

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

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

**Clint Troy Pearson, M.D.**

**Physician's and Surgeon's  
Certificate No. A 63491**

**Case No.: 800-2021-074896**

**Respondent.**

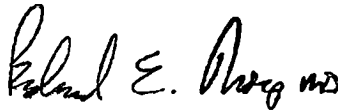
**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on July 24, 2023.**

**IT IS SO ORDERED: June 23, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 CAROLYNE EVANS  
Deputy Attorney General  
4 State Bar No. 289206  
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*Attorneys for Complainant*  
7

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**  
12  
13

14 In the Matter of the Accusation Against:

15 **CLINT TROY PEARSON, M.D.**  
16 **140 Meadow Drive**  
**Crescent City, CA 95531**

17 **Physician's and Surgeon's Certificate No. A**  
18 **63491**

19 Respondent.  
20

Case No. 800-2021-074896

OAH No. 2022120072

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
22 entitled proceedings that the following matters are true:  
23

**PARTIES**

24 1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board  
25 of California (Board). He brought this action solely in his official capacity and is represented in  
26 this matter by Rob Bonta, Attorney General of the State of California, by Carolyn Evans, Deputy  
27 Attorney General.  
28

2. Respondent Clint Troy Pearson, M.D. (Respondent) is represented in this proceeding by attorney Ian A. Scharg, whose address is: 400 University Avenue, Sacramento, CA 95825.

3. On September 19, 1997, the Board issued Physician's and Surgeon's Certificate No. A 63491 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-074896, and will expire on January 31, 2025, unless renewed.

#### **JURISDICTION**

4. Accusation No. 800-2021-074896 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 2, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-074896 is attached as exhibit A and incorporated herein by reference.

#### **ADVISEMENT AND WAIVERS**

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-074896. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2021-074896, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

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

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

11 **CONTINGENCY**

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

22 13. Respondent agrees that if he ever petitions for early termination or modification of  
23 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
24 Board, all of the charges and allegations contained in Accusation No. 800-2021-074896 shall be  
25 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or  
26 any other licensing proceeding involving Respondent in the State of California.  
27  
28

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

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

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 63491 issued to Respondent CLINT TROY PEARSON, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for 35 months on the following terms and conditions:

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

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

1 Medical Education (CME) requirements for renewal of licensure.

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

7 Respondent shall submit a certification of successful completion to the Board or its  
8 designee not later than 15 calendar days after successfully completing the course, or not later than  
9 15 calendar days after the effective date of the Decision, whichever is later.

10 3. CONTROLLED SUBSTANCES-MAINTAIN RECORDS AND ACCESS TO

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

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

23 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
24 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
25 advance by the Board or its designee. Respondent shall provide the approved course provider  
26 with any information and documents that the approved course provider may deem pertinent.  
27 Respondent shall participate in and successfully complete the classroom component of the course  
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

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

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

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

12 5. MONITORING - PRACTICE. Within 60 calendar days of the effective date of this  
13 Decision, Respondent must enroll in a professional enhancement program approved in advance  
14 by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual  
15 practice assessment, and semi-annual review of professional growth and education. Respondent  
16 shall participate in the professional enhancement program at Respondent's expense during the  
17 term of probation. If Respondent fails to enroll in a professional enhancement program within 60  
18 calendar days of the effective date of the Decision, Respondent shall receive a notification from  
19 the Board or its designee to cease the practice of medicine within three (3) calendar days after  
20 being so notified. Respondent shall cease the practice of medicine until he is enrolled in an  
21 approved program. If Respondent leaves the program for any reason, Respondent shall receive a  
22 notification from the Board or its designee to cease the practice of medicine within three (3)  
23 calendar days after being so notified. Respondent shall cease the practice of medicine until he is  
24 again enrolled in an approved program.

25 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the  
26 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
27 where: 1) Respondent merely shares office space with another physician but is not affiliated for  
28 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that

1 location.

2 If Respondent fails to establish a practice with another physician or secure employment in  
3 an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
4 Respondent shall receive a notification from the Board or its designee to cease the practice of  
5 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
6 practice until an appropriate practice setting is established.

7 If, during the course of the probation, the Respondent's practice setting changes and the  
8 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent  
9 shall notify the Board or its designee within five (5) calendar days of the practice setting change.  
10 If Respondent fails to establish a practice with another physician or secure employment in an  
11 appropriate practice setting within 60 calendar days of the practice setting change, Respondent  
12 shall receive a notification from the Board or its designee to cease the practice of medicine within  
13 three (3) calendar days after being so notified. The Respondent shall not resume practice until an  
14 appropriate practice setting is established.

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

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

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

27 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
28 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of



1 \$10,143.75 (ten thousand, one hundred and forty-three dollars and seventy-five cents). Costs  
2 shall be payable to the Medical Board of California. Failure to pay such costs shall be considered  
3 a violation of probation.

4 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
5 by a payment plan approved by the Medical Board of California. Any and all requests for a  
6 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with  
7 the payment plan shall be considered a violation of probation.

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

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

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

15 11. GENERAL PROBATION REQUIREMENTS.

16 Compliance with Probation Unit

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

18 Address Changes

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

24 Place of Practice

25 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
26 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
27 facility or unless the Respondent is providing telehealth medical care to a patient.

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1        License Renewal

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

4        Travel or Residence Outside California

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

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

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

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

28        In the event Respondent's period of non-practice while on probation exceeds 18 calendar

1 months, Respondent shall successfully complete the Federation of State Medical Board's Special  
2 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
3 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
4 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

12 14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
13 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
14 completion of probation. This term does not include cost recovery, which is due within 30  
15 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
16 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
17 shall be fully restored.

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

25 16. LICENSE SURRENDER. Following the effective date of this Decision, if  
26 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
27 the terms and conditions of probation, Respondent may request to surrender his or her license.  
28 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.

17. 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.

18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-074896 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

#### ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Ian A. Scharg. 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: 4/19/2023

*Clint Pearson*

CLINT TROY PEARSON, M.D.  
Respondent

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1 I have read and fully discussed with Respondent Clint Troy Pearson, M.D. the terms and  
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
3 I approve its form and content.

4 DATED: 4/19/2023

*Ian A. Scharg*  
\_\_\_\_\_  
IAN A. SCHARG  
*Attorney for Respondent*

6  
7 **ENDORSEMENT**

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

10 DATED: April 19, 2023

11 Respectfully submitted,

12 ROB BONTA  
Attorney General of California  
13 MARY CAIN-SIMON  
Supervising Deputy Attorney General

14 *Carolynne Evans*

15 CAROLYNNE EVANS  
16 Deputy Attorney General  
17 *Attorneys for Complainant*  
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**Exhibit A**

**Accusation No. 800-2021-074896**

1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 CAROLYNE EVANS  
Deputy Attorney General  
4 State Bar No. 289206  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
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8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
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12 In the Matter of the Accusation Against:

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13 **CLINT TROY PEARSON, M.D.**  
14 **140 Meadow Drive**  
15 **Crescent City, CA 95531**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 63491,**

18 Respondent.

19  
20  
21 **PARTIES**

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

25 2. On September 19, 1997, the Board issued Physician's and Surgeon's Certificate  
26 Number A 63491 to Clint Troy Pearson, M.D. (Respondent). The Physician's and Surgeon's  
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
28 expire on January 31, 2023, unless renewed.

**JURISDICTION**

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper

5. Section 2234 of the Code, in pertinent part, 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.

...

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."

7. Section 2228.1 of the Code provides, in pertinent part, that the Board shall require a licensee who is disciplined based on inappropriate prescribing resulting in harm to patients, to disclose to his or her patients, information regarding his or her probation status. The licensee is required to disclose: 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



1 explanation of how the patient can find further information on the licensee's probation on the  
2 Board's Internet Web site.

### 3 COST RECOVERY

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

### 10 RESPONDENT'S PRACTICE

11  
12 9. Respondent is board certified in family medicine and practices family medicine in  
13 Northern California.

### 14 FACTUAL ALLEGATIONS

15 10. Respondent treated Patient 1<sup>1</sup> for many years. In 2013, Patient 1, a woman, first  
16 presented to Respondent with a history of chronic hepatitis C, cirrhosis with hepatic  
17 encephalopathy,<sup>2</sup> alcohol use, lumbar and knee osteoarthritis, and prior intravenous drug abuse.

18 11. During the course of treatment, Respondent did not develop a comprehensive  
19 controlled substance treatment plan for Patient 1 that included specific and measurable goals and  
20 objectives. Respondent also did not develop an exit strategy for discontinuing controlled  
21 substances therapy in the event that tapering or termination of controlled substances therapy  
22 became necessary.

23 12. On August 27, 2013<sup>3</sup>, Respondent noted in the medical records that Patient 1  
24 admitted to buying oxycodone and other narcotics off the street.

25 <sup>1</sup> The patient is referred to by number to protect her privacy.

26 <sup>2</sup> Hepatic encephalopathy is a nervous system disorder that is brought on by severe liver  
27 disease.

28 <sup>3</sup> All dates are approximate, and as reflected in the medical records.

1        13. Respondent prescribed a variety of opioids to Patient 1 over the years, including,  
2 tramadol<sup>4</sup>, methadone<sup>5</sup>, morphine<sup>6</sup>, and oxycodone<sup>7</sup>. Respondent appears to have prescribed  
3 high-dose, long-term opioids to Patient 1 to treat her musculoskeletal pain. Before prescribing  
4 long-term and high-dose opioids, Respondent failed to undertake a risk of harm assessment of  
5 Patient 1.

6        14. On October 8, 2013, Patient 1 complained to Respondent that she was experiencing  
7 disequilibrium and that it was getting worse. Patient 1 also admitted that she was falling on a  
8 frequent basis. Respondent noted that the patient was on methadone and tramadol and had  
9 frequent confusion.

10       15. On November 27, 2013, Respondent noted in Patient 1's chart that the patient  
11 admitted to taking other people's Norco (hydrocodone and acetaminophen). Respondent  
12 increased her MS Contin (morphine) to three times daily.

13  
14  
15       <sup>4</sup> Tramadol is an opioid pain medication. Tramadol is a Schedule IV controlled substance  
16 as defined by section 11057 of the Health and Safety Code and is a dangerous drug as defined in  
17 Code section 4022. Tramadol is indicated for the management of moderate to severe pain.  
Tramadol may be expected to have additive effects when used in conjunction with alcohol, other  
opioids, or illicit drugs that cause central nervous system depression.

18       <sup>5</sup> Methadone is an opioid pain medication. Methadone is a Schedule II controlled  
19 substance as defined by section 11055, subdivision (b) of the Health and Safety Code and is a  
20 dangerous drug as defined in Code section 4022. Methadone is used to treat severe pain, usually  
for patients that suffer from cancer or a terminal illness. Methadone can also be prescribed to  
treat opioid addiction.

21       <sup>6</sup> Morphine is an opioid pain medication. Morphine is a Schedule II controlled substance  
22 as defined by section 11055, subdivision (b) of the Health and Safety Code and is a dangerous  
23 drug as defined in Code section 4022. Morphine is indicated for the management of pain severe  
24 enough to require daily, around-the-clock, long-term opioid treatment and for which alternative  
treatment options are inadequate. Morphine is a highly addictive drug, which may rapidly cause  
physical and psychological dependence and, as a result, creates the potential for being abused,  
misused, and diverted.

25       <sup>7</sup> Oxycodone, known by the trade name of Percocet, is an opioid pain medication.  
26 Oxycodone is a Schedule II controlled substance as defined by section 11055, subdivision (b)(1)  
27 of the Health and Safety Code, and a dangerous drug as defined in Business and Professions Code  
28 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.

1        16. On January 14, 2014, Respondent noted in Patient 1's chart that the patient had not  
2 used alcohol in two weeks. Respondent failed to undertake a further risk evaluation of the patient  
3 when it became known that the patient, who had a history of alcohol use, was consuming alcohol  
4 with opioids.

5        17. On June 26, 2014, Patient 1 complained to Respondent that her morphine was not  
6 lasting 12 hours as prescribed and as a result, she was taking her friend's Norco.

7        18. On July 24, 2014, Respondent noted in Patient 1's chart that the patient's toxicology  
8 screen showed Xanax<sup>8</sup> and oxycodone, and that the patient was not being prescribed these  
9 medications at that time. Patient 1 admitted to taking someone else's oxycodone on the day of  
10 the toxicology screen but did not have an explanation for the Xanax.

11        19. On August 19, 2014, Respondent noted in Patient 1's medical records that the  
12 toxicology screen showed Xanax and oxycodone, which she was not being prescribed.  
13 Respondent noted that he was concerned that the patient was using prescription medications that  
14 were not prescribed to her.

15        20. On June 17, 2015, Respondent noted in Patient 1's medical chart that she had started  
16 drinking three beers per day and that he warned her that she could only drink moderately in order  
17 to continue pain medication.

18        21. On September 15, 2016, Respondent noted in Patient 1's chart that she was  
19 complaining of right knee pain and that she was falling at home. Respondent documented in the  
20 chart that the patient needed to be careful to avoid falls. Respondent also noted that the patient  
21 was on the maximum dose of opioids.

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25        <sup>8</sup> Xanax is a trade name for alprazolam tablets. Alprazolam is a psychotropic triazolo-  
26 analogue of the benzodiazepine class of central nervous system-active compounds. Xanax is used  
27 for the management of anxiety disorders. Xanax is a Schedule IV controlled substance as defined  
28 by section 11057, subdivision (d) of the Health and Safety Code, and is a dangerous drug as  
defined in Code section 4022. Xanax has a central nervous system depressant effect and patients  
should be cautioned about the simultaneous ingestion of alcohol and other CNS depressant drugs  
during treatment with Xanax.

1       22. On August 23, 2017, Patient 1 reported to Respondent that she had recently fallen on  
2 her left wrist. Respondent refilled the patient's hydrocodone<sup>9</sup> and morphine and ordered an x-ray  
3 of her left hand.

4       23. On September 20, 2017, Patient 1 admitted to Respondent that she was taking more  
5 opioid medications than prescribed by Respondent. Respondent continued prescribing the same  
6 dose of opioids to Patient 1.

7       24. On December 27, 2017, Respondent noted in the records that Patient 1 had recently  
8 fractured her left hand after a fall, and that another doctor had put her hand in a splint and referred  
9 her to orthopedics. Respondent continued prescribing oxycodone to Patient 1.

10       25. On May 19, 2019, Patient 1 reported to Respondent that she had fallen and fractured  
11 her left thumb.

12       26. Between April 11, 2020 and September 10, 2020, Respondent prescribed  
13 approximately 101 morphine milligram equivalent (MME)<sup>10</sup> to Patient 1.

14       27. On April 28, 2020, Patient 1 reported to Respondent that she had fallen and broken  
15 ribs and was in pain, and wanted to know if Respondent could fill her pain medications early.  
16 Respondent noted that he told Patient 1 that she could schedule an appointment with him to  
17 discuss the broken ribs. Respondent's medical record contains no assessment of the possibility  
18 that the medications he prescribed to her could have contributed to the patient's numerous falls.

19       28. On April 29, 2020, Patient 1 reported that she was in pain due to her broken ribs.  
20 Respondent noted in the chart that Patient 1 was not given pain medication in the emergency  
21 department because Respondent was already prescribing 90 morphine MME to Patient 1. At this  
22 visit, Respondent prescribed Norco to Patient 1 for her additional pain, 10 mg, twice daily, for 5  
23 days.

24  
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26       <sup>9</sup> Hydrocodone is an opioid pain medication. Hydrocodone is a Schedule II controlled  
27 substance as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a  
dangerous drug as defined in Business and Professions Code section 4022.

28       <sup>10</sup> MME are values that represent the potency of an opioid dose relative to morphine.

29. On July 14, 2020, Respondent noted in the medical records that Patient 1 was positive for alcohol in a recent toxicology screen.

30. Between October 9, 2020 and March 11, 2021, Respondent prescribed approximately 100 MME to Patient 1.

31. On May 5, 2021, Patient 1 reported to Respondent that she was cutting down on her drinking and was now at two beers per day. Respondent noted in the records that Patient 1 was being prescribed hydrocodone and morphine at 80 MME per day.

32. Respondent prescribed controlled substances to Patient 1 for many years without consistently assessing the appropriateness for continued high-dose narcotic use. Respondent did not use the typical 1-10 pain scale and his descriptions of Patient 1's pain levels were vague, frequently failing to specifically describe the anatomical location of pain, degree of pain, and timing of pain. Respondent failed to evaluate the patient's progress towards any treatment objectives, such as patient activity level (functional goals), adverse effects (side effects), aberrant behaviors (signs of drugs or alcohol use, unsanctioned dose escalation, and early refill request), and patient's affect (changes to mood, depression, or anxiety). Respondent failed to recognize that the patient's frequent falls and cognitive changes could be related to his prescribing of high-dose opioids to the patient.

33. Respondent failed to advise Patient 1 about the potential risks of long-term, high-dose opioid treatment and/or failed to document appropriate informed consent discussions in the medical records.

#### **FIRST CAUSE FOR DISCIPLINE**

##### **(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts)**

34. Respondent is guilty of unprofessional conduct in his care and treatment of Patient 1, and is subject to disciplinary action under sections 2234 and/or 2234(b) and/or 2234(c) of the Code in that Respondent committed gross negligence and repeated negligent acts, including but not limited to the following:

- A. Respondent regularly prescribed high-dose opioids to Patient 1 for chronic non-cancer pain, without establishing a diagnosis of medical necessity.

- 1 B. Respondent failed to undertake a risk of harm assessment of Patient 1 before  
2 prescribing long-term and high-dose opioids to the patient. Respondent failed to  
3 undertake a further risk evaluation of the patient when it became known that the  
4 patient, who had a history of alcohol use, was consuming alcohol with opioids.  
5 Consuming alcohol with opioids placed the patient at risk for respiratory depression,  
6 motor impairment, cognitive impairment, and death.
- 7 C. Respondent did not develop a comprehensive controlled substance treatment plan for  
8 Patient 1 that included specific and measurable goals and objectives. Respondent  
9 also failed to develop an exit strategy for discontinuing controlled substances therapy  
10 in the event that tapering or termination of controlled substances therapy became  
11 necessary.
- 12 D. Respondent continued prescribing controlled substances to Patient 1 for a prolonged  
13 period of time without consistently assessing the appropriateness for continued high-  
14 dose narcotic use. Respondent failed to evaluate the patient's progress towards any  
15 treatment objectives, such as patient activity level (functional goals), adverse effects  
16 (side effects), aberrant behaviors (signs of drugs or alcohol use, unsanctioned dose  
17 escalation, and early refill request), and patient's affect (changes to mood, depression,  
18 or anxiety). Respondent failed to recognize the patient's frequent falls and cognitive  
19 changes that could be related to his prescribing of opiates to the patient.
- 20 E. Respondent failed to advise Patient 1 about the potential risks of long-term, high-  
21 dose opioid use and/or failed to document appropriate informed consent discussions.

## 22 SECOND CAUSE FOR DISCIPLINE

### 23 (Failure to Maintain Accurate and Adequate Medical Records)

24 35. Respondent is guilty of unprofessional conduct and subject to discipline for violation  
25 of Section 2266 of the Code for failure to keep adequate and accurate medical records for Patient  
26 1, as alleged above. Specifically, Respondent failed to document appropriate informed consent  
27 discussions with Patient 1 regarding the potential risk and harm associated with the use of long-  
28 term opioid use. Respondent also maintained inadequate medical records in that he failed to

1 specifically describe Patient 1's pain and he frequently failed to specifically describe the  
2 anatomical location of the patient's pain, degree of pain, and timing of pain.

3 **PRESCRIBING RESULTING IN HARM TO PATIENTS**

4 36. Respondent's patterns of prescribing controlled substances to Patient 1 as described  
5 in this Accusation subjected the patient to harm. Respondent's incautious prescribing of opioid  
6 medications to Patient 1 increased the patient's risk of falling. Patient 1 fell multiple times and  
7 sustained injuries while on high-dose opioids that were prescribed by Respondent.

8 **PRAYER**

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

11 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 63491,  
12 issued to Respondent Clint Troy Pearson, M.D.;

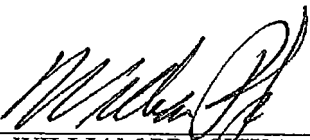
13 2. Revoking, suspending or denying approval of Respondent Clint Troy Pearson, M.D.'s  
14 authority to supervise physician assistants and advanced practice nurses;

15 3. Ordering Respondent Clint Troy Pearson, M.D., to pay the Board the costs of the  
16 investigation and enforcement of this case, and if placed on probation, the costs of probation  
17 monitoring;

18 4. Ordering Respondent Clint Troy Pearson, M.D., if placed on probation, to provide  
19 patient notification in accordance with Business and Professions Code section 2228.1; and

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

21  
22  
23 DATED: MAR 02 2022

24   
25 WILLIAM PRASIFKA  
26 Executive Director  
27 Medical Board of California  
28 Department of Consumer Affairs  
State of California  
Complainant