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

In the Matter of the First Amended Accusation Against: **Hipolito Gallardo Mariano, Jr., M.D.** **Physician's and Surgeon's Certificate No. A 88903** **Respondent.**	**Case No.: 800-2018-046911**

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 August 17, 2022.

IT IS SO ORDERED: July 18, 2022.

MEDICAL BOARD OF CALIFORNIA



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

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **HIPOLITO GALLARDO MARIANO, JR., M.D.** **5454 E. Nees Ave.** **Clovis, CA 93611** **Physician's and Surgeon's Certificate No. A 88903** Respondent.	Case No. 800-2018-046911 OAH No. 2021100601 **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, by Michael C. Brummel, Deputy Attorney General.

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2. Respondent Hipolito Gallardo Mariano, Jr., M.D. (Respondent) is represented in this proceeding by attorney Paul Chan, whose address is: 1851 Heritage Lane, Suite 128, Sacramento, CA 95815-4996.

3. On or about September 17, 2004, the Board issued Physician's and Surgeon's Certificate No. A 88903 to Hipolito Gallardo Mariano, Jr., M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-046911, and will expire on September 30, 2022, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2018-046911 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. The First Amended Accusation was deemed controverted pursuant to Government Code Section 11507 in light of the fact that Respondent timely filed his Notice of Defense contesting the original Accusation No. Accusation No. 800-2018-046911.

5. A copy of First Amended Accusation No. 800-2018-046911 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 First Amended Accusation No. 800-2018-046911. 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.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2018-046911, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges. Respondent agrees that if in any future case he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in First Amended Accusation No. 800-2018-046911shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

CONTINGENCY

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

action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 88903 issued to Respondent Hipolito Gallardo Mariano, Jr., M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

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

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

cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

This condition shall remain in effect until Respondent provides the Board or its designee proof of completion of the Prescribing Practice Course described in Condition 3, below.

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

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

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

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

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

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

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

5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to

Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

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

7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena enforcement, as applicable, in the amount of $4,536.25 (four thousand five hundred thirty-six dollars and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by respondent to the Board.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

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Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct

patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

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

13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and

carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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

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

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 action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2018-046911 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

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

HIPOLITO GALLARDO MARIANO, JR., M.D.
Respondent

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

DATED: _____

PAUL CHAN
Attorney for Respondent

ENDORSEMENT

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

DATED: March 22, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General



MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Paul Chan. 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: 03/18/2022

HIPOLITO GALLARDO MARIANO, JR., M.D.
Respondent

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

DATED: 3/21/22

PAUL CHAN
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-046911

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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 First Amended Accusation Against: **HIPOLITO GALLARDO MARIANO, JR., M.D.** **5454 E. Nees Ave.** **Clovis, CA 93611** **Physician's and Surgeon's Certificate No. A 88903,** Respondent.	Case No. 800-2018-046911 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended 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 September 17, 2004, the Board issued Physician's and Surgeon's Certificate No. A 88903 to Hipolito Gallardo Mariano, Jr., M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2022, unless renewed.

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JURISDICTION

3. This First Amended Accusation, which supersedes the Accusation filed on August 11, 2021, 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 2228.1 of the Code states:

> (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:
>
> (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.
>
> (C) Criminal conviction directly involving harm to patient health.
>
> (D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.
>
> (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.
>
> (c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:
>
> (1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

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

COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case[1], with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DEFINITIONS

PERTINENT DRUGS AND DEFINITIONS

8. Acetaminophen and oxycodone (Endocet®, Percocet®, Roxicet®) is a combination of two medicines used to treat moderate to severe pain. Oxycodone is an opioid pain medication, commonly referred to as a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of oxycodone. Oxycodone has a high potential for abuse. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations and a dangerous drug as defined in Business and

[1] As of November 18, 2021, Section 125.3 of the Code has been amended to remove subsection (k), which precluded the Board from collecting costs. The Board may collect investigation, prosecution, and other costs incurred for a disciplinary proceeding against a licensee beginning January 1, 2022.

Professions Code section 4022. Respiratory depression is the chief hazard from all opioid agonist preparations. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2 of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers and alcohol.

9. Benzodiazepines are a class of agents that work on the central nervous system, acting on select receptors in the brain that inhibit or reduce the activity of nerve cells within the brain. Valium, diazepam, alprazolam, and temazepam are all examples of benzodiazepines. All benzodiazepines are Schedule IV controlled substances and have the potential for abuse, addiction, and diversion.

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

11. Hydromorphone (Dilaudid®) is an opioid pain medication commonly called a narcotic that is used to treat moderate to severe pain. Dilaudid can slow or stop your breathing

and should not be used in larger amounts or longer periods than prescribed. Dilaudid may be habit-forming and can cause addiction, overdose, or death if misused. Dilaudid has a high potential for abuse. Dilaudid is a Schedule II controlled substance under Health and Safety Code section 11055, and a Schedule II controlled substance under section 1308.12 of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022.

12. Lorazepam (Ativan) is a benzodiazepine that affects chemicals in the brain that may be unbalanced in people with anxiety. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

13. MS Contin® (morphine sulfate), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Drug Enforcement Administration has identified oxycodone as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 39.) The Federal Drug Administration has issued a black box warning for MS Contin® which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also cautions about the risks associated with concomitant use of MS Contin® with benzodiazepines or other central nervous system (CNS) depressants.

14. Oxycodone (Oxaydo®, Oxycontin®, Oxyfast®, Roxicodon®, Xtampza ER®) is a white odorless crystalline power derived from an opium alkaloid. It is a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of oxycodone include anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations, and a dangerous drug as defined in Business and Professions Code section

4022. When properly prescribed and indicated, oxycodone is used for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative treatment options are inadequate. Respiratory depression is the chief hazard from all opioid agonist preparations. The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2 of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers, and alcohol. The DEA has identified oxycodone, as a drug of abuse. (Drugs of Abuse. A DEA Resource Guide (2011 Edition), at p. 41.)

15. Soma®, a brand name for carisoprodol, is a muscle relaxant with a known potentiating effect on narcotics. It is a muscle relaxer that works by blocking pain sensations between the nerves and the brain. In December 2011, the Federal Drug Administration listed carisoprodol as a Schedule IV controlled substance (76 Fed.Reg. 77330 (Dec. 12, 2011).) Soma is also a dangerous drug pursuant to Business and Professions Code section 4022.

16. Zolpidem tartrate (Ambien®) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a sedative used to treat insomnia and has potential for abuse.

FACTUAL ALLEGATIONS

Facts Common to All Patients

17. On or about June 11, 2021, Respondent was interviewed by the Board's investigator regarding the care provided to Patient A[2], and Patient B. Respondent stated that he was previously board certified in pediatrics, but is not currently board certified. Respondent stated that he is trained in pediatrics and internal medicine, and operates a solo practice in general medicine in Fresno. Respondent does not dispense medications from his office, and is the only

[2] Patients are identified by letter to protect their privacy. Their identities are known to Respondent.

one that prescribes controlled substances at his office. Respondent stated that he periodically reviews patient CURES reports and conducts urine drug screens every four to six months for patients that he is prescribing controlled substances. He reported that he always checks the patient's CURES reports, and obtains a pain management contract from every patient receiving controlled substances. Respondent reported that although there is a nurse practitioner and several assistants on site, he personally sees every patient that comes to the office for medical care.

Facts Pertaining to Patient A

18. Patient A suffered from numerous diagnoses that contributed to his pain, including knee joint pain, muscle atrophy, chronic low back pain, cervical spine pain, neurologic pain and neuropathy. Respondent regularly prescribed opiates and other controlled substances to Patient A for pain. Respondent documented two pain contracts, but did not document any informed consent related to the use of controlled substances, review of CURES for Patient A or use of urine drug toxicology tests while prescribing controlled substances. Respondent's records were frequently very limited, with pertinent physical examinations, informed consents were not documented at all, no documentation of urine drug toxicology tests, and inconsistent documentation. For example, Respondent frequently documented that Patient A was in no acute distress, despite Patient A complaining of pain, and Respondent prescribing controlled substances for pain at the same visit. Patient A suffered from knee pain for years, but imagine studies were never ordered, and Patient A was never referred to an orthopedic or other specialist. Respondent regularly documented a testicular self-exam during routine visit, although no detailed information about the examination was provided and it was not related to Patient A's symptoms or diagnoses.

19. During the period of on or about January 6, 2015 through December 29, 2015, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/6/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	81	20	Respondent
1/28/2015	CARISOPRODOL	TAB	350 MG	60	30	Respondent
2/2/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
2/4/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
2/13/2015	CLONAZEPAM	TAB	0.5 MG	60	30	M.A., M.D.
2/23/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
3/2/2015	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	30	Respondent
3/2/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/2/2015	HYDROMORPHONE HCL	TAB	2 MG	14	7	Respondent
3/30/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/30/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
3/31/2015	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	30	Respondent
3/31/2015	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
4/30/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
5/4/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/29/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
6/16/2015	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	30	7	L.P.
6/22/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
6/27/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
7/18/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/20/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
7/25/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
8/16/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/24/2015	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	24	4	J.A., M.D.
8/26/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	M.H., M.D.
9/4/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
9/14/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/23/2015	HYDROMORPHONE HCL	TAB	2 MG	10	2	B.H.
9/25/2015	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	15	5	N.H.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
9/28/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
10/12/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/14/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
10/28/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
11/11/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/25/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
11/30/2015	HYDROMORPHONE HCL	TAB	2 MG	20	10	Respondent
12/9/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/9/2015	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
12/11/2015	LORAZEPAM	TAB	1 MG	60	30	J.S.
12/29/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

20. On or about April 29, 2016, Patient A presented to Respondent for treatment for the first time during the records that were reviewed as a part of the Board's investigation. Patient A was noted to have peripheral neuropathy, no acute distress, and was taking oxycodone, morphine and gabapentin, amitriptyline, cyclobenzaprine, and Atripla. Respondent prescribed Patient A controlled substances in excess of approximately 300 MME/day.

21. On or about May 27, 2016, Patient A returned to Respondent complaining of left knee pain. Patient A's left knee was noted to be tender, and he had a decreased range of motion. Respondent planned to order an MRI if Patient A didn't improve, but no imaging studies were ever performed. Respondent referred Patient A to surgery for an abdominal hernia. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

22. On or about July 28, 2016, Patient A returned to Respondent complaining of left knee pain. Respondent did not document a specific history or examination, and the plan remained the same. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

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23. On or about August 30, 2016, Patient A returned to Respondent complaining of left knee pain and palpitations. Respondent continued to prescribe opiates to Patient A without change. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

24. On or about October 28, 2016, Patient A presented to Respondent complaining that the infections disease and neurology physicians do not adequately address his pain. Respondent notes that Patient A is not in acute distress, but continues to have a tender knee with decreased range of motion. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

25. During the period of on or about January 7, 2016 through December 16, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/7/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/7/2016	HYDROMORPHONE HCL	TAB	2 MG	14	7	Respondent
1/22/2016	LORAZEPAM	TAB	1 MG	60	30	J.S.
1/25/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
1/26/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
2/5/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/19/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
2/23/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
2/23/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
2/24/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	24	4	A.H., M.D.
3/3/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/21/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
3/21/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
4/6/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
4/11/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/18/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
4/18/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
5/12/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	24	4	A.H., M.D.
5/13/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/19/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
5/23/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
5/26/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
6/11/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/22/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
6/22/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
7/9/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/15/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
7/25/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
7/27/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/15/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/26/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
8/26/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/31/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	7	A.D., M.D.
9/13/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/13/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
9/26/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
9/27/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
10/12/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/12/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
10/28/2016	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	M.C., M.D.
11/3/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
11/4/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
11/11/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/15/2016	ZOLPIDEM TARTRATE	TAB	5 MG	30	30	B.M.
12/2/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
12/2/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
12/9/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/16/2016	ZOLPIDEM TARTRATE	TAB	5 MG	30	30	B.M.

26. On or about April 3, 3017, Patient A presented to Respondent complaining of body pain, peripheral neuropathy, and left knee pain. Respondent documented an unchanged knee exam, and continued to prescribe opioids without change. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

27. On or about April 27, 2017, Patient A returned to Respondent complaining of poor sleep due to pain, and knee pain. Respondent documented an unchanged examination, and continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

28. On or about May 16, 2017, Patient A presented to Respondent for refills. Respondent changed his prescription of gabapentin to Lyrica, and planned to refer Patient A to pain management. Respondent noted that if Patient A was not accepted by pain management, he would refer him to neurology, although Patient A was already seeing a neurologist. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

29. On or about May 30, 2017, Patient A returned to Respondent with knee pain. Respondent continued to note that he would order an MRI in the future if the knee pain didn't resolve. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

30. On or about June 8, 2017, Patient A returned to Respondent complaining that the medications were not sufficient to treat his pain. Respondent documented an unchanged knee examination, and referred Patient A to Dr. Pinto for a medical marijuana card.

31. On or about June 27, 2017, Patient A returned for refills. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

32. On or about July 6, 2017, Patient A presented to Respondent complaining of dizziness, weakness, and poor appetite. Respondent did not document any attempt to address the new presenting symptoms. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

33. On or about July 26, 2017, Patient A presented to Respondent for refills and treatment of his peripheral neuropathy. Patient A signed a pain contract with Respondent related to the use of controlled substances. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

34. On or about September 20, 2017, Patient A presented to Respondent complaining that his body pain had worsened, he was not sleeping well, and pain management would not treat him due to his HIV pain neuropathy. Respondent failed to document any details in the medical record at this visit related to Patient A's HIV. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

35. On or about October 19, 2017, Patient A presented to Respondent for refills of his medications. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

36. On or about November 20, 2017, Patient A presented to Respondent for treatment of his knee pain and neuropathy. Respondent failed to document any specific assessment or plan for this visit. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

37. On or about December 9, 2017, Patient A signed a pain contract with Respondent related to the use of controlled substances. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

38. On or about December 21, 2017, Patient A presented to Respondent for follow up from a recent ER visit. Patient A complaint of abdominal pain, but Respondent failed to

document details other than a normal abdominal examination. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

39. During the period of on or about January 9, 2017 through December 7, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/9/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
1/9/2017	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
1/9/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
1/11/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
1/16/2017	ZOLPIDEM TARTRATE	TAB	5 MG	30	30	B.M.
2/6/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
2/6/2017	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
2/7/2017	BUTRANS	TDM	15 MCG/1 HR	4	28	Respondent
2/8/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
3/7/2017	BUTRANS	TDM	15 MCG/1 HR	4	28	Respondent
3/7/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
3/7/2017	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
3/8/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
4/6/2017	BUTRANS	TDM	15 MCG/1 HR	4	28	Respondent
4/6/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
4/6/2017	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
4/6/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
6/5/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
6/5/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
6/6/2017	BUTRANS	TDM	5 MCG/1 HR	4	28	Respondent
7/11/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
8/4/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
8/4/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
8/10/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
8/14/2017	HYDROMORPHONE HCL	TAB	2 MG	30	30	Respondent
8/28/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	5	M.H., M.D.
9/2/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
9/2/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
9/14/2017	HYDROMORPHONE HCL	TAB	2 MG	30	5	S.B., M.D.
9/29/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
10/5/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
10/13/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	22	Respondent
11/7/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
11/7/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
11/8/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	60	30	Respondent
12/5/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
12/6/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
12/7/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent

40. On or about January 2, 2018, Patient A returned to Respondent following a recent emergency room visit for an appendectomy. Respondent documented slight abdominal tenderness, and diagnosed Patient A with lower left quadrant pain. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

41. On or about July 2, 2018, Patient A presented to Respondent complaining of intractable body pain. Patient A reported that he was not receiving the needed help from the infections disease physicians. Patient A was prescribed oxycodone, morphine, gabapentin, soma, Percocet, and numerous additional non-controlled substances. Respondent documented that Patient A was not in any acute distress, a normal physical examination, and continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

42. During the period of on or about January 5, 2018 through December 17, 2018, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/5/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	22	Respondent
1/6/2018	CARISOPRODOL	TAB	350 MG	60	30	Respondent
2/4/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
3/15/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
4/14/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
5/21/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	24	4	G.N.
6/6/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	5	L.N., D.O.
6/12/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	15	3	L.N., D.O.
6/15/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	15	7	L.M.
7/24/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	5	1	S.I.
9/7/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/10/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
10/8/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/10/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
11/6/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/19/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
12/4/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/17/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent

43. On or about January 2, 2019, Patient A presented to Respondent with similar concerns, and Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

44. On or about March 16, 2019, Patient A presented to Respondent complaining of influenza A, sinusitis, bronchitis, and an abdominal hernia. Patient A's weight was down 18 pounds in the past 8 months, but this was not evaluated or documented at the visit. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

45. On or about June 13, 2019, Patient A returned to Respondent complaining of bilateral leg pain, and weight loss. Respondent documented a normal physical examination and recommended that Patient A take Ensure. Respondent failed to document any evaluation of the possibility that Patient A's weight gain could be related to HIV. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

46. On or about August 7, 2019, Patient A returned to Respondent for refills of his medications. Patient A's weight was up to 157 pounds, but Respondent failed to document a history of a physical examination. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

47. On or about September 5, 2019, Patient A returned to Respondent complaining of low blood pressure, dizziness, and sleep apnea. Respondent documented a pins and needles neurological examination, and planned to refer Patient A for a sleep study. Patient A's weight was up to 162 pounds. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

48. On or about October 7, 2019, Patient A presented to Respondent with normal lab tests, a right foot skin mass. Respondent ordered an x-ray of the right foot, and referred Patient A to neurology. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

49. On or about November 11, 2019, Patient A presented to Respondent with a mass between his first and second toes. Respondent ordered a lumbosacral x-ray, and noted that his extremities were tender. Patient A's weight was up to 167 pounds. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

50. On or about November 27, 2019, Patient A's neurology referral was rejected because he had not had an MRI. Respondent failed to order an MRI for Patient A in response to the

rejection. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

51. On or about December 13, 2019, Patient A presented to Respondent complaining of a mass on his foot and shoulder pain. Respondent failed to document any details of the examination, or any details of a shoulder examination. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

52. During the period of on or about January 7, 2019 through December 30, 2019, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/7/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/7/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/15/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
1/15/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
2/4/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/12/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
3/5/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/14/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
4/4/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/12/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
5/3/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/10/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
6/3/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/11/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
7/5/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/9/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	12	3	M.J., M.D.
7/11/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	69	23	Respondent
8/1/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/3/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/30/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
9/2/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/1/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/1/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
11/1/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
11/6/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/2/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
12/6/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/30/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/30/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

53. On or about January 16, 2020, Respondent documented referring Patient A to pulmonary medicine absent any additional details regarding the referral.

54. On or about February 19, 2020, Patient A returned to Respondent complaining of a mass between his toes. Patient A's weight was at 168 pounds. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day. Respondent failed to sign the progress note for this visit until May 18, 2021.

55. On or about April 1, 2020, Patient A presented to Respondent complaining of HIV, neuropathic pain, and not wanting to take any more medications. Patient A reported that he can't get a pain management physician due to his HIV, and Respondent referred him back to infectious disease. Respondent continued to prescribe Patient A oxycodone, morphine, and gabapentin, approximately the same prescriptions he had used four years prior. Respondent continued to prescribe Patient A controlled substances in excess of approximately 300 MME/day.

56. During the period of on or about January 29, 2020 through December 23, 2020, Patient A filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/29/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/29/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
2/11/2020	OXYCONTIN	TER	15 MG	60	30	Respondent
2/27/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/29/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
3/11/2020	OXYCONTIN	TER	15 MG	60	30	Respondent
3/31/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
4/1/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/28/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
4/29/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/26/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/28/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
6/29/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
7/6/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/28/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/4/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/26/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/31/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/22/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
9/28/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/23/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
10/28/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/23/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	100	30	Respondent
11/23/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	20	5	Respondent
11/24/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/21/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/23/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

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57. During the period of on or about January 19, 2021 through July 20, 2021, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/19/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/21/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
2/19/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/19/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
3/18/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/20/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	20	5	Respondent
3/20/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	100	25	Respondent
4/16/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/21/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	30	7	Respondent
4/21/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	23	Respondent
5/14/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/22/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
6/16/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/22/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
7/15/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/16/2021	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	S.S.
7/20/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

58. On or about June 11, 2021, Respondent was interviewed by the Board's investigator regarding the care provided to Patient A, and Patient B. When questioned about the failure to include morphine in Patient A's July 2017 pain contract, Respondent stated "my mistake." Respondent stated that he may ask the patient about their pain at the visit, but if they are comfortable he may not document it in the medical record. Respondent stated that he could not find another physician to treat Patient A, and Patient A kept asking for increasing amounts of pain medication. Respondent stated that ultimately, he referred the patient to Stanford, because he is not a pain management physician and didn't know how to treat Patient A. Respondent failed to

document a urine toxicology test while prescribing controlled substances. Respondent stated that he knew that Patient A was not using illicit drugs because "I know him." Respondent admitted that he does not sign his patient notes in a timely manner, stating "I'm guilty of that." Respondent stated that he was prescribing Zolpidem to Patient A in addition to Oxycodone, Morphine, and Soma to help Patient A "forget his sleep." Respondent stated that he was trying to reduce the number of pain pills prescribed during his treatment of Patient A, because the patient didn't want to get addicted.

Facts Pertaining to Patient B

59. Patient B received treatment from Respondent for a variety of diagnoses, including chronic back pain, depressive disorder, morbid obesity, schizophrenia, osteoporosis, asthma, anxiety, failed lap band surgery for obesity, sleep gastrectomy, middle ear and mastoid surgery, autistic disorder, bipolar disorder, chronic mastoiditis, GERD, hiatal hernia, neck pain, ear pain, and COPD. Respondent regularly prescribed opiates and other controlled substances to Patient B for pain. Respondent failed to document a pain contract, informed consent related to the use of controlled substances, and/or review of CURES for Patient B. Respondent's records were frequently very limited, with pertinent physical examinations and informed consents not documented at all.

60. During the period of on or about January 6, 2015 through December 29, 2015, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/6/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	81	20	Respondent
1/28/2015	CARISOPRODOL	TAB	350 MG	60	30	Respondent
2/2/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
2/4/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	Respondent
2/13/2015	CLONAZEPAM	TAB	0.5 MG	60	30	M.A., M.D.
2/23/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/2/2015	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	30	Respondent
3/2/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/2/2015	HYDROMORPHONE HCL	TAB	2 MG	14	7	Respondent
3/30/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/30/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
3/31/2015	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	30	Respondent
3/31/2015	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
4/30/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
5/4/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/29/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
6/16/2015	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	30	7	L.P.
6/22/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
6/27/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
7/18/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/20/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
7/25/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
8/16/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/24/2015	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	24	4	J.A., M.D.
8/26/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	M.H., M.D.
9/4/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
9/14/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/23/2015	HYDROMORPHONE HCL	TAB	2 MG	10	2	B.H.
9/25/2015	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	15	5	N.H.
9/28/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
10/12/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/14/2015	LORAZEPAM	TAB	1 MG	60	30	B.M.
10/28/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
11/11/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/25/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
11/30/2015	HYDROMORPHONE HCL	TAB	2 MG	20	10	Respondent
12/9/2015	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/9/2015	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
12/11/2015	LORAZEPAM	TAB	1 MG	60	30	J.S.
12/29/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

61. During the period of on or about January 7, 2016 through December 16, 2016, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/7/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/7/2016	HYDROMORPHONE HCL	TAB	2 MG	14	7	Respondent
1/22/2016	LORAZEPAM	TAB	1 MG	60	30	J.S.
1/25/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
1/26/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
2/5/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/19/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
2/23/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
2/23/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
2/24/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	24	4	A.H., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/3/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/21/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
3/21/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
4/6/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
4/11/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/18/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
4/18/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
5/12/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	24	4	A.H., M.D.
5/13/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/19/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
5/23/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
5/26/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
6/11/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/22/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
6/22/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
7/9/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/15/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
7/25/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
7/27/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/15/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/26/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
8/26/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/31/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	7	A.D., M.D.
9/13/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/13/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
9/26/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
9/27/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
10/12/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/12/2016	LORAZEPAM	TAB	1 MG	60	30	B.M.
10/28/2016	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	M.C., M.D.
11/3/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
11/4/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
11/11/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/15/2016	ZOLPIDEM TARTRATE	TAB	5 MG	30	30	B.M.
12/2/2016	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
12/2/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
12/9/2016	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/16/2016	ZOLPIDEM TARTRATE	TAB	5 MG	30	30	B.M.

62. During the period of on or about January 9, 2017 through December 7, 2017, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/9/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
1/9/2017	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
1/9/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
1/11/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
1/16/2017	ZOLPIDEM TARTRATE	TAB	5 MG	30	30	B.M.
2/6/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
2/6/2017	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
2/7/2017	BUTRANS	TDM	15 MCG/1 HR	4	28	Respondent
2/8/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
3/7/2017	BUTRANS	TDM	15 MCG/1 HR	4	28	Respondent
3/7/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
3/7/2017	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/8/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
4/6/2017	BUTRANS	TDM	15 MCG/1 HR	4	28	Respondent
4/6/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
4/6/2017	HYDROMORPHONE HCL	TAB	2 MG	60	30	Respondent
4/6/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
6/5/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
6/5/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
6/6/2017	BUTRANS	TDM	5 MCG/1 HR	4	28	Respondent
7/11/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
8/4/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
8/4/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
8/10/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
8/14/2017	HYDROMORPHONE HCL	TAB	2 MG	30	30	Respondent
8/28/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	5	M.H., M.D.
9/2/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
9/2/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
9/14/2017	HYDROMORPHONE HCL	TAB	2 MG	30	5	S.B., M.D.
9/29/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
10/5/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
10/13/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	22	Respondent
11/7/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
11/7/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent
11/8/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	60	30	Respondent
12/5/2017	BUTRANS	TDM	10 MCG/1 HR	4	28	Respondent
12/6/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
12/7/2017	CARISOPRODOL	TAB	350 MG	60	30	Respondent

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63. During the period of on or about January 5, 2018 through December 17, 2018, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/5/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	22	Respondent
1/6/2018	CARISOPRODOL	TAB	350 MG	60	30	Respondent
2/4/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
3/15/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
4/14/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
5/21/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	24	4	G.N.
6/6/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	5	L.N.
6/12/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	15	3	L.N.
6/15/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	15	7	L.M.
7/24/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	5	1	S.I.
9/7/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
9/10/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
10/8/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/10/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
11/6/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/19/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
12/4/2018	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/17/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent

64. On or about March 28, 2019, Patient B presented to Respondent for the first time in the records that were reviewed as a part of the Board's investigation. Patient B complained of ear pain, and ongoing back pain. Patient B was taking Percocet, Butrans transdermal, carisoprodol,

Ventolin, Spiriva, Zyprexa, trazodone, Effexor, and buspirone. Respondent documented that Patient B suffered from severe morbid obesity, and had a tender lumbosacral area on examination. Respondent prescribed controlled substances totaling approximately 34 MME/day.

65. On or about April 3, 2019, Patient B presented to Respondent complaining of low back pain. Respondent failed to document a physical examination, and wrote "antineoplastic chemotherapy" in the records, absent additional explanation.

66. On or about May 3, 2019, Patient B presented to Respondent complaining of ear pain, worsening back pain, and requesting more pain medications. The records state that Patient B said she was "running low because of taking more than the prescribed pain medication." Respondent documented a limited back examination, and noted that she had anxiety disorder, but failed to provide any details related to the anxiety disorder. Respondent noted that he planned to refer her to neurology, and prescribed Percocet. A urine drug toxicology screen was performed that was negative for the presence of opiates, despite her opiate prescriptions, and positive for acetaminophen and venlafaxine.

67. On or about May 9, 2019, Patient B presented to Respondent complaining of ear pain, and back pain. Respondent conducted a limited examination, focused on her complaint of ear pain.

68. On or about June 11, 2019, Patient B underwent a CT scan that was positive for acute mastoiditis. Patient B continued to complain of low back, shoulder and neck pain.

69. On or about July 11, 2019, Respondent documented that Patient B required a referral to see a specialist for her ear pain.

70. On or about August 29, 2019, Patient B presented to Respondent following removal of her laparoscopic adjustable gastric band.

71. On or about September 10, 2019, Patient B presented to Respondent following placement of a bariatric sleeve. Respondent prescribed Percocet, carisoprodol, butrans, and trazodone. Respondent did not document an examination of Patient B. Respondent prescribed controlled substances totaling approximately 45 MME/day.

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72. On or about October 1, 2019, Patient B presented to Respondent complaining of surgical site pain, mastoiditis, a perforated eardrum, and low back pain. Respondent failed to document a back examination, but prescribed Percocet to Patient B. Patient B performed a urine drug toxicology that was positive for THC, trazodone, venlafaxine, and Dextromorphan. The test was negative for opiates, despite Patient B's ongoing prescriptions for opiates.

73. On or about October 24, 2019, Patient B presented to the emergency room complaining of ear pain and nausea.

74. On or about November 1, 2019, Patient B returned to Respondent for follow up related to her ear and back pain. Respondent documented that her lumbosacral area was tender, and noted that she was bipolar, and had recently undergone bariatric surgery. Respondent failed to include any additional information regarding the bipolar diagnosis. Respondent prescribed Patient B Percocet, but failed to sign his progress not until May 18, 2021.

75. On or about November 4, 2019, Patient B presented to an ENT specialist for treatment of her ear pain.

76. On or about December 2, 2019, Patient B presented to Respondent for follow up on her ear and back pain. Respondent documented that her back was tender, and her range of motion was decreased.

77. On or about December 16, 2019, Patient B presented to Respondent seeking medical clearance for ear surgery. Respondent noted that she had back pain, and decreased range of motion, and prescribed Percocet.

78. During the period of on or about January 7, 2019 through December 30, 2019, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/7/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/7/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/15/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
1/15/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
2/4/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
2/12/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
3/5/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/14/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
4/4/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/12/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
5/3/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/10/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
6/3/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/11/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
7/5/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/9/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	12	3	M.J., M.D.
7/11/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	69	23	Respondent
8/1/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/3/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/30/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
9/2/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/1/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/1/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
11/1/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
11/6/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/2/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
12/6/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/30/2019	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/30/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

79. On or about January 31, 2020, Patient B underwent ear and mastoid surgery with a specialist.

80. On or about February 26, 2020, Patient B presented to Respondent to follow up after her recent ear surgery. Patient B reported that she was still experiencing ear pain. Respondent

failed to document a back examination, but prescribed Oxycontin three times daily. Respondent increased the prescribed controlled substances to Patient B, now totaling approximately 67 MME/day.

81. On or about March 30, 2020, Patient B presented to Respondent to follow up on her complaint of back pain. Patient B reported that her back pain was interfering in her sleep. Respondent failed to document a physical examination or any vital signs at this appointment. Respondent prescribed Percocet, and decreased the prescribed controlled substances to Patient B, now totaling approximately 34 MME/day.

82. During the period of on or about January 29, 2020 through December 23, 2020, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/29/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/29/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
2/11/2020	OXYCONTIN	TER	15 MG	60	30	Respondent
2/27/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/29/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
3/11/2020	OXYCONTIN	TER	15 MG	60	30	Respondent
3/31/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	30	Respondent
4/1/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/28/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
4/29/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/26/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/28/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
6/29/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
7/6/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
7/28/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/4/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
8/26/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
8/31/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
9/22/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
9/28/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
10/23/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
10/28/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
11/23/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	100	30	Respondent
11/23/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	20	5	Respondent
11/24/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/21/2020	CARISOPRODOL	TAB	350 MG	90	30	Respondent
12/23/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

83. During the period of on or about January 19, 2021 through July 20, 2021, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/19/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
1/21/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
2/19/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
2/19/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
3/18/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
3/20/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	20	5	Respondent
3/20/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	100	25	Respondent
4/16/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
4/21/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	30	7	Respondent
4/21/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	23	Respondent
5/14/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
5/22/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
6/16/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent
6/22/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent
7/15/2021	CARISOPRODOL	TAB	350 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
7/16/2021	ZOLPIDEM TARTRATE	TAB	10 MG	30	30	S.S.
7/20/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	30	Respondent

84. On or about June 11, 2021, Respondent was interviewed by the Board's investigator regarding the care provided to Patient A, and Patient B. Respondent stated that the mention of chemotherapy in the plan for Patient B on April 3, 2019 was a mistake. When asked about Patient B's request for additional pain medication, Respondent stated that she could go to the ER, and that he doesn't give her any extra medication. Following the negative urine toxicology result on October 1, 2019, Respondent said that he did not prescribe any more pain medications. Respondent stated that he repeated the urine toxicology screen, but failed to document this in the medical records.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

85. Respondent has subjected his Physician's and Surgeon's Certificate No. A 88903 to disciplinary action under section 2227, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in the care and treatment of Patient A, and Patient B, as more particularly alleged in paragraphs 17 through 84, which are hereby incorporated by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

Patient A – Departures from the Standard of Care

86. Respondent prescribed opioid medication to Patient A, but failed to adequately document an initial evaluation to justify the prescribing of controlled substances. Respondent continued to prescribe controlled substances for an extended period of time, but failed to document an ongoing evaluation to justify the continue prescribing of controlled substances. Respondent did not document adequate monitoring or risk mitigation related to the prescribing of controlled substances to Patient A. Respondent prescribed Patient A controlled substances in excess of 300 MME per day, but failed to document consideration of the significantly higher risk

of harm, addiction, overdose and death to Patient A. Respondent's excessive prescribing to Patient A constitutes an extreme departure from the standard of care.

87. Respondent concurrently prescribed Patient A combinations of opiates and benzodiazepines numerous times, absent any documentation of an initial or ongoing evaluation to justify the prescribing. Respondent did not document adequate ongoing monitoring of Patient A while prescribing opiates and benzodiazepines. Respondent did not document any efforts to mitigate the risk posed by the concurrent prescriptions of opiates and benzodiazepines, or any risk stratification for Patient A. Respondent's failure to evaluate Patient A's risk and adequately monitor Patient A's prescriptions of opiates and benzodiazepines placed patient A at a significantly increased risk for harm, including addiction, overdose, and/or death. Respondent's repeated prescribing of opioid and benzodiazepine medications to Patient A constitutes and extreme departure from the standard of care.

88. Respondent failed to document ongoing monitoring for Patient A while prescribing controlled substances. Respondent failed to review and/or document review of Patient A's CURES reports, or urine drug testing. Respondent failed to adequately or regularly document Patient A's functional pain scores and/or evaluations. Respondent failed to attempt to mitigate the risks or document consideration of the mitigation of risk to Patient A related to the prescribed controlled substances. Respondent's failure to perform appropriate monitoring while prescribing controlled substances to Patient A is an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

89. Respondent has subjected his Physician's and Surgeon's Certificate No. A 88903 to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in the care and treatment of Patient A, and Patient B, as more particularly alleged in paragraphs 17 through 84, which are hereby incorporated by reference and realleged as if fully set forth herein.

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Patient A – Departures from the Standard of Care

90. Respondent asserts that all of his patients signed a pain management contract, but the records failed to contain a pain management contract for Patient A. Respondent failed to document an informed consent for Patient A that details the risks of taking opiates and benzodiazepines concurrently, including addiction, overdose, and/or death. Respondent's failure to document a discussion with Patient A regarding the potential risks of taking controlled substances, including the dangerous combinations of multiple controlled substances, is a departure from the standard of care.

91. Respondent failed to adequately document the medications lists at each visit. Respondent's musculoskeletal examinations of Patient A frequently consisted of limited information. Respondent frequently failed to document or inadequately documented Patient A's prior treatment records, medical history, examinations, or urine drug toxicology testing. Respondent failed to perform and/or document an adequate and appropriate history and physical examination prior to prescribing and/or refilling controlled substances to Patient A. Respondent failed to ensure that Patient A's medication lists were accurate at each visit. Respondent failed to document discussion and informed consent of the potential risks of taking controlled substances. Respondents failure to adequately document Patient A's medical treatment relating to the prescribing of controlled substances is a departure from the standard of care.

92. Respondent failed to verify that Patient A established care with another provider prior to terminating his practice. Respondent failed to provide Patient A with his medical records when he closed his practice. Following the closure of the practice, Respondent failed to provide Patient A with a copy of his medical records despite repeated requests. Respondent did not provide Patient A's new physician with a copy of his medical records. Respondent failed to document any supporting evidence regarding the final disposition of Patient A's medical records. Respondent failed to document and/or provide Patient A with a referral to a subsequent pain management physician to treat his chronic pain. Following Respondent's retirement, Patient A was suddenly unable to receive prescriptions for his chronic pain. The sudden cessation of high doses of opioid medications caused Patient A to experience significant pain and withdrawal

symptoms. Respondent's abrupt termination of treatment absent sufficient written notification or referral to an alternative treating physician specializing in pain management constitutes a departure from the standard of care.

Patient B – Departures from the Standard of Care

93. Respondent concurrently prescribed Patient B combinations of opiates and Soma numerous times, absent any documentation of an initial or ongoing evaluation to justify the prescribing. Respondent failed to document adequate ongoing monitoring of Patient B while prescribing opiates and Soma. Respondent did not document any efforts to mitigate the risk posed by the concurrent prescriptions of opiates and Soma, or any risk stratification for Patient B. Respondent's failure to evaluate Patient B's risk and adequately monitor Patient B's prescriptions of opiates and benzodiazepines placed Patient B at a significantly increased risk for harm, including addiction, overdose, and/or death. Respondent's repeated prescribing of opioid and benzodiazepine medications to Patient B constitutes a departure from the standard of care.

94. Respondent failed to document a discussion with Patient B regarding the potential risks of taking controlled substances, despite prescribing multiple dangerous controlled substances, including high dosages and dangerous combinations of medications. Respondent's failure to provide informed consent and/or failure to document the provision of informed consent to Patient B regarding the risks of controlled substances constitutes a departure from the standard of care.

95. Respondent failed to document an adequate and appropriate history and physical examination of Patient B prior to prescribing and/or refilling controlled substances. Respondent failed to document providing informed consent to Patient B prior to prescribing controlled substances, including the risks of the controlled substances. Respondent failed to adequately provide an initial evaluation regarding Patient B's lower back pain, the condition for which the controlled substances were being prescribed. Respondent's failure to adequately document Patient B's medical records related to the prescribing of controlled substances constitutes a departure from the standard of care.

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96. Respondent failed to provide adequately ongoing monitoring to Patient B while prescribing controlled substances. The failure to provide adequate monitoring increased Patient B's risk of harm, including addiction, overdose, and/or death. Respondent failed to review and/or document regular review of Patient B's CURES reports, despite prescribing controlled substances to Patient B. Respondent rarely required urine drug testing while prescribing controlled substances to Patient B. Respondent failed to take appropriate action when Patient B's tests for controlled substances revealed that Patient B was not taking the controlled substances as prescribed. Respondent failed to attempt to mitigate the risk to Patient B by reducing the controlled substances prescribed, refilling the medication despite the risk of harm to Patient B. Respondent's failure to adequately monitor patient B while prescribing opioid medications constitutes a departure from the standard of care.

97. Patient B tested negative for the presence of oxycodone twice in 2019, despite ongoing prescriptions for Percocet (oxycodone-acetaminophen). In October 2019, Patient B tested positive for the presence of THC, as well as Venlafaxine, even though Respondent was not prescribing Venlafaxine to Patient B. Respondent did not discuss these test results with Patient B. Respondent failed to document any review of the test results or consultation with patient B regarding the multiple aberrant urine drug tests. Respondent's failure to address multiple aberrant urine drug toxicology results constitutes a departure from the standard of care.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Medical Records)

98. Respondent has subjected his Physician's and Surgeon's Certificate No. A 88903 to disciplinary action under section 2227, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in connection with his care and treatment of Patient A, and Patient B, as more particularly alleged in paragraphs 17 through 84, which are hereby incorporated by reference and realleged as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 88903, issued to Hipolito Gallardo Mariano, Jr., M.D.;

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

3. Ordering Hipolito Gallardo Mariano, Jr., M.D., to pay the Board the costs of the investigation and enforcement of this case incurred beginning on January 1, 2022, and if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: MAR 10 2022

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

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