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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Dec 29, 2016  
BY: [Signature] ANALYST

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

13 In the Matter of the Accusation Against:  
14 JEFFREY DOVE OLSEN, M.D.  
15 901 Dover Drive, Suite 123  
Newport Beach, California 92660-5514  
16 Physician's and Surgeon's Certificate G 69571,  
17 Respondent.

Case No. 800-2014-002252

**ACCUSATION**

19 Complainant alleges:

20 **PARTIES**

- 21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
22 capacity as the Executive Director of the Medical Board of California (Board).
- 23 2. On August 21, 1990, the Board issued Physician's and Surgeon's Certificate Number  
24 G 69571 to Jeffrey Dove Olsen, M.D. (Respondent). That license was in full force and effect at  
25 all times relevant to the charges brought herein and will expire on December 31, 2017, unless  
26 renewed.
- 27 //
- 28 //

**JURISDICTION**

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

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

9           5.     Section 2234 of the Code, states:

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

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

15           “(b) Gross negligence.

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

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

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

26           “ . . . .

27           “ . . . .

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

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“...”

6. Section 2242, subdivision (a), of the Code states:

“Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.”

7. Section 725 of the Code states:

“(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

“(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

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

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

8. Section 2238 of the Code states:

“A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.”

9. Health and Safety Code section 11153, subdivision (a), provides:



1 possibly from playing sports, and requested pain relief. Respondent said he was in a temporary  
2 office. Respondent had stopped practicing pain management in his other office due to problems  
3 and noted that the laws and law enforcement were concerning.

4 15. On August 28, 2013, S.M. met with Respondent in the dental office. S.M. was asked  
5 to sit in a dental chair. S.M. provided no records or documentation to Respondent, other than a  
6 driver's license. S.M. told Respondent that he was not on any medication that was prescribed to  
7 him, but he did take Roxycodone<sup>1</sup> for the pain. Respondent said he would need at least an x-ray  
8 to prescribe that type of pain medication. Respondent's examination consisted of asking S.M. to  
9 push against and turn inward and outward against Respondent's hand with the injured arm.  
10 Respondent declined to prescribe oxycodone but prescribed Norco,<sup>2</sup> 10/325 mg, 30 tablets with  
11 one refill. He gave S.M. a business card and told him to make an appointment at his other office  
12 for x-rays but instructed S.M. not to mention that he was being seen for pain management.

13 16. On September 24, 2013, S.M. called Respondent's telephone number at Performance  
14 Health Medical Group and requested an appointment for an x-ray. S.M. was told that Respondent  
15 was not in the office and that an appointment would need to be made for an x-ray technician.  
16 S.M. was asked if the visit was for pain management, and S.M. answered that it was. He was told  
17 that Respondent was not accepting new pain management patients, but he was given a future  
18 appointment.

19 17. On September 24, 2013, S.M. found a number for the dental office. He called the  
20 number and asked for Respondent. A receptionist told him she did not know when Respondent  
21 would come in and provided a mobile number. S.M. called the number and reached Respondent,  
22 who said he could see S.M. that afternoon.

23 18. S.M. saw Respondent in the same dental room in which S.M. had previously been  
24 seen. S.M. again asked for a prescription for Roxycodone. S.M. stated he had trouble getting x-  
25 rays at Performance Health Group. Respondent said that x-rays would be required for the  
26 medication. Respondent's examination consisted of having S.M. push and pull his hand against

27 <sup>1</sup> Roxycodone is a brand of oxycodone, an opioid analgesic.

28 <sup>2</sup> Norco is a combination of acetaminophen and hydrocodone, an opioid analgesic.

1 Respondent's hand. Respondent referred S.M. to a different location for x-rays. S.M. asked  
2 whether Roxycodone and Norco would show up on a drug test, and Respondent stated that they  
3 would. Respondent said he would prescribe Norco until he had a diagnosis for which to prescribe  
4 Roxycodone. S.M. paid \$100.00 in cash for the visit. He was prescribed Norco, 10/325 mg, 30  
5 tablets, with one refill.

6 19. Respondent was grossly negligent in the care and treatment of S.M. as follows:

7 a. Respondent failed to obtain and/or document a history and perform and/or  
8 document a physical examination.

9 b. Respondent prescribed Norco without a legitimate medical reason and/or  
10 without documenting a legitimate medical reason.

11 c. Respondent failed to address diversion of narcotics.

12 **Patients K.B. and J.K.**

13 20. Patients K.B. and J.K., both confidential sources, were seen by Respondent as  
14 patients both separately and together.

15 **Patient K.B., February 13, 2015, Visit**

16 21. On or about February 10, 2015, K.B., a confidential source, texted Respondent at the  
17 same telephone number previously used by S.M. to contact Respondent. Respondent replied and  
18 informed K.B. that an appointment could be made online at newportsportsmedicine.com. She  
19 received a New Patient Form and was asked to bring documentation, including imaging records,  
20 MRIs, and empty prescription bottles for the appointment. She was informed that she would be  
21 charged \$400.00 in cash. She was provided an appointment for February 13, 2015, at an office in  
22 Newport Beach, California.

23 22. On February 13, 2015, K.B. presented to the Newport Beach office. Respondent took  
24 her to a back office. There was no evidence of a receptionist or nurse. Respondent sat on one  
25 side of the office desk, and K.B. sat on the other side of the desk. K.B. was never taken to an  
26 examination room. Respondent asked K.B. who referred her and indicated he was selective in  
27 taking patients, as it was a serious and dangerous decision. K.B. reported that she had been  
28

1 taking Xanax<sup>3</sup> and Roxycodone, which were prescribed by a prior physician. She had stopped  
2 seeing the physician because a pharmacy had refused to fill her prescriptions. K.B. explained that  
3 she had been taking opioids for approximately four years for pain in her neck, back and left  
4 shoulder. She said she was injured while snowboarding approximately two years earlier.

5 23. K.B. provided Respondent with an MRI report of the lumbar spine, purported to be  
6 hers. Respondent remarked that the findings were “soft” or not very severe.

7 24. The examination for K.B. consisted of Respondent, while sitting across the desk,  
8 asking K.B. to move her arm up and down, to move her head up and down, and to look to the  
9 right and left. Respondent noted that K.B. had a small neck and that “women’s necks don’t hold  
10 up.” He stated she probably had whiplash while snowboarding. He said that the discs in the back  
11 were bulging but not to where there was nerve damage, “although it might be starting.”  
12 Respondent said it would be helpful to get an MRI of the neck, but K.B. said she did not have  
13 insurance. Respondent said that he had a group of patients who cannot afford the right kind of  
14 care, but the Medical Board did not care about that and held him to a standard of medical care.  
15 He said he could not continue to prescribe medications unless there was a way to get an MRI of  
16 the neck. Respondent said these kinds of cases left him exposed, and he needed to show what  
17 was causing the pain. He said he had to show that everything had been tried, and that he resorted  
18 to medication because nothing else worked. He stated that K.B. did not fit that model.

19 25. Respondent asked K.B. what medications she had tried previously, and K.B.  
20 responded that she had used numerous different opioid and other medications, but Roxycodone  
21 worked the best. There was no discussion about the amounts of medications or by whom they  
22 had been prescribed.

23 26. K.B. told Respondent she had been taking Xanax, 2 mg., one tablet, twice daily for  
24 one and a half to two years for anxiety. She said that she was taking Roxycodone, 30 mg., two to  
25 three pills per day, but later changed the amount to two to four pills per day. Respondent asked  
26 K.B. if she saw a psychiatrist regarding her Xanax use, but she did not provide an answer.

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28 <sup>3</sup> Xanax is a brand of alprazolam, a benzodiazepine used to treat anxiety disorder.

1 Respondent provided a prescription for oxycodone, 30 mg, 120 pills, one pill every four to six  
2 hours for pain, and alprazolam, 2 mg, 60 pills, one pill every 12 hours for anxiety. He then added  
3 a refill for the Xanax prescription. He charged K.B. \$400.00 in cash for the visit and explained  
4 that future visits would cost \$100.00.

5 **Patient K.B., March 9, 2015, Visit**

6 27. K.B. presented again for an appointment at Respondent's Newport Beach office on  
7 March 9, 2015, at 5:30 p.m. Respondent brought K.B. back to his office. He sat on one side of  
8 his desk, and K.B. sat on the other. Respondent immediately began writing prescriptions. K.B.  
9 requested an increase of oxycodone from 120 pills to 180 pills. Respondent told K.B. that the  
10 more medication she took, the harder it would be to stop. He asked K.B. if she had ever taken  
11 more than 120 in one month. She responded that she had and that she had detoxed for 90 days,  
12 explaining that it was not too bad. Respondent stated that it was good she had truly been off the  
13 medications and agreed to provide 180 pills. Respondent informed K.B. that he thought she had a  
14 torn rotator cuff and asked her if she had an MRI of the shoulder. When K.B. agreed, Respondent  
15 stated that he thought it had been a neck problem. K.B. asked Respondent if he prescribed  
16 stimulants because the medications made her tired. Respondent told K.B. that it was hard on the  
17 body to take both an opiate and a stimulant. Respondent asked K.B. if she had taken Adderall<sup>4</sup>  
18 previously. She said she had throughout her childhood. Respondent agreed to start K.B. on  
19 Adderall once per day, remarking of the dose, "Everybody does that." K.B. also asked for 90  
20 Xanax pills. Respondent said that people sometimes forget how much they have taken and  
21 overdose. K.B. asked for 30 mg. pills to take once a day.

22 28. Respondent prescribed oxycodone, 30 mg., 180 pills, one pill every four hours for  
23 severe pain; alprazolam, 2 mg., 60 pills, one pill every six hours for anxiety and insomnia; and  
24 Adderall, 30 mg., 30 pills, one pill daily for ADHD. K.B. paid \$100.00 in cash for the visit. She  
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26 \_\_\_\_\_  
27 <sup>4</sup> Adderall is the brand name for a combination of amphetamine and dextroamphetamine,  
28 a central nervous system stimulant used to treat attention deficit hyperactive disorder. Adderall is  
a controlled substance.



1 requested that she be allowed to bring in a friend on her next visit, and Respondent said he would  
2 consider it after he got to know her better.

3 **Patients K.B. and J.K., April 9, 2015, Visit**

4 29. On April 9, 2015, at approximately 6:00 p.m., both K.B. and J.K. presented for K.B.'s  
5 appointment at Respondent's Newport Beach office and were seen together. Respondent brought  
6 both patients into his office and sat across a desk from them. At no time was either patient taken  
7 to an examination room. Neither patient was examined.

8 30. K.B. told Respondent she was taking oxycodone two pills at a time and sometimes  
9 four pills when she went to bed. K.B. asked if she could increase her pills to 200. Respondent  
10 declined. K.B. asked if she could take something to help her sleep. Respondent said he did not  
11 want to add another drug and told K.B. to break the Adderall in half and take one in the morning,  
12 the other half at noon, and then a Xanax later. Respondent planned to maintain the medications as  
13 previously prescribed. Respondent asked K.B. how her shoulder was doing, and she said,  
14 "better."

15 31. J.K. told Respondent she knew he was not taking new patients but that she had been  
16 taking some of K.B.'s medications because she also had anxiety. J.K. said she was an ex-dancer  
17 and had some injuries. She asked that Respondent take her on separately as a patient. K.B.  
18 offered Respondent \$800.00 to treat them both. Respondent said he did not want to get into doing  
19 that, and J.K. said she could pay separately. J.K. said she had anxiety, ADHD and pain, like  
20 K.B.. She said she had an old ankle injury. She explained that she had fractured her ankle in  
21 2010 in a skydiving accident. She was required to wear a boot for six months. J.K. admitted she  
22 had been "dipping" into K.B.'s medications. Respondent agreed to take J.K. as a patient. J.K.  
23 filled out a New Patient Form.

24 32. Respondent agreed to provide two months of prescriptions for K.B. He charged  
25 \$100.00 for each month, but told K.B. she did not have to come in for a visit to get the second  
26 month's prescriptions. K.B. paid for the two months and asked that the second month's  
27 prescriptions be mailed to her. Respondent agreed. Respondent prescribed oxycodone, 30 mg.,  
28 180 pills, one pill every four hours for severe pain; alprazolam, 2 mg., 60 pills, one pill every six

1 hours for anxiety and insomnia; and Adderall, 30 mg., 30 pills, one pill daily for ADHD.

2 33. Respondent stated he would prefer to treat the two patients separately. For J.K.,  
3 Respondent prescribed oxycodone, 15, mg., 90 pills, one pill every four to six hours for severe  
4 pain; alprazolam, 1 mg., 60 pills, one pill every 12 hours for anxiety or insomnia; and Adderall,  
5 30 mg., 30 pills, one-half to one pill every six hours for ADHD. J.K. paid \$400.00 for the visit.

6 34. On or about April 17, 2016, Respondent's office mailed to K.B. at a Las Vegas,  
7 Nevada, address, the second months' prescriptions.

8 **Patient J.K., April 28, 2015, Visit**

9 35. Patient J.K. returned to Respondent's Newport Beach office on April 28, 2015.  
10 Respondent asked J.K. how the medications worked the past few weeks. J.K. responded that  
11 things were going well. As an explanation for seeking early refills, J.K. said that K.B. had run  
12 out of medication before leaving town, so J.K. had provided her with medications. Respondent  
13 replied that he owed K.B. medications but that he had no address to send the prescriptions.

14 36. J.K. requested a 30 mg. dose of oxycodone. Respondent said it was bad form to start  
15 with the highest dose, but he could "bump it up now." Respondent agreed to write a prescription  
16 for 90 pills. When J.K. said she had given K.B. half of her medication, Respondent said the two  
17 could "settle up." J.K. requested a higher dose of alprazolam. Respondent said it looked bad to  
18 start with a higher dose, but agreed to write a prescription for 2 mg. tablets, rather than 1 mg.  
19 J.K. paid \$100.00 for the visit. Respondent prescribed oxycodone, 30, mg., 90 pills, one pill  
20 every four to six hours for severe pain; alprazolam, 2 mg., 60 pills, one pill every 12 hours for  
21 anxiety or insomnia; and Adderall, 30 mg., 30 pills, one-half to one pill every six hours for  
22 ADHD. Respondent did not conduct a physical examination.

23 37. Respondent was grossly negligent in the care and treatment of K.B. as follows:

- 24 a. Respondent failed to obtain and/or document a history and perform and/or  
25 document a physical examination.
- 26 b. Respondent failed to evaluate and manage K.B.'s chronic pain.
- 27 c. Respondent failed to evaluate and/or manage K.B.'s complaints of anxiety.
- 28 d. Respondent failed to evaluate and/or manage K.B.'s complaints of ADHD.

1 e. Respondent prescribed oxycodone without a legitimate medical reason and/or  
2 without documenting a legitimate medical reason.

3 f. Respondent prescribed alprazolam without a legitimate medical reason and/or  
4 without documenting a legitimate medical reason.

5 g. Respondent prescribed Adderall without a legitimate medical reason and/or  
6 without documenting a legitimate medical reason.

7 h. Respondent failed to address diversion of narcotics.

8 38. Respondent was grossly negligent in the care and treatment of J.K. as follows:

9 a. Respondent failed to obtain and/or document a history and perform and/or  
10 document a physical examination.

11 b. Respondent failed to evaluate and manage J.K.'s chronic pain.

12 c. Respondent failed to evaluate and manage J.K.'s complaints of anxiety.

13 d. Respondent failed to evaluate and manage J.K.'s complaints of ADHD.

14 e. Respondent prescribed oxycodone without a legitimate medical reason and/or  
15 without documenting a legitimate medical reason.

16 f. Respondent prescribed alprazolam without a legitimate medical reason and/or  
17 without documenting a legitimate medical reason.

18 g. Respondent prescribed Adderall without a legitimate medical reason and/or  
19 without documenting a legitimate medical reason.

20 h. Respondent failed to address diversion of narcotics.

21  
22 **SECOND CAUSE FOR DISCIPLINE**

23 **(Repeated Negligent Acts)**

24 39. Respondent is subject to disciplinary action under section 2234, subdivision (c), in  
25 that his care and treatment of patients S.M., K.B., and J.K. constituted repeated negligent acts.

26 The circumstances are as follows:

27 40. The allegations of the First Cause for Discipline are incorporated herein as if fully set  
28 forth.

1 **THIRD CAUSE FOR DISCIPLINE**

2 (Prescribing Without Examination)

3 41. Respondent is subject to disciplinary action under section 2242 in that he prescribed  
4 controlled substances without an appropriate prior examination and/or medical indication. The  
5 circumstances are as follows:

6 42. The allegations of the First Cause for Discipline are incorporated herein as if fully set  
7 forth.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 (Excessive Prescribing)

10 43. Respondent is subject to disciplinary action under section 725 of the Code in that he  
11 committed repeated acts of clearly excessive narcotics prescribing. The circumstances are as  
12 follows:

13 44. The allegations of the First Cause for Discipline are incorporated herein as if fully set  
14 forth.

15 **FIFTH CAUSE FOR DISCIPLINE**

16 (Violation of Drug Laws)

17 45. Respondent is subject to disciplinary action under section 2238 of the Code and under  
18 Health and Safety Code section 11153, in that he prescribed controlled substances in the absence  
19 of a legitimate medical purpose.

20 46. The allegations of the First Cause for Discipline are incorporated herein as if fully set  
21 forth.

22 **SIXTH CAUSE FOR DISCIPLINE**

23 (Failure to Maintain Adequate and Accurate Records)

24 47. Respondent is subject to disciplinary action under section 2266 of the Code in that he  
25 failed to maintain adequate and accurate records. The circumstances are as follows:

26 48. The allegations of the First Cause for Discipline are incorporated herein as if fully set  
27 forth.

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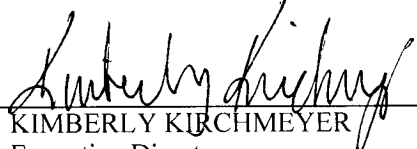
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**PRAYER**

**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 Number G 69571, issued to Respondent Jeffrey Dove Olsen, M.D.;
2. Revoking, suspending or denying approval of Respondent's authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. If placed on probation, ordering Respondent to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: December 29, 2016



KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California

*Complainant*

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