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

In the Matter of the First Amended Accusation Against: Donald Samuel Parsons, M.D. Physician's & Surgeon's Certificate No G30974 Respondent	Case No. 800-2017-031145

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 10, 2020.

IT IS SO ORDERED June 12, 2020.

MEDICAL BOARD OF CALIFORNIA
By: Kristina Lawson

Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
KAROLYN M. WESTFALL
Deputy Attorney General
State Bar No. 234540
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9465
Facsimile: (619) 645-2061

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: **DONALD SAMUEL PARSONS, M.D.** **400 El Cerro Blvd., #102** **Danville, CA 94526** **Physician's and Surgeon's Certificate No. G 30974,** Respondent.	Case No. 800-2017-031145 OAH No. 2020021035 **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. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Karolyn M. Westfall, Deputy Attorney General.

2. Respondent Donald Samuel Parsons, M.D. (Respondent) is represented in this proceeding by attorney Michael Firestone, Esq., whose address is: Marvin H. Firestone, MD, JD & Associates, 1700 South El Camino Real, Suite 408, San Mateo, CA 94402.

3. On or about October 6, 1975, the Board issued Physician's and Surgeon's Certificate No. G 30974 to 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. 800-2017-031145, and will expire on December 31, 2021, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2017-031145, which superseded the Accusation filed on July 23, 2018, was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on March 10, 2020. Respondent timely filed his Notice of Defense contesting the First Amended Accusation. A true and correct copy of First Amended Accusation No. 800-2017-031145 is attached hereto as Exhibit A and is incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2017-031145. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. 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.

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. For the purpose of resolving First Amended Accusation No. 800-2017-031145 without the expense and uncertainty of further proceedings, Respondent agrees that, at an

administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 800-2017-031145, and Respondent hereby gives up his right to contest those charges. Respondent further agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. G 30974 to disciplinary action.

9. Respondent further agrees that if an accusation is filed against him before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2017-031145, shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. G 30974 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

13. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and

Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board, in its discretion, does not approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should the Board reject this Stipulated Settlement and Disciplinary Order for any reason, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent, Donald Samuel Parsons, M.D.'s Physician's and Surgeon's Certificate No. G 30974, shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with First Amended Accusation No. 800-2017-031145, is as follows:

Between May 2016, and July 2017, you were grossly negligent in your care and treatment of Patient A by prescribing the patient narcotics for pain without a clear treatment plan, and providing refills even when she did not take the medications as prescribed, admittedly took other medications not prescribed to her, and had multiple inconsistent urine drug screen results, as more fully described in First Amended Accusation No. 800-2017-031145.

1. 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.

Any failure to fully comply with this term and condition of the Disciplinary Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate to further disciplinary action.

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2. 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.

Any failure to fully comply with this term and condition of the Disciplinary Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate to further disciplinary action.

3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom

component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

Any failure to fully comply with this term and condition of the Disciplinary Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate to further disciplinary action.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Michael Firestone, Esq. 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: April 16, 2020 Donald Samuel Parsons M.D.
DONALD SAMUEL PARSONS, M.D.
Respondent

I have read and fully discussed with Respondent, Donald Samuel Parsons, 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: 4/16/2020 Michael A Firestone
MICHAEL FIRESTONE, ESQ.
Attorney for Respondent

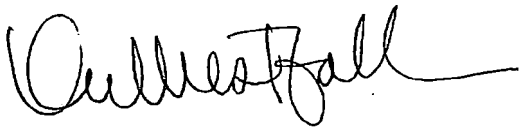
ENDORSEMENT

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

DATED: 4/20/20

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

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XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
KAROLYN M. WESTFALL
Deputy Attorney General
State Bar No. 234540
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9465
Facsimile: (619) 645-2061

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: **DONALD SAMUEL PARSONS, M.D.** **400 El Cerro Blvd. #102** **Danville, CA 94526** **Physician's and Surgeon's Certificate No. G 30974,** Respondent.	Case No. 800-2017-031145 **FIRST AMENDED ACCUSATION**

PARTIES

1. Christine J. Lally (Complainant) brings this First Amended Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about October 6, 1975, the Medical Board issued Physician's and Surgeon's Certificate No. G 30974 to Donald Samuel Parsons, 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 December 31, 2021, unless renewed.

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JURISDICTION

3. This First Amended Accusation, which supersedes the Accusation filed on July 23, 2018, 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 states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
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> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

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

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

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

6. Respondent has subjected his Physician's and Surgeon's Certificate No. G 30974 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he was grossly negligent in his care and treatment of Patient A,[1] as more particularly alleged hereinafter:

7. Respondent is an internal medicine physician. Between in or around May 2016, and in or around July 2017, Respondent provided care and treatment to Patient A, a then 43-year-old female patient.

8. On or about May 6, 2016, Patient A presented to Respondent for an initial evaluation with complaints of arthritis and abdominal pain. Patient A told Respondent that she had a history of bipolar disorder, was receiving treatment from a psychiatrist, and was regularly taking psychiatric medications including Lithium, Zyprexa, Seroquel, and Klonopin. During the initial evaluation, Patient A provided Respondent with a vague history of pain diagnoses. She claimed to be allergic/intolerant to non-narcotic medication and was currently taking narcotics for pain. Patient A had previously been diagnosed with amphetamine abuse and advised to avoid amphetamines and opiates. Respondent advised Patient A to limit her narcotic usage and discussed the risks of chemical dependency. Respondent referred Patient A to a rheumatologist for further evaluation of potential arthritis.

9. On or about May 16, 2016, Patient A presented to Respondent with complaints of continued abdominal pain. Respondent referred the patient to a gastroenterologist for evaluation of a potential dilated common bile duct, and prescribed her oxycodone[2] (5 mg #60) as needed for severe pain.

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[1] To protect the privacy of the patient involved, the patient's name has not been included in this pleading. Respondent is aware of the identity of the patient referred to herein.

[2] Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid medication used to treat pain.

10. On or about May 27, 2016, Patient A called Respondent to request an early refill of her oxycodone, which was last filled on May 16, 2016. Patient A reported that she needed an early refill because she was going to be out of town. Respondent prescribed the early refill of oxycodone (5 mg #60).

11. On or about June 16, 2016, Patient A presented to Respondent with complaints of abdominal pain and arthritis. Respondent noted that Patient A had not yet made the referral appointments to either the gastroenterologist or rheumatologist, and encouraged her to get evaluated by both specialists as soon as possible. Despite not having a clear treatment plan, Respondent prescribed the patient oxycodone (5 mg #60).

12. On or about June 29, 2016, Patient A presented to Respondent with complaints of abdominal pain, arthritis, and sinusitis. Respondent noted that Patient A had still not yet made an appointment to be evaluated by a rheumatologist, but did have an appointment to see a gastroenterologist. Respondent then prescribed her a refill of oxycodone (5 mg #60).

13. On or about July 14, 2016, Patient A presented to Respondent with complaints of abdominal pain. Respondent again warned Patient A about continued narcotic usage and the risks of chemical dependency. Despite his warning, Respondent increased Patient A's dosage of narcotics by prescribing oxycodone (5 mg #90).

14. On or about August 4, 2016, Patient A presented to Respondent for a follow-up on her complaints of abdominal pain and arthritis. Respondent noted that the patient had still not seen a rheumatologist for an evaluation of potential arthritis and again recommended that she obtain the evaluation. Respondent also recommended that she follow up with a gastroenterologist for her abdominal pain. Respondent then prescribed the patient oxycodone (5 mg #90).

15. On or about August 24, 2016, Patient A presented to Respondent with complaints of back pain. Respondent noted that Patient A had not yet been evaluated by a rheumatologist but had an appointment scheduled. Respondent did not have and/or document a pain management plan, but increased Patient A's oxycodone dosage to 10 mg # 40.

16. On or about September 2, 2016, Patient A presented to Respondent with complaints of back pain. Patient A reported using oxycodone 10 mg three to four times each day to control

her back pain. Patient A also reported that she was developing nausea, vomiting, and diarrhea. Respondent discussed the risks of narcotic dependency with the patient and indicated that she should consider reducing the dosage. Respondent then prescribed the patient oxycodone (10 mg #40).

17. On or about September 14, 2016, Respondent prescribed Patient A oxycodone (5 mg #60).

18. On or about September 22, 2016, Patient A presented to Respondent for a follow-up visit. The patient reported that she had recently fallen off a horse, which caused her increased back pain and sciatica symptoms. Respondent prescribed the patient oxycodone (10 mg #20), and recommended she consider an MRI if the sciatica symptoms persisted.

19. On or about October 3, 2016, Patient A presented to Respondent for an office visit. Patient A reported a recent incident where she fell down the stairs after drinking alcohol, causing an injury to her knee and ankle. The patient's x-rays of her leg did not reveal any fractures or major injuries. The patient denied taking any pain medications because she had run out of narcotics. Respondent advised Patient A that he had prescribed her 40 tablets of oxycodone 5 mg on September 22, 2016, and had warned her not to take more than 4 tablets daily. The patient told Respondent that she had received 20 Norco 5-325 mg tablets from an urgent care center after her fall down the stairs. Respondent then prescribed the patient oxycodone (5 mg #30), and warned her not to take more than 4 tablets per day, as he would not refill any further medications until her next follow-up visit.

20. After the October 3, 2016 visit, Respondent contacted Patient A's psychiatrist to discuss her care. Respondent informed the psychiatrist that Patient A seemed very accident prone in that she had multiple injuries in the last several years but her x-rays did not show any fractures or serious injuries. Respondent further informed the psychiatrist that he was concerned that the patient's injuries may be related to her "pain medication seeking behavior," and that the patient had admitted drinking alcohol with her last injury.

21. On or about October 11, 2016, Patient A presented to Respondent with complaints related to her knee and ankle injury. Respondent then prescribed her oxycodone (5 mg #21).

22. On or about October 18, 2016, Patient A presented to Respondent with complaints of arthritis and headaches. Respondent prescribed the patient oxycodone (5 mg #42).

23. On or about October 28, 2016, Patient A presented to Respondent with complaints of increased back pain. At this visit, Respondent increased the strength of oxycodone from 5 mg to 10 mg #25.

24. Four days later, on or about November 2, 2016, Patient A presented to Respondent with complaints of sciatica symptoms. At this visit, Respondent prescribed the patient another refill of oxycodone (10 mg # 25).

25. On or about November 11, 2016, Patient A Patient A presented to Respondent for a follow-up and admitted using oxycodone 10 mg up to four times per day. Respondent then issued the patient a refill of oxycodone (10 mg #28).

26. On or about November 18, 2016, Patient A presented to Respondent with complaints of back pain. At this visit, Respondent issued her a refill for oxycodone, but decreased the strength from 10 mg to 5 mg.

27. On or about December 2, 2016, Patient A presented to Respondent with complaints of sciatica and abdominal pain. Respondent referred the patient to physical therapy for her sciatica, and prescribed her oxycodone (5 mg #60).

28. On or about December 16, 2016, Respondent prescribed Patient A a refill of oxycodone (5 mg #80).

29. On or about December 30, 2016, Patient A presented to Respondent for a follow-up visit. Respondent detected the smell of alcohol on the patient and ordered her to submit to a urine screen, that later revealed negative results. Respondent referred the patient to see a back pain specialist, and prescribed a refill for oxycodone (5 mg #60).

30. On or about January 13, 2017, Patient A presented to Respondent with complaints of increased back pain. Respondent noted that the patient had not yet scheduled an appointment to have her back evaluated. Respondent told the patient that if she did not feel that her back pain was severe enough to be seen by a specialist then he did not think that her pain was severe enough to be treated with narcotic therapy. Respondent then prescribed the patient oxycodone 5 mg #30.

31. On or about January 20, 2017, January 27, 2017, February 3, 2017, and February 10, 2017, Respondent wrote Patient A four (4) prescriptions of oxycodone (5 mg #30), for a total of #120 tablets.

32. On or about February 17, 2017, Respondent warned Patient A that if she failed to schedule a physical therapy appointment, he would not prescribe her oxycodone. Respondent then prescribed the patient another refill of oxycodone (5 mg #30).

33. On or about February 23, 2017, Respondent prescribed Patient A oxycodone (5 mg #60).

34. On or about March 8, 2017, Patient A called Respondent for a refill of her oxycodone. Respondent informed Patient A that he was going to reduce her oxycodone from 30 tablets to 25 tablets per week because she was not attending physical therapy on a regular basis. Patient A told Respondent that she would make a physical therapy appointment.

35. On or about March 9, 2017, Respondent prescribed Patient A a refill of oxycodone (5 mg #25).

36. On or about March 16, 2017, and on or about March 22, 2017, Respondent prescribed Patient A refills of oxycodone (5 mg #40).

37. On or about March 29, 2017, Patient A presented to Respondent with continued complaints of pain, and Respondent prescribed her with a refill of oxycodone (5 mg #70).

38. On or about April 12, 2017, Patient A reported to Respondent that physical therapy was not helping and she complained of swelling in her lower extremities. Respondent then prescribed the patient with a refill of oxycodone (5 mg #60).

39. On or about April 25, 2017, Respondent noted that he suspected narcotic dependence and ordered Patient A to submit to a drug and alcohol urine screen, the results of which later revealed the presence of alcohol, Lorazepam, and hydrocodone. At the conclusion of this visit, Respondent prescribed the patient a refill of oxycodone (5 mg #60).

40. On or about May 2, 2017, Patient A admitted to Respondent that she consumed alcohol on a rare basis. Respondent diagnosed Patient A with narcotic dependence, and cautioned

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her not to drink alcohol when taking oxycodone. Respondent did not require that Patient A sign a pain contract at this time, but prescribed her a refill for oxycodone (5 mg #120).

41. On or about May 15, 2017, Patient A provided a urine sample for a drug screen, which later revealed the absence of oxycodone, and the presence of various controlled substances not prescribed to her by Respondent. On this same day, Respondent prescribed a refill of oxycodone (5 mg #120).

42. On or about May 31, 2017, Respondent met with Patient A and discussed her inconsistent urine screen results. At that time, Patient A admitted taking Vicodin from her mother because she was running low on her oxycodone, and also claimed that some of the other non-prescribed controlled substances could be attributed to drugs that she got from the emergency room when she had bleeding from her ear. Respondent noted that the emergency room visit regarding her ear had occurred after her May 15, 2017 drug screen. At this visit, Respondent made the patient sign a pain contract for the first time, and told her that if she were to take any medications outside of the agreed medications then he would not continue to prescribe oxycodone. On this same day, Respondent prescribed her a refill of oxycodone (5 mg #56).

43. On or about June 14, 2017, and June 23, 2017, Respondent issued Patient A two refills of oxycodone (5 mg #56), for a total of #112 tablets.

44. On or about June 27, 2017, Patient A provided a urine sample for a drug screen, which later revealed the absence of the oxycodone, and the presence of various controlled substances not prescribed to her by Respondent.

45. On or about July 12, 2017, Respondent met with Patient A and informed her that her urine drug screen had revealed other controlled substances (including opioids) that were not being prescribed to her by Respondent. Respondent told the patient that he could no longer care for her since she had violated her pain contract. Respondent then prescribed the patient one more week of oxycodone (5 mg #28).

46. Respondent committed gross negligence in his care and treatment of Patient A by continuing to prescribe oxycodone without a pain contract or clear treatment plan, and despite the patient's overuse, non-compliance, and inconsistent urine screen results.

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. G 30974, issued to Respondent, Donald Samuel Parsons, M.D.;

2. Revoking, suspending or denying approval of Respondent, Donald Samuel Parsons, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent, Donald Samuel Parsons, M.D., 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 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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