 1, 2017, Patient C saw Respondent for follow-up regarding pain in the extremities. Respondent ordered labs. Respondent also prescribed oxycodone.

77. On or about September 29, 2017, Patient C saw Respondent for follow-up regarding neuropathy pain. Respondent prescribed an increased dose of oxycodone and naloxone, to be used in the event of overdose from oxycodone. At this meeting, Respondent informed Patient C that he would no longer be working at the clinic beginning January 2018.

78. On or about November 16, 2017, Respondent saw Patient C for the last time at Ampla Haelth. Patient C wanted a refill for oxycodone. Respondent discussed tapering down oxycodone. Knowing that he would no longer be working at the clinic, Respondent gave Patient C oxycodone prescriptions for December 2017, 30 mg, #210, January 2018 30 mg, #180, and February 2018, 30 mg, # 150.

79. When interviewed by DOI, Respondent felt that Patient C manipulated him into prescribing controlled substances. Respondent knew that he was treating Patient C for neuropathy pain in his legs, however, Respondent admits never doing a nerve conduction study or referring Patient C a neurologist. Respondent also admits he did not have Patient C go to regular laboratory screenings nor did he refer to a pain management specialist early on in Patient C's treatment.

80. During the period from January 24, 2015 through November 11, 2018, Respondent prescribed the following to Patient C:

Date Filled	Drug Name	Strength	Qty	Days Sup.	Schedule
2015-01-24	FENTANYL	100 MCG/1 HR	5	15	II
2015-01-30	LORAZEPAM	1 MG	120	30	IV
2015-01-30	OXYCODONE HCL	30 MG	220	18	II
2015-01-30	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-02-07	FENTANYL	100 MCG/1 HR	10	30	II
2015-02-27	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-02-27	OXYCODONE HCL	30 MG	220	18	II
2015-03-02	FENTANYL	100 MCG/1 HR	10	30	II

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Date Filled	Drug Name	Strength	Qty	Days Sup.	Schedule
2015-03-18	DIAZEPAM	2 MG	56	14	IV
2015-03-19	OXYCODONE HCL	30 MG	220	18	II
2015-03-30	FENTANYL	100 MCG/1 HR	10	30	II
2015-03-30	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-04-01	DIAZEPAM	2 MG	120	30	IV
2015-04-16	OXYCODONE HCL	30 MG	220	30	II
2015-04-27	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	10	30	II
2015-04-27	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-05-05	DIAZEPAM	2 MG	108	30	IV
2015-05-07	DIAZEPAM	2 MG	12	3	IV
2015-05-15	OXYCODONE HCL	30 MG	220	28	II
2015-05-26	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	10	30	II
2015-05-26	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-06-11	DIAZEPAM	2 MG	108	30	IV
2015-06-15	OXYCODONE HCL	30 MG	220	28	II
2015-06-24	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	10	30	II
2015-06-24	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-07-07	DIAZEPAM	2 MG	120	40	IV
2015-07-10	OXYCODONE HCL	30 MG	220	27	II
2015-07-29	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-08-10	DIAZEPAM	2 MG	120	40	IV
2015-08-14	OXYCODONE HCL	30 MG	220	27	II
2015-08-17	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	10	30	II
2015-09-03	FENTANYL	100 MCG/1 HR	3	9	II
2015-09-11	OXYCODONE HCL	30 MG	220	27	II
2015-09-11	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-09-11	FENTANYL	100 MCG/1 HR	15	30	II
2015-09-14	DIAZEPAM	2 MG	120	30	IV
2015-10-09	OXYCODONE HCL	30 MG	270	22	II
2015-10-09	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-10-09	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2015-10-11	DIAZEPAM	2 MG	90	30	IV

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Date Filled	Drug Name	Strength	Qty	Days Sup.	Schedule
2015-11-12	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2015-11-12	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-11-12	DIAZEPAM	2 MG	120	34	IV
2015-11-13	OXYCODONE HCL	30 MG	270	22	II
2015-12-11	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2015-12-11	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2015-12-11	OXYCODONE HCL	30 MG	270	22	II
2015-12-11	DIAZEPAM	2 MG	120	34	IV
2016-01-08	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-01-08	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-01-08	OXYCODONE HCL	30 MG	270	22	II
2016-01-26	DIAZEPAM	2 MG	120	30	IV
2016-02-05	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-02-05	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-02-05	OXYCODONE HCL	30 MG	270	22	II
2016-03-04	OXYCODONE HCL	30 MG	270	22	II
2016-03-04	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-03-04	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-03-25	DIAZEPAM	2 MG	120	34	IV
2016-04-01	OXYCODONE HCL	30 MG	270	22	II
2016-04-02	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-04-06	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-04-22	OXYCODONE HCL	30 MG	270	30	II
2016-05-01	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-05-05	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-05-06	DIAZEPAM	2 MG	90	30	IV
2016-05-21	OXYCODONE HCL	30 MG	270	30	II
2016-05-29	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-06-02	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-06-05	DIAZEPAM	2 MG	90	30	IV
2016-06-18	OXYCODONE HCL	30 MG	270	30	II

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Date Filled	Drug Name	Strength	Qty	Days Sup.	Schedule
2016-06-25	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-06-26	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-07-16	OXYCODONE HCL	30 MG	270	30	II
2016-07-23	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-07-24	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-08-13	OXYCODONE HCL	30 MG	270	30	II
2016-08-15	DIAZEPAM	2 MG	90	30	IV
2016-08-21	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-08-21	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-09-10	OXYCODONE HCL	30 MG	270	30	II
2016-09-18	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-09-18	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-10-06	DIAZEPAM	2 MG	90	30	IV
2016-10-08	OXYCODONE HCL	30 MG	270	30	II
2016-10-17	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-10-17	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-11-05	OXYCODONE HCL	30 MG	270	23	II
2016-11-13	FENTANYL TRANSDERMAL SYSTEM	12 MCG/1 HR	15	30	II
2016-11-14	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-11-14	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-12-02	OXYCODONE HCL	30 MG	270	30	II
2016-12-12	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2016-12-12	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2016-12-12	FENTANYL TRANSDERMAL SYSTEM	12 MCG/1 HR	15	30	II
2016-12-23	OXYCODONE HCL	30 MG	265	22	II
2017-01-04	FENTANYL TRANSDERMAL SYSTEM	12 MCG/1 HR	15	30	II
2017-01-09	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2017-01-09	FENTANYL TRANSDERMAL SYSTEM	100 MCG/1 HR	15	30	II
2017-01-12	OXYCODONE HCL	30 MG	180	30	II
2017-01-20	DIAZEPAM	2 MG	120	30	

Date Filled	Drug Name	Strength	Qty	Days Sup.	Schedule
2017-01-27	OXYCODONE HCL	30 MG	20	3	II
2017-02-03	OXYCODONE HCL	30 MG	240	20	II
2017-02-06	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2017-03-03	OXYCODONE HCL	30 MG	270	30	II
2017-03-04	DIAZEPAM	2 MG	120	30	IV
2017-03-06	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2017-03-23	OXYCODONE HCL	30 MG	10	2	II
2017-03-31	OXYCODONE HCL	30 MG	300	25	II
2017-04-04	LORAZEPAM	0.5 MG	30	2	IV
2017-04-04	TEMAZEPAM	15 MG	30	15	IV
2017-04-05	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2017-04-11	LORAZEPAM	0.5 MG	30	5	IV
2017-05-03	ZOLPIDEM TARTRATE	10 MG	30	30	IV
2017-05-04	OXYCODONE HCL	30 MG	30	2	II
2017-05-04	OXYCODONE HCL	30 MG	30	3	II
2017-05-08	OXYCODONE HCL	30 MG	240	20	II
2017-06-18	OXYCODONE HCL	30 MG	6	1	II
2017-08-10	LORAZEPAM	0.5 MG	42	21	IV
2017-08-10	OXYCODONE HCL	30 MG	180	30	II
2017-09-02	OXYCODONE HCL	30 MG	180	30	II
2017-09-30	OXYCODONE HCL	30 MG	240	20	II
2017-11-01	OXYCODONE HCL	30 MG	240	30	II
2017-12-01	OXYCODONE HCL	30 MG	210	30	II
2017-12-30	OXYCODONE HCL	30 MG	132	22	II
2018-01-21	OXYCODONE HCL	30 MG	48	8	II
2018-01-30	OXYCODONE HCL	30 MG	150	25	II
2018-11-11	OXYCODONE HCL	20 MG	120	30	II

1 81. Respondent committed gross negligence in his care and treatment of Patient C, which
2 included, but is not limited to, the following:

3 82. Paragraphs 61 through 80, above, are hereby incorporated by reference and realleged
4 as if fully set forth herein;

5 83. Respondent failed to use a controlled substance agreement or other similar
6 agreement;

7 84. Respondent failed to maintain adequate and accurate medical notes regarding his care
8 and treatment of Patient C;

9 85. Respondent failed to prescribe opiates in a safe manner including:

- 10 A. Failure to properly assess Patient C's aberrant behavior for the presence or
11 absence of diversion;
12 B. Failure to structure tapering or reduction of prescribed opiates during the initial
13 time Patient C was under Respondent's care and treatment;
14 C. Failure to offer alternative or replacement pain medication;
15 D. Failure to use a urine toxicology screen.

16 **SECOND CAUSE FOR DISCIPLINE**

17 **(Repeated Negligent Acts)**

18 86. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
19 50800 to disciplinary action under section 2227 and 2234, as defined by 2234, subdivision (c), of
20 the Code, in that he committed repeated negligent acts during his care and treatment of Patients
21 A, B, and C, as more particularly alleged in paragraphs 27 through 85, above, which are hereby
22 incorporated by reference and realleged as if fully set forth herein.

23 87. Respondent committed the additional following negligent acts during the care and
24 treatment of Patient A, which are referenced in paragraphs 27 through 51, and are hereby
25 incorporated by reference and realleged as if fully set forth herein including, but not limited to:

- 26 A. Respondent failed to prescribe opiates in a safe manner by failing to properly
27 assess Patient A's aberrant behavior for the presence or absence of diversion; and
28

1 B. Respondent failed to prescribe opiates in a safe manner by failing to order and
2 interpret regular physical examinations and missing opportunities to order EKG's on Patient A
3 while Patient A was on methadone.

4 **THIRD CAUSE FOR DISCIPLINE**

5 **(Excessive Prescribing)**

6 88. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
7 50800 to disciplinary action under section 2227, 2234, and 725, of the Code, in that he engaged in
8 excessive prescribing of controlled substances and dangerous drugs to Patients A, B, and C, as
9 more particularly alleged in paragraphs 27 through 85, above, which are hereby incorporated by
10 reference and realleged as if fully set forth herein.

11 **FOURTH CAUSE FOR DISCIPLINE**

12 **(Failure to Maintain Accurate and Adequate Medical Records)**

13 89. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
14 50800 to disciplinary action under section 2227 and 2234, as defined by 2266, of the Code, in that
15 he failed to maintain adequate and accurate medical records in his care and treatment of Patients
16 B, and C, as more particularly alleged in paragraphs 52 through 85, above, which are hereby
17 incorporated by reference and realleged as if fully set forth herein.

18 **FIFTH CAUSE FOR DISCIPLINE**

19 **(General Unprofessional Conduct)**

20 90. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
21 50800 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in
22 conduct which breaches the rules or ethical code of the medical profession, or conduct which is
23 unbecoming a member in good standing of the medical profession, and which demonstrates an
24 unfitness to practice medicine, as more particularly alleged in paragraphs 27 through 85, above,
25 which are hereby incorporated by reference and realleged as if fully set forth herein.

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1 PRAYER

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

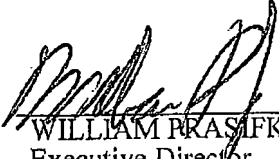
4 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 50800,
5 issued to Respondent Kenneth Dale Logan, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Kenneth Dale Logan,
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Kenneth Dale Logan, M.D., if placed on probation, to pay the
9 Board the costs of probation monitoring; and

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

11
12 DATED: OCT 12 2021

13 
14 WILLIAM PRASIFKA
15 Executive Director
16 Medical Board of California
17 Department of Consumer Affairs
18 State of California
19 Complainant

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22 First Amended Accusation.docx
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