

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

In the Matter of the Accusation Against: )  
)

Harry Convery Henderson, III, M.D. )

Case No. 800-2014-006389

Physician's and Surgeon's )  
Certificate No. C 36159 )

Respondent )  
\_\_\_\_\_ )

**DECISION AND ORDER**

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

This Decision shall become effective at 5:00 p.m. on August 10, 2017.

IT IS SO ORDERED August 3, 2017.

**MEDICAL BOARD OF CALIFORNIA**

By: \_\_\_\_\_

*Kimberly Kirchmeyer*  
Kimberly Kirchmeyer  
Executive Director

1. XAVIER BECERRA  
Attorney General of California  
2. MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3. MARTIN W. HAGAN  
Deputy Attorney General  
4. State Bar No. 155553  
600 West Broadway, Suite 1800  
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7. Facsimile: (619) 645-2061

8. *Attorneys for Complainant*

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

14. In the Matter of the Accusation Against:

Case No. 800-2014-006389

15. **HARRY CONVERY HENDERSON, III, M.D.**  
16. **5565 Grossmont Center Drive, Suite 510**  
17. **La Mesa, CA 91942**

**STIPULATED SURRENDER OF  
LICENSE AND DISCIPLINARY  
ORDER**

18. **Physician's and Surgeon's Certificate No.**  
19. **C36159,**

Respondent.

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

22. **PARTIES**

23. 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
24. of California (Board). She brought this action solely in her official capacity and is represented in  
25. this matter by Xavier Becerra, Attorney General of the State of California, by Martin W. Hagan,  
26. Deputy Attorney General.

27. 2. Harry Convery Henderson, III, M.D. (respondent) is represented in this proceeding by  
28. Stacie L. Patterson, Esq., whose address is 3200 Fourth Avenue, Suite 101, San Diego, CA  
92103.



1 CULPABILITY

2 8. Respondent does not contest that, at an administrative hearing, Complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
4 No. 800-2014-006389, a true and correct copy of which is attached hereto as Exhibit "A," and  
5 that he has thereby subjected his Physician's and Surgeon's Certificate No. C36159 to  
6 disciplinary action. Respondent hereby surrenders his Physician's and Surgeon's Certificate No.  
7 C36159 for the Board's formal acceptance.

8 9. Respondent agrees that his Physician's and Surgeon's Certificate No. C36159 is  
9 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
10 in the Disciplinary Order below.

11 10. Respondent further agrees that if he ever petitions for reinstatement of his Physician's  
12 and Surgeon's Certificate No. C36159, or petitions to revoke probation or if an accusation is ever  
13 filed against him before the Medical Board of California, all of the charges and allegations  
14 contained in Accusation No. 800-2014-006389 shall be deemed true, correct, and fully admitted  
15 by respondent for purposes of any such proceeding or any other licensing proceeding involving  
16 respondent in the State of California or elsewhere.

17 11. Respondent understands that by signing this stipulation he enables the Executive  
18 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his  
19 Physician's and Surgeon's Certificate No. C36159 without further notice to, or opportunity to be  
20 heard by, respondent.

21 CONTINGENCY

22 12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent  
23 part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . .  
24 stipulation for surrender of a license."

25 13. This Stipulated Surrender of License and Disciplinary Order shall be subject to  
26 approval of the Executive Director on behalf of the Medical Board. The parties agree that this  
27 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive  
28 Director for her consideration in the above-entitled matter and, further, that the Executive

1 Director shall have a reasonable period of time in which to consider and act on this Stipulated  
2 Surrender of License and Disciplinary Order after receiving it. By signing this stipulation,  
3 respondent fully understands and agrees that he may not withdraw his agreement or seek to  
4 rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board,  
5 considers and acts upon it.

6 14. The parties agree that this Stipulated Surrender of License and Disciplinary Order  
7 shall be null and void and not binding upon the parties unless approved and adopted by the  
8 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full  
9 force and effect. Respondent fully understands and agrees that in deciding whether or not to  
10 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive  
11 Director and/or the Board may receive oral and written communications from its staff and/or the  
12 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the  
13 Executive Director, the Board, any member thereof, and/or any other person from future  
14 participation in this or any other matter affecting or involving respondent. In the event that the  
15 Executive Director on behalf of the Board does not, in her discretion, approve and adopt this  
16 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it  
17 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied  
18 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees  
19 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason  
20 by the Executive Director on behalf of the Board, respondent will assert no claim that the  
21 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,  
22 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or  
23 of any matter or matters related hereto.

24 **ADDITIONAL PROVISIONS**

25 15. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
26 herein to be an integrated writing representing the complete, final and exclusive embodiment of  
27 the agreements of the parties in the above-entitled matter.

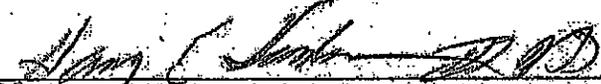
28 ////



1 be deemed to be true, correct, and admitted by respondent for the purpose of any Statement of  
2 Issues or any other proceeding seeking to deny or restrict licensure.

3 ACCEPTANCE

4 I have carefully read the above Stipulated Surrender of License and Order and have fully  
5 discussed it with my attorney, Stacie L. Patterson, Esq. I understand the stipulation and the effect  
6 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of  
7 License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
8 Decision and Order of the Medical Board of California.

9  
10 DATED: 7-20-17   
11 HARRY CONVERY HENDERSON, III, M.D.  
12 Respondent

13 I have read and fully discussed with respondent Harry Convery Henderson, III, M.D., the  
14 terms and conditions and other matters contained in this Stipulated Surrender of License and  
15 Order. I approve its form and content.

16 DATED: July 20, 2017   
17 STACIE L. PATTERSON, ESQ.  
18 Attorney for Respondent

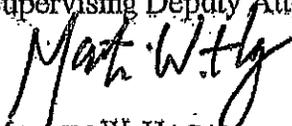
19 ENDORSEMENT

20 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted  
21 for consideration by the Medical Board of California of the Department of Consumer Affairs.

22 Dated: 7/21/2017

23 Respectfully submitted,

24 XAVIER BECERRA  
25 Attorney General of California  
26 MATTHEW M. DAVIS  
27 Supervising Deputy Attorney General

  
28 MARTIN W. HAGAN  
29 Deputy Attorney General  
30 Attorneys for Complainant

**Exhibit A**

**Accusation No. 800-2014-006389**

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1 XAVIER BECERRA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 MARTIN W. HAGAN  
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8 *Attorneys for Complainant*

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

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

Case No. 800-2014-006389

13 **HARRY CONVERY HENDERSON III, M.D.**  
14 **5565 Grossmont Center Drive, Suite 510**  
**La Mesa, CA 91942**

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

15 **Physician's and Surgeon's Certificate**  
16 **No. C36159,**

17 **Respondent.**

18  
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, Department of Consumer  
23 Affairs (Board).

24 2. On or about October 25, 1974, the Board issued Physician's and Surgeon's Certificate  
25 No. C36159 to Harry Convery Henderson III, M.D. (respondent). The Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges and allegations brought  
27 herein and will expire on January 31, 2019, unless renewed.

28 *////*

JURISDICTION

1  
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 states:

6                   “(a) A licensee whose matter has been heard by an administrative law judge  
7 of the Medical Quality Hearing Panel as designated in Section 11371 of the  
8 Government Code, or whose default has been entered, and who is found guilty,  
9 or who has entered into a stipulation for disciplinary action with the board, may, in  
10 accordance with the provisions of this chapter:

11                           “(1) Have his or her license revoked upon order of the board.

12                           “(2) Have his or her right to practice suspended for a period not to exceed  
13 one year upon order of the board.

14                           “(3) Be placed on probation and be required to pay the costs of probation  
15 monitoring upon order of the board.

16                           “(4) Be publicly reprimanded by the board. The public reprimand may  
17 include a requirement that the licensee complete relevant educational courses approved by  
18 the board.

19                           “(5) Have any other action taken in relation to discipline as part of an order  
20 of probation, as the board or an administrative law judge may deem proper.

21                           “(b) Any matter heard pursuant to subdivision (a), except for warning letters,  
22 medical review or advisory conferences, professional competency examinations,  
23 continuing education activities, and cost reimbursement associated therewith that  
24 are agreed to with the board and successfully completed by the licensee, or other  
25 matters made confidential or privileged by existing law, is deemed public, and shall be  
26 made available to the public by the board pursuant to Section 803.1.”

27    ////

28    ////

1 5. Section 2234 of the Code, states:

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

5 "...

6 "(b) Gross negligence.

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

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

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

17 "..."

18 6. Section 2241 of the Code states:

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

23 "(b) A physician and surgeon may prescribe, dispense, or administer  
24 prescription drugs or prescription controlled substances to an addict for purposes  
25 of maintenance on, or detoxification from, prescription drugs or controlled  
26 substances only as set forth in subdivision (c) or in Sections 11215, 11217,  
27 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this  
28 subdivision shall authorize a physician and surgeon to prescribe, dispense, or

1 administer dangerous drugs or controlled substances to a person he or she knows  
2 or reasonably believes is using or will use the drugs or substances for a nonmedical  
3 purpose.

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

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

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

13 "(3) Treatment of addicts as provided for by Section 11217.5 of the Health  
14 and Safety Code.

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

18 "(A) Impaired control over drug use.

19 "(B) Compulsive use.

20 "(C) Continued use despite harm.

21 "(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is  
22 primarily due to the inadequate control of pain is not an addict within the meaning of this  
23 section or Section 2241.5."

24 7. Section 2242 of the Code states:

25 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section  
26 4022 without an appropriate prior examination and a medical indication, constitutes  
27 unprofessional conduct.

28 / / /

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

4           “(1) The licensee was a designated physician and surgeon or podiatrist serving in the  
5 absence of the patient’s physician and surgeon or podiatrist, as the case may be, and if the  
6 drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient  
7 until the return of his or her practitioner, but in any case no longer than 72 hours.

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

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

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

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

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

22       8.     Section 2266 of the Code states:

23           “The failure of a physician and surgeon to maintain adequate and accurate records  
24 relating to the provision of services to their patients constitutes unprofessional conduct.”

25       9.     Section 725 of the Code states:

26           “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
27 administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic  
28 procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as

1 determined by the standard of the community of licensees is unprofessional conduct for a  
2 physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor,  
3 optometrist, speech-language pathologist, or audiologist.

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

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

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

#### 14 FIRST CAUSE FOR DISCIPLINE

##### 15 (Gross Negligence)

16 10. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
17 by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care  
18 and treatment of patients L.T., M.C., J.V., C.W., C.T. and K.W., as more particularly alleged  
19 hereinafter:

20 11. The investigation against respondent was initiated after the Medical Board of  
21 California received an anonymous complaint from a health professional who treats inmates and  
22 homeless individuals, who complained “[I] have noticed again and again inmates who are on high  
23 doses of benzodiazepines during active substances abuse use, also being prescribed pain  
24 medications by Dr. Harry Henderson, a psychiatrist. I have great concern that he is known by the  
25 inmates as someone who will ‘give them what they want.’” A subsequent review of the  
26 Controlled Substances Utilization and Evaluation System (CURES) report for the controlled  
27 substances prescriptions issued by respondent raised concerns about the controlled substances he  
28 was prescribing to some of his patients.

1            PATIENT L.T.

2            12. On or about October 16, 2012, respondent had his first visit with patient L.T., a then-  
3 27-year-old female. As part of his initial evaluation, respondent did not seek any medical records  
4 from any prior health professionals, did not obtain any other collateral source information, and  
5 failed to do any pertinent psychological testing. Respondent's handwritten chart notes are largely  
6 illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical  
7 decisions. After the initial visit, respondent provided patient L.T. with near monthly prescriptions  
8 of Adderall (amphetamine salt combination)<sup>1</sup> 30 mg (#60) (for the alleged treatment of ADHD  
9 that was based solely on the patient's subjective complaints), clonazepam 1 mg (#150), and  
10 Ambien (zolpidem tartrate)<sup>2</sup> 10 mg (#30). During this same period of time, and unbeknownst to  
11 respondent, patient L.T. was receiving additional controlled substances (Ambien and Percocet  
12 [oxycodone and acetaminophen - APAP]<sup>3</sup> from at least one other physician. According to  
13 Controlled Substances Utilization and Evaluation System (CURES) report for patient L.T., during  
14 the period of on or about October 16, 2012, through on or about December 31, 2012, patient L.T.  
15 filled the following prescriptions for the controlled substances:

16  
17            <sup>1</sup> Adderall® (amphetamine salt combination), a mixture of d-amphetamine and l-  
18 amphetamine salts in a ratio of 3:1, is a central nervous system stimulant of the amphetamine  
19 class, and is a Schedule II controlled substance pursuant to Health and Safety Code section  
20 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section  
21 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity  
22 disorder and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are  
23 considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to  
24 cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse - A DEA  
25 Resource Guide (2011), at p. 44.) Adderall and other stimulants are contraindicated for patients  
26 with a history of drug abuse.

27            <sup>2</sup> Ambien® (zolpidem tartrate), a centrally acting hypnotic-sedative, is a Schedule IV  
28 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a  
dangerous drug pursuant to Business and Professions Code section 4022. When properly  
prescribed and indicated, it is used for the short-term treatment of insomnia characterized by  
difficulties with sleep initiation.

<sup>3</sup> Percocet® (oxycodone and acetaminophen) from the opioid class of medications, 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. When  
properly prescribed and indicated, it is used for the treatment of moderate to moderately severe  
pain. The Drug Enforcement Administration (DEA) has identified opioids, such as Oxycodone,  
as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 41.)

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-29-2012	Clonazepam	1 mg	150	Respondent
10-30-2012	Amphetamine Salt Combo	30 mg	60	Other Physician
11-08-2012	Oxycodone/APAP	10/325 mg	90	Dr. C.T.
11-08-2012	Zolpidem Tartrate	10 mg	30	Dr. K.M.
11-14-2012	Zolpidem Tartrate	10 mg	30	Dr. K.M.
11-21-2012	Amphetamine Salt Combo	30 mg	60	Respondent
11-25-2012	Clonazepam	1 mg	150	Respondent
12-06-2012	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
12-12-2012	Zolpidem Tartrate	10 mg	30	Respondent
12-19-2012	Amphetamine Salt Combo	30 mg	60	Respondent
12-24-2012	Clonazepam	1 mg	150	Respondent

13. During the period of January 1, 2013, to December 31, 2013, respondent did not chart any visits with patient L.T. However, respondent's billing records indicate that he billed for one visit on December 31, 2013. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2013, respondent continued to prescribe Adderall (amphetamine salt combination), clonazepam, and Ambien (zolpidem tartrate) to patient L.T. During 2013, patient L.T. obtained near monthly prescriptions of amphetamine salt combo (Adderall) 30 mg (#60) (average of 60 mg per day)<sup>4</sup>; one thousand six hundred seventy-eight (#1,678) 1 mg tablets of clonazepam (average of 4.6 mg per day); and three hundred sixty (#360) 10 mg tablets of Ambien (average of 9.9 mg per day) using prescriptions from respondent. During this same period of time, and unbeknownst

<sup>4</sup> Respondent indicated that he was prescribing the Adderall to treat patient L.T.'s attention deficit hyperactivity disorder (ADHD). The literature for Adderall® provides for a maximum daily dosage not to exceed 40 mg per day and notes "[o]nly in rare cases will it be necessary to exceed a total of 40 mg per day."

1 to respondent, patient L.T. also continued to receive Percocet, Endocet (oxycodone/APAP),<sup>5</sup> and  
 2 diazepam<sup>6</sup> using prescriptions issued from other physicians. According to the CURES report for  
 3 patient L.T., she filled the following prescriptions for controlled substances during 2013:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-03-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
01-11-2013	Zolpidem Tartrate	10 mg	30	Respondent
01-21-2013	Clonazepam	1 mg	150	Respondent
01-21-2013	Amphetamine Salt Combo	30 mg	60	Respondent
01-31-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
02-07-2013	Zolpidem Tartrate	10 mg	30	Respondent
02-19-2013	Clonazepam	1 mg	150	Respondent
02-19-2013	Amphetamine Salt Combo	30 mg	60	Respondent
02-28-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
03-13-2013	Zolpidem Tartrate	10 mg	30	Respondent
03-21-2013	Clonazepam	1 mg	150	Respondent
03-21-2013	Amphetamine Salt Combo	30 mg	60	Respondent
03-26-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.

19 <sup>5</sup> Endocet® (oxycodone and acetaminophen), an opioid analgesic, is a Schedule II  
 20 controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a  
 21 dangerous drug pursuant to Business and Professions Code section 4022. When properly  
 22 prescribed and indicated, it is used for the management of moderate to moderately severe pain.  
 23 The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of  
 Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) "Acetaminophen has been associated  
 with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases  
 of liver injury are associated with the use of acetaminophen at doses that exceed 4000 milligrams  
 per day."

24 <sup>6</sup> Diazepam (Valium®), a benzodiazepine, is a centrally acting hypnotic-sedative that is a  
 25 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
 26 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When  
 27 properly prescribed and indicated, it is used for the management of anxiety disorders or for the  
 short-term relief of anxiety. Concomitant use of Valium® with opioids "may result in profound  
 sedation, respiratory depression, coma, and death." The Drug Enforcement Administration  
 (DEA) has identified benzodiazepines, such as Valium®, as a drug of abuse. (Drugs of Abuse,  
 DEA Resource Guide (2011 Edition), at p. 53.)

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Date Filled	Drug Name	Strength	Quantity	Prescriber
04-10-2013	Zolpidem Tartrate	10 mg	30	Respondent
04-18-2013	Clonazepam	1 mg	150	Respondent
04-18-2013	Amphetamine Salt Combo	30 mg	60	Respondent
04-24-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
05-06-2013	Zolpidem Tartrate	10 mg	30	Respondent
05-22-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
05-22-2013	Clonazepam	1 mg	28	Respondent
06-04-2013	Zolpidem Tartrate	10 mg	30	Respondent
06-06-2013	Amphetamine Salt Combo	30 mg	60	Respondent
06-24-2013	Clonazepam	1 mg	150	Respondent
06-25-2013	Endocet	10/325 mg	90	Dr. C.L.
07-05-2013	Zolpidem Tartrate	10 mg	30	Respondent
07-09-2013	Amphetamine Salt Combo	30 mg	60	Respondent
07-24-2013	Oxycodone/APAP	10/325 mg	90	Dr. J.R.
08-01-2013	Clonazepam	1 mg	150	Respondent
08-03-2013	Zolpidem Tartrate	10 mg	30	Respondent
08-21-2013	Amphetamine Salt Combo	30 mg	60	Respondent
08-28-2013	Clonazepam	1 mg	150	Respondent
09-05-2013	Zolpidem Tartrate	10 mg	30	Respondent
09-26-2013	Clonazepam	1 mg	150	Respondent
09-26-2013	Amphetamine Salt Combo	30 mg	60	Respondent
10-07-2013	Hydrocodone/APAP	5/325 mg	30	Dr. J.M.
10-09-2013	Zolpidem Tartrate	10 mg	30	Respondent
10-21-2013	Oxycodone/APAP	10/325 mg	40	Dr. W.K.
10-21-2013	Diazepam	10 mg	30	Dr. W.K.
10-27-2013	Clonazepam	1 mg	150	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-31-2013	Amphetamine Salt Combo	30 mg	60	Respondent
11-08-2013	Zolpidem Tartrate	10 mg	30	Respondent
11-25-2013	Clonazepam	1 mg	150	Respondent
12-03-2013	Amphetamine Salt Combo	30 mg	60	Respondent
12-07-2013	Zolpidem Tartrate	10 mg	30	Respondent
12-22-2013	Clonazepam	1 mg	150	Respondent
12-31-2013	Amphetamine Salt Combo	30 mg	60	Respondent

14. On or about October 29, 2014, patient L.T. was arrested by the San Diego County Sheriff's Department, along with her roommate, M.C. (who was also one of respondent's patients) for drug related offenses. During a search of patient L.T.'s and M.C.'s residence, San Diego Sheriff Deputies found numerous items establishing probable cause to arrest patient L.T. and patient M.C. for, among other things, unlawful possession of controlled substances in violation of Health & Safety Code section 11377, subdivision (a); unlawful possession of controlled substances for sale in violation of Health & Safety Code section 11378; unlawful possession of drug paraphernalia in violation of Health & Safety Code section 11364.1, subdivision (a); and possession of designated controlled substances for sale in violation of Health & Safety Code section 11375, subdivision (b)(1). During the search of patient L.T.'s and M.C.'s residence, the San Diego Sheriff's Deputies discovered, among other things, multiple unused small Ziploc bags, unused empty pill capsules, a note documenting pills, prices and quantities, a "pay and owe" sheet, a prescription for Adderall written by respondent,<sup>7</sup> a Ziploc bag with eight (8) Xanax bars, a note with a tally of Ambien received by patient L.T., a Ziploc bag with 22.4 grams of a crystalline substance (which field tested positive for amphetamine), marijuana, a marijuana grow floor plan, large amounts of cash, drug paraphernalia, and a registered handgun.

<sup>7</sup> According to the Arrest Report, "[L.T.] confirmed the hand written prescription was written by Dr. Henderson, then told me that Dr. Henderson writes her prescriptions in advance. She noted she had a November prescription already she needed to fill. She admitted to writing on the prescription paper, and that Dr. Henderson pre-dates prescriptions for her."

15. During the period of January 1, 2014, to December 31, 2014, respondent charted three visits with patient L.T. As can best be discerned from respondent's chart notes, the visits took place on or about February 24, April 23 and August 20, 2014. However, respondent's billing records indicate that he billed for six total visits during 2014. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2014, patient L.T. filled eight prescriptions of Adderall (amphetamine salt combination) (#60 and then increased to #90); four prescriptions of clonazepam; and 15 prescriptions of Ambien (zolpidem tartrate) with some prescriptions filled early (see prescriptions on February 24, February 27, April 24, April 28, May 21 and May 25) and one thousand five hundred sixty (#1,560) 2 mg tablets of Xanax (alprazolam) (average of 8.5 mg per day) using prescriptions from respondent. According to the CURES report for patient L.T., she filled the following prescriptions for the controlled substances listed below during 2014 that were issued by respondent:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2014	Zolpidem Tartrate	10 mg	30	Respondent
01-21-2014	Clonazepam	1 mg	150	Respondent
02-03-2014	Zolpidem Tartrate	10 mg	30	Respondent
02-07-2014	Amphetamine Salt Combo	30 mg	60	Respondent
02-24-2014	Alprazolam	2 mg	120	Respondent
02-24-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
02-27-2014	Alprazolam	2 mg	120	Respondent
02-27-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
03-19-2014	Amphetamine Salt Combo	30 mg	60	Respondent
03-27-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
03-27-2014	Alprazolam	2 mg	120	Respondent
04-19-2014	Amphetamine Salt Combo	30 mg	60	Respondent
04-24-2014	Zolpidem Tartrate	12.5 mg	30	Respondent

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Date Filled	Drug Name	Strength	Quantity	Prescriber
04-26-2014	Alprazolam	2 mg	120	Respondent
04-28-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
05-06-2014	Alprazolam	2 mg	120	Respondent
05-21-2014	Zolpidem Tartrate	10 mg	30	Respondent
05-24-2014	Alprazolam	2 mg	120	Respondent
05-25-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
05-27-2014	Amphetamine Salt Combo	30 mg	60	Respondent
06-02-2014	Alprazolam	2 mg	120	Respondent
06-16-2014	Amphetamine Salt Combo	30 mg	60	Respondent
06-20-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
06-20-2014	Alprazolam	2 mg	120	Respondent
10-10-2014	Amphetamine Salt Combo	30 mg	90	Respondent
10-27-2014	Alprazolam	2 mg	120	Respondent
10-27-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
11-02-2014	Zolpidem Tartrate	10 mg	30	Respondent
11-02-2014	Clonazepam	2 mg	90	Respondent
11-02-2014	Alprazolam	2 mg	120	Respondent
11-07-2014	Amphetamine Salt Combo	30 mg	90	Respondent
11-26-2014	Alprazolam	2 mg	120	Respondent
11-29-2014	Clonazepam	2 mg	90	Respondent
11-29-2014	Zolpidem Tartrate	10 mg	30	Respondent
11-30-2014	Amphetamine Salt Combo	30 mg	90	Respondent
12-20-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
12-22-2014	Alprazolam	2 mg	120	Respondent
12-23-2014	Clonazepam	2 mg	90	Respondent
12-23-2014	Zolpidem Tartrate	10 mg	30	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-23-2014	Alprazolam	2 mg	120	Respondent

16. During the period of January 1, 2015, to October 26, 2015 (298 days), respondent charted two visits with patient L.T. As can best be discerned from respondent's chart notes, the visits took place on or about February 24 and April 23, 2015. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During this time frame, respondent continued to prescribe alprazolam (Xanax) 2 mg (#120) (ten prescriptions with an early refill on July 23); amphetamine salt combination (Adderall) 30 mg (#90) nine prescriptions (90 mg per day), clonazepam 2 mg #90 (approximately 6 mg per day), and zolpidem tartrate (Ambien) 10 mg #30 (with many early refills) to patient L.T. on a near monthly basis. According to the CURES report for patient L.T., she filled the following prescriptions for the controlled substances during 2015:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-05-2015	Amphetamine Salt Combo	30 mg	90	Respondent
01-22-2015	Clonazepam	2 mg	90	Respondent
01-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
02-04-2015	Alprazolam	2 mg	120	Respondent
02-04-2015	Amphetamine Salt Combo	30 mg	90	Respondent
02-04-2015	Zolpidem Tartrate	10 mg	30	Respondent
02-19-2015	Clonazepam	2 mg	10	Respondent
02-19-2015	Clonazepam	2 mg	80	Respondent
02-19-2015	Zolpidem Tartrate	10 mg	30	Respondent
03-04-2015	Amphetamine Salt Combo	30 mg	90	Respondent
03-04-2015	Alprazolam	2 mg	120	Respondent
03-17-2015	Clonazepam	2 mg	90	Respondent
03-17-2015	Zolpidem Tartrate	10 mg	30	Respondent
03-31-2015	Alprazolam	2 mg	120	Respondent

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Date Filled	Drug Name	Strength	Quantity	Prescriber
04-15-2015	Zolpidem Tartrate	10 mg	30	Respondent
04-16-2015	Clonazepam	2 mg	90	Respondent
04-16-2015	Zolpidem Tartrate	10 mg	30	Respondent
05-01-2015	Amphetamine Salt Combo	30 mg	90	Respondent
05-01-2015	Alprazolam	2 mg	120	Respondent
05-14-2015	Clonazepam	2 mg	90	Respondent
05-14-2015	Zolpidem Tartrate	10 mg	30	Respondent
05-28-2015	Alprazolam	2 mg	120	Respondent
05-29-2015	Amphetamine Salt Combo	30 mg	90	Respondent
05-29-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-19-2015	Clonazepam	2 mg	90	Respondent
06-19-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-24-2015	Alprazolam	2 mg	120	Respondent
06-26-2015	Amphetamine Salt Combo	30 mg	90	Respondent
06-27-2015	Zolpidem Tartrate	10 mg	30	Respondent
07-10-2015	Zolpidem Tartrate	12.5 mg	30	Respondent
07-16-2015	Clonazepam	2 mg	90	Respondent
07-16-2015	Zolpidem Tartrate	10 mg	30	Respondent
07-21-2015	Alprazolam	2 mg	120	Respondent
07-23-2015	Alprazolam	2 mg	120	Respondent
07-25-2015	Zolpidem Tartrate	10 mg	30	Respondent
07-26-2015	Amphetamine Salt Combo	30 mg	90	Respondent
08-11-2015	Clonazepam	2 mg	90	Respondent
08-11-2015	Zolpidem Tartrate	10 mg	30	Respondent
08-18-2015	Alprazolam	2 mg	120	Respondent
09-23-2015	Clonazepam	2 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-23-2015	Zolpidem Tartrate	10 mg	30	Respondent
09-24-2015	Alprazolam	2 mg	120	Respondent
09-24-2015	Amphetamine Salt Combo	30 mg	90	Respondent
10-23-2015	Amphetamine Salt Combo	30 mg	90	Respondent
10-26-2015	Clonazepam	2 mg	90	Respondent
10-26-2015	Zolpidem Tartrate	10 mg	30	Respondent

17. Respondent did not routinely conduct any CURES reviews of patient L.T., did not do any urine drug screening, did not enter into any controlled substances contract with patient L.T., and continued to prescribe controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, there were multiple prescriptions being filled at different pharmacies, request for early refills of medication and/or early refills of medications, prescriptions for opiates being prescribed by different health care professionals, patient L.T. requested that her roommate M.C. (who was also receiving Adderall, Ambien and Xanax from respondent) be allowed to pick up her prescription for Adderall, a "pharmacy [was] asking questions regarding office visits pertaining to Adderall RX's [prescriptions],"<sup>8</sup> and patient L.T. and her roommate M.C. were arrested on drug charges on October 29, 2014.

18. Respondent committed gross negligence in his care and treatment of patient L.T. including, but not limited to, the following:

- (a) Respondent failed to provide appropriate psychiatric evaluations of patient L.T. in that he, among other things, failed to routinely perform comprehensive psychiatric evaluations, failed to obtain a complete and comprehensive history, failed to incorporate collateral source information, failed to perform pertinent psychological testing, failed to properly assess patient L.T.'s alleged ADHD; did not properly assess

<sup>8</sup> The unsigned note stated, "She has only been in one time. Pharmacy asking questions regarding office visits pertaining to Adderall RX's. She needs appt [appointment]!!"

1 and/or rule out depression; and/or failed to consider addiction as part of  
2 patient L.T.'s evaluations and assessments;

3 (b) Respondent failed to provide appropriate treatment to patient L.T. in  
4 that he, among other things, repeatedly prescribed inherently addictive  
5 controlled substances such as benzodiazepines, amphetamines and/or  
6 hypnotic sedatives to patient L.T. while failing to respond to objective  
7 signs of misuse, addiction and/or diversion of the controlled substances  
8 that were being prescribed to patient L.T.;

9 (c) Respondent repeatedly prescribed controlled substances to patient L.T.  
10 without periodically reviewing CURES, without utilizing urine drug  
11 screens, without consulting with and/or obtaining records from prior  
12 treating physicians and/or without utilizing other risk screening tools;  
13 and

14 (d) Respondent failed to maintain adequate and accurate records in regard  
15 to his care and treatment of patient L.T. The records lacked adequate  
16 detail and specificity and were largely illegible and difficult to  
17 decipher; there were no bases listed for any diagnoses and rationales for  
18 any medical decisions, including changes in medications and/or  
19 responses to medications, which were not adequately documented;  
20 there were no clear treatment plans documented; prescribed  
21 medications were often not listed in respondent's chart notes; and  
22 medical records were missing and/or inconsistent with respondent's  
23 billing records.

24 PATIENT M.C.

25 19. On or about September 30, 2014, respondent had his first visit with patient M.C., a  
26 then-28-year-old male for his "initial evaluation." Respondent's certified medical records for  
27 patient M.C. did not contain any chart note for the initial visit but did contain an invoice for an  
28 "initial evaluation" on September 30, 2014. As part of his initial evaluation, respondent did not

1 seek any medical records from any prior health professionals, did not obtain any other collateral  
 2 source information, and failed to do any pertinent psychological testing. After this visit,  
 3 respondent provided patient M.C. with near monthly prescriptions of Adderall (amphetamine salt  
 4 combination) 30 mg (#60) (60 mg per day) (for the alleged treatment of ADHD that was based  
 5 solely on the patient's subjective complaints), Ambien (zolpidem tartrate) 10 mg and 12.5 mg  
 6 (#30) (10 to 12.5 mg per day) and Xanax (alprazolam) 2 mg (#120) (approximately 8 mg per  
 7 day). According to the CURES report for patient M.C., the following prescriptions for controlled  
 8 substances were filled during the remainder of 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-01-2014	Amphetamine Salt Combo	30 mg	60	Respondent
10-01-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
10-01-2014	Alprazolam	2 mg	120	Respondent
10-27-2014	Amphetamine Salt Combo	30 mg	60	Respondent
10-28-2014	Alprazolam	2 mg	120	Respondent
11-29-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
11-29-2014	Alprazolam	2 mg	120	Respondent
12-12-2014	Amphetamine Salt Combo	30 mg	60	Respondent
12-12-2014	Zolpidem Tartrate	10 mg	30	Respondent

20 20. During the period of on or about January 1, 2015, to December 31, 2015, respondent  
 21 charted two visits with patient M.C. As can best be discerned from respondent's chart notes, the  
 22 visits took place on or about January 13 and September 24, 2015. Respondent's handwritten  
 23 chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear  
 24 rationale for any medical decisions. During 2015, patient M.C. continued to fill prescriptions for  
 25 Adderall (amphetamine salt combination) 30 mg (#120), Ambien (zolpidem tartrate), and Xanax  
 26 (alprazolam) 2 mg (#120) [except for one prescription that was for 108 tablets] using  
 27 prescriptions issued by respondent. The prescriptions for Xanax (Alprazolam) 2 mg (#120) was  
 28

1 being filled at short intervals at different pharmacies, a fact that respondent claims he was  
 2 unaware of since he was not reviewing CURES at the time.<sup>9</sup> According to the CURES report for  
 3 patient M.C., the following prescriptions for controlled substances were filled during 2015:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Quantity</b>	<b>Prescriber</b>
01-06-2015	Zolpidem Tartrate	12.5 mg	30	Respondent
01-06-2015	Alprazolam	2 mg	108	Respondent
01-13-2015	Zolpidem Tartrate	10 mg	30	Respondent
01-13-2015	Alprazolam	2 mg	120	Respondent
01-13-2015	Amphetamine Salt Combo	30 mg	90	Respondent
02-03-2015	Alprazolam	2 mg	120	Respondent
02-03-2015	Zolpidem Tartrate	12.5 mg	30	Respondent
02-13-2015	Amphetamine Salt Combo	30 mg	90	Respondent
03-04-2015	Alprazolam	2 mg	120	Respondent
03-04-2015	Zolpidem Tartrate	12.5 mg	30	Respondent
03-11-2015	Amphetamine Salt Combo	30 mg	90	Respondent
04-27-2015	Zolpidem Tartrate	10 mg	30	Respondent
04-27-2015	Alprazolam	2 mg	120	Respondent
04-27-2015	Amphetamine Salt Combo	30 mg	90	Respondent
04-28-2015	Alprazolam	2 mg	120	Respondent
05-24-2015	Zolpidem Tartrate	10 mg	30	Respondent
05-24-2015	Alprazolam	2 mg	120	Respondent
05-27-2015	Alprazolam	2 mg	120	Respondent
05-27-2015	Amphetamine Salt Combo	30 mg	90	Respondent

<sup>9</sup> As an example, during the period of January 6, 2015, to June 27, 2015, patient M.C. obtained 1,188 tablets of 2 mg Xanax® (alprazolam) from four different pharmacies which equated to approximately 6.9 tablets per day or 13.8 mg per day. Moreover, patient M.C. also filled prescriptions for Ambien® (zolpidem tartrate) on January 6, 2015, and January 13, 2015, at two different pharmacies.

Date Filled	Drug Name	Strength	Quantity	Prescriber
06-27-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-27-2015	Alprazolam	2 mg	120	Respondent
06-27-2015	Alprazolam	2 mg	120	Respondent
06-29-2015	Amphetamine Salt Combo	30 mg	90	Respondent
09-24-2015	Alprazolam	2 mg	120	Respondent
09-24-2015	Amphetamine Salt Combo	30 mg	90	Respondent
10-08-2015	Zolpidem Tartrate	10 mg	30	Respondent
10-23-2015	Amphetamine Salt Combo	30 mg	90	Respondent
10-25-2015	Alprazolam	2 mg	120	Respondent
12-26-2015	Alprazolam	2 mg	120	Respondent

21. During the period of on or about January 1, 2016, to December 31, 2016, respondent charted one visit with patient M.C. As can best be discerned from respondent's chart notes, the visit took place on or about August 10, 2016 (approximately 10 ½ months since the last visit of September 24, 2015.) Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2016, patient M.C. continued to fill prescriptions for Adderall (amphetamine salt combination) 30 mg (#120), and Xanax (alprazolam) 2 mg (#120) using prescriptions issued by respondent. According to the CURES report for patient M.C., the following prescriptions for controlled substances were filled during 2016:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-28-2016	Alprazolam	2 mg	120	Respondent
03-01-2016	Alprazolam	2 mg	120	Respondent
08-10-2016	Alprazolam	2 mg	120	Respondent
08-10-2016	Amphetamine Salt Combo	30 mg	90	Respondent
11-04-2016	Alprazolam	2 mg	120	Respondent
11-04-2016	Amphetamine Salt Combo	30 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-05-2016	Alprazolam	2 mg	120	Respondent
12-09-2016	Amphetamine Salt Combo	30 mg	90	Respondent

22. Respondent did not routinely conduct any CURES reviews of patient M.C., did not do any urine drug screening, did not enter into any controlled substances contract with patient M.C., and continued to prescribe controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, multiple prescriptions were being filled at different pharmacies, requests for early refills of medication and/or early refills of medication, and the arrest of patient M.C. and his roommate, patient L.T., for drug related charges on October 29, 2014.

23. Respondent committed gross negligence in his care and treatment of patient M.C. including, but not limited to, the following:

- (a) Respondent failed to provide appropriate psychiatric evaluations of patient M.C. in that he, among other things, failed to routinely perform comprehensive psychiatric evaluations, failed to obtain a complete and comprehensive history, failed to incorporate collateral source information, failed to perform pertinent psychological testing, failed to properly assess patient M.C.'s alleged ADHD; and/or failed to consider addiction as part of patient M.C.'s evaluations and assessments;
- (b) Respondent failed to provide appropriate treatment to patient M.C. in that he, among other things, repeatedly prescribed high doses of inherently addictive controlled substances such as benzodiazepines, amphetamines and/or hypnotic sedatives to patient M.C. while failing to respond to objective signs of misuse, addiction and/or diversion of the controlled substances that were being prescribed to patient M.C.;
- (c) Respondent repeatedly prescribed controlled substances to patient M.C. without periodically reviewing CURES, without utilizing urine drug screens, without consulting with and/or obtaining records from prior

1 treating physicians, without obtaining other collateral source  
2 information, and/or without utilizing other risk screening tools; and  
3 (d) Respondent failed to maintain adequate and accurate records in regard  
4 to his care and treatment of patient M.C. The records lacked adequate  
5 detail and specificity and were largely illegible and difficult to  
6 decipher; there were no bases listed for any diagnoses and rationales for  
7 any medical decisions, including changes in medications and/or  
8 responses to medications, which were not adequately documented;  
9 there were no clear treatment plans documented; and prescribed  
10 medications were often not listed in respondent's chart notes.

11 **PATIENT J.V.**

12 24. On or about February 8, 2010,<sup>10</sup> respondent had his first visit with patient J.V., a then-  
13 52-year-old male. As part of his initial evaluation, respondent did not seek any medical records  
14 from any prior health professionals, did not obtain any other collateral source information, and  
15 failed to do any pertinent psychological testing. Respondent was unable to provide a full set of  
16 certified medical records for patient J.V., and could not produce any chart notes for any patient  
17 visits in 2010. During this timeframe, patient J.V. filled various prescriptions issued by  
18 respondent including, but not limited to, Adderall (amphetamine salt combination) 30 mg (#30)  
19 (for the alleged treatment of ADHD that was based solely on the patient's subjective complaints),  
20 flurazepam hydrochloride [HCL],<sup>11</sup> Endocet (oxycodone/APAP) 10/325 mg (#120) and Xanax  
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22 <sup>10</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is  
23 for informational purposes only and is not alleged as a basis for disciplinary action.

24 <sup>11</sup> Flurazepam hydrochloride, a benzodiazepine, is a centrally acting hypnotic-sedative,  
25 that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,  
26 subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.  
27 When properly prescribed and indicated, it is used for the treatment of insomnia. Concomitant  
28 use of with opioids "may result in profound sedation, respiratory depression, coma, and death."  
The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as flurazepam  
hydrochloride, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p.  
53.)

1 (alprazolam) 2 mg (#90). According to the CURES report for patient J.V.,<sup>12</sup> the following  
 2 prescriptions for controlled substances were filled for patient J.V. during 2010 during the period  
 3 of May 10, 2010, to December 31, 2010:

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-20-2010	Amphetamine Salt Combo	30 mg	30	Respondent
06-02-2010	Endocet	10/325 mg	120	Respondent
06-02-2010	Amphetamine Salt Combo	30 mg	120	Respondent
06-03-2010	Alprazolam	2 mg	100	Respondent
06-03-2010	Flurazepam HCL	30 mg	30	Respondent
06-16-2010	Amphetamine Salt Combo	30 mg	30	Respondent
06-23-2010	Roxicet	5/325 mg	20	Dr. D.K.
06-25-2010	Oxycodone/APAP	5/325 mg	25	Dr. D.K.
06-30-2010	Amphetamine Salt Combo	30 mg	120	Respondent
06-30-2010	Endocet	10/325 mg	120	Respondent
07-06-2010	Flurazepam HCL	30 mg	30	Respondent
07-06-2010	Alprazolam	2 mg	90	Respondent

18 25. For the period of on or about January 1, 2011, through December 31, 2011,  
 19 respondent could not produce any chart notes for any patient visits in 2011. Respondent's billing  
 20 records, however, indicate that he billed Medicare for 12 office visits. During 2011, patient J.V.  
 21 obtained the following controlled substances using the prescriptions issued by respondent:  
 22 alprazolam (Xanax) 1 mg on January 1, 2011 and then increased to 2 mg for the remainder of the  
 23 year (#100) (a total of 1,100 tablets – approximate average of 3.3 mg per day increased to 6.6 mg  
 24 per day for next 11 months); amphetamine salt combination (Adderall) 30 mg (a total of 1,850  
 25 tablets – approximate average of 152 mg per day); clonazepam (Klonopin) 2 mg (#100)  
 26 beginning on July 11, 2011 (approximate average of 6.6 mg per day), oxycodone/APAP

27 <sup>12</sup> The CURES reports for patient J.V., and the other patients identified in the Accusation  
 28 were run for the seven-year period of May 20, 2010, through May 20, 2017.

1 (Endocet) 10/325 mg (#120) and zolpidem tartrate (Ambien) 10 mg (#30). According to the  
 2 CURES report for patient J.V., the following prescriptions for controlled substances were filled  
 3 for patient J.V. during 2011:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-11-2011	Zolpidem Tartrate	10 mg	30	Respondent
01-11-2011	Alprazolam	1 mg	100	Respondent
01-11-2011	Amphetamine Salt Combo	30 mg	30	Respondent
01-11-2011	Endocet	10/325 mg	120	Respondent
01-11-2011	Amphetamine Salt Combo	30 mg	120	Respondent
01-17-2011	Amphetamine Salt Combo	30 mg	150	Respondent
02-08-2011	Zolpidem Tartrate	10 mg	30	Respondent
02-08-2011	Endocet	10/325 mg	120	Respondent
02-14-2011	Alprazolam	2 mg	100	Respondent
02-16-2011	Amphetamine Salt Combo	30 mg	60	Respondent
03-01-2011	Amphetamine Salt Combo	30 mg	40	Respondent
03-07-2011	Zolpidem Tartrate	10 mg	30	Respondent
03-08-2011	Oxycodone/APAP	10/325 mg	120	Respondent
03-08-2011	Amphetamine Salt Combo	30 mg	120	Respondent
03-08-2011	Amphetamine Salt Combo	30 mg	30	Respondent
03-13-2011	Alprazolam	2 mg	100	Respondent
04-04-2011	Amphetamine Salt Combo	30 mg	120	Respondent
04-04-2011	Endocet	10/325 mg	120	Respondent
04-11-2011	Alprazolam	2 mg	100	Respondent
04-14-2011	Amphetamine Salt Combo	30 mg	30	Respondent
04-23-2011	Roxicet	5/325 mg	12	Dr. T.S.
04-25-2011	Zolpidem Tartrate	10 mg	30	Respondent
05-02-2011	Amphetamine Salt Combo	30 mg	120	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-02-2011	Endocet	10/325 mg	150	Respondent
05-10-2011	Klonopin	2 mg	100	Respondent
05-14-2011	Alprazolam	2 mg	100	Respondent
05-19-2011	Amphetamine Salt Combo	30 mg	30	Respondent
05-31-2011	Zolpidem Tartrate	10 mg	30	Respondent
06-07-2011	Klonopin	2 mg	100	Respondent
06-13-2011	Alprazolam	2 mg	100	Respondent
06-14-2011	Amphetamine Salt Combo	30 mg	30	Respondent
07-02-2011	Amphetamine Salt Combo	30 mg	120	Respondent
07-02-2011	Oxycodone/APAP	10/325 mg	150	Respondent
07-11-2011	Amphetamine Salt Combo	30 mg	30	Respondent
07-11-2011	Alprazolam	2 mg	100	Respondent
07-11-2011	Clonazepam	2 mg	100	Respondent
07-27-2011	Amphetamine Salt Combo	30 mg	120	Respondent
07-27-2011	Endocet	10/325 mg	150	Respondent
08-04-2011	Zolpidem Tartrate	10 mg	30	Respondent
08-10-2011	Alprazolam	2 mg	100	Respondent
08-10-2011	Amphetamine Salt Combo	30 mg	30	Respondent
08-24-2011	Amphetamine Salt Combo	30 mg	120	Respondent
08-24-2011	Endocet	10/325 mg	150	Respondent
08-28-2011	Clonazepam	2 mg	100	Respondent
09-13-2011	Alprazolam	2 mg	100	Respondent
09-14-2011	Amphetamine Salt Combo	30 mg	12	Respondent
09-14-2011	Oxycodone/APAP	10/325 mg	15	Respondent
09-15-2011	Amphetamine Salt Combo	30 mg	108	Respondent
09-15-2011	Oxycodone/APAP	10/325 mg	135	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-24-2011	Zolpidem Tartrate	10 mg	30	Respondent
09-28-2011	Clonazepam	2 mg	100	Respondent
10-12-2011	Oxycodone/APAP	10/325 mg	150	Respondent
10-14-2011	Alprazolam	2 mg	100	Respondent
10-24-2011	Clonazepam	2 mg	100	Respondent
11-01-2011	Amphetamine Salt Combo	30 mg	100	Respondent
11-01-2011	Oxycodone HCL	20 mg	150	Respondent
11-01-2011	Amphetamine Salt Combo	30 mg	30	Respondent
11-19-2011	Alprazolam	2 mg	21	Respondent
11-21-2011	Zolpidem Tartrate	10 mg	28	Respondent
11-21-2011	Clonazepam	2 mg	100	Respondent
11-23-2011	Alprazolam	2 mg	79	Respondent
11-29-2011	Oxycodone/APAP	10/325 mg	150	Respondent
11-30-2011	Amphetamine Salt Combo	30 mg	120	Respondent
11-30-2011	Amphetamine Salt Combo	30 mg	30	Respondent
11-30-2011	Oxycodone HCL	20 mg	150	Respondent
12-12-2011	Clonazepam	2 mg	100	Respondent
12-29-2011	Amphetamine Salt Combo	30 mg	120	Respondent
12-29-2011	Amphetamine Salt Combo	30 mg	30	Respondent
12-29-2011	Oxycodone HCL	30 mg	90	Respondent
12-30-2011	Endocet	10/325 mg	150	Respondent

26. During the period of on or about January 1, 2012, through December 31, 2012, respondent charted two visits with patient J.V. As can best be discerned from respondent's chart notes, the visits took place on October 30 and December 20, 2012. Respondent's billing records, however, indicate that he billed Medicare for 11 office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear

1 rationale for any medical decisions. During 2012, Patient J.V. obtained the following controlled  
 2 substances using the prescriptions issued by respondent: alprazolam (Xanax) 2 mg (#100) (a total  
 3 of 1080 – approximate average of 5.9 mg per day); amphetamine salt combination (Adderall) 30  
 4 mg (a total of 1,693 tablets – approximate average of 139 mg per day); carisoprodol (Soma)<sup>13</sup> 350  
 5 mg (a total of 990 tablets – approximate average of 949 mg per day); clonazepam (Klonopin) 2  
 6 mg (#100) (a total of 1063 tablets for an approximate average of 5.8 mg per day),  
 7 oxycodone/APAP (Endocet) 10/325 mg (#120) (a total of 1030 tablets) and zolpidem tartrate  
 8 (Ambien) 10 mg (#30) (a total of 198 tablets). According to the CURES report for patient J.V.,  
 9 the following prescriptions for controlled substances were filled for patient J.V. during 2012:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-18-2012	Clonazepam	2 mg	100	Respondent
01-20-2012	Zolpidem Tartrate	10 mg	28	Respondent
01-20-2012	Alprazolam	2 mg	100	Respondent
01-23-2012	Carisoprodol	350 mg	90	Respondent
01-27-2012	Amphetamine Salt Combo	30 mg	30	Respondent
01-27-2012	Amphetamine Salt Combo	30 mg	100	Respondent
01-27-2012	Oxycodone HCL	30 mg	100	Respondent
01-28-2012	Oxycodone/APAP	10/325 mg	150	Respondent
02-20-2012	Clonazepam	2 mg	100	Respondent
02-27-2012	Amphetamine Salt Combo	30 mg	30	Respondent

13 Carisoprodol (Soma®) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of acute and painful musculoskeletal conditions. According to the DEA, Office of Diversion Control, “[c]arisoprodol abuse has escalated in the last decade in the United States... According to Diversion Drug Trends, published by the Drug Enforcement Administration (DEA) on the trends in diversion of controlled and non-controlled pharmaceuticals, carisoprodol continues to be one of the most commonly diverted drugs. Diversion and abuse of carisoprodol is prevalent throughout the country. As of March 2011, street prices for [carisoprodol] Soma® ranged from \$1 to \$5 per tablet. Diversion methods include doctor shopping for the purposes of obtaining multiple prescriptions and forging prescriptions.”

	Date Filled	Drug Name	Strength	Quantity	Prescriber
1	02-27-2012	Amphetamine Salt Combo	30 mg	100	Respondent
2	02-27-2012	Endocet	10/325 mg	100	Respondent
3	02-27-2012	Oxycodone HCL	30 mg	100	Respondent
4	02-28-2012	Carisoprodol	350 mg	90	Respondent
5	03-19-2012	Clonazepam	2 mg	100	Respondent
6	03-26-2012	Amphetamine Salt Combo	30 mg	93	Respondent
7	03-26-2012	Oxycodone HCL	30 mg	93	Respondent
8	03-26-2012	Endocet	10/325 mg	150	Respondent
9	03-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
10	04-02-2012	Carisoprodol	350 mg	90	Respondent
11	04-04-2012	Alprazolam	2 mg	100	Respondent
12	04-14-2012	Endocet	5/325 mg	30	Dr. H.P.
13	04-18-2012	Clonazepam	2 mg	100	Respondent
14	04-25-2012	Oxycodone HCL	30 mg	93	Respondent
15	04-25-2012	Endocet	10/325 mg	150	Respondent
16	04-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
17	04-26-2012	Amphetamine Salt Combo	30 mg	20	Respondent
18	05-02-2012	Carisoprodol	350 mg	90	Respondent
19	05-02-2012	Alprazolam	2 mg	100	Respondent
20	05-09-2012	Amphetamine Salt Combo	30 mg	30	Respondent
21	05-18-2012	Clonazepam	2 mg	100	Respondent
22	05-18-2012	Amphetamine Salt Combo	30 mg	90	Respondent
23	05-25-2012	Amphetamine Salt Combo	30 mg	30	Respondent
24	05-25-2012	Oxycodone HCL	30 mg	90	Respondent
25	05-25-2012	Endocet	10/325 mg	150	Respondent
26	06-01-2012	Alprazolam	2 mg	100	Respondent

28

Date Filled	Drug Name	Strength	Quantity	Prescriber
06-01-2012	Carisoprodol	350 mg	90	Respondent
06-04-2012	Zolpidem Tartrate	10 mg	28	Respondent
06-08-2012	Amphetamine Salt Combo	30 mg	180	Respondent
06-18-2012	Hydrocodone/APAP	5/500 mg	20	Dr. A.K. (D.D.S)
06-18-2012	Clonazepam	2 mg	100	Respondent
06-22-2012	Hydrocodone/APAP	5/500 mg	15	Other Physician
06-26-2012	Endocet	10/325 mg	150	Respondent
06-26-2012	Oxycodone HCL	30 mg	100	Respondent
06-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
07-02-2012	Alprazolam	2 mg	100	Respondent
07-03-2012	Carisoprodol	350 mg	90	Respondent
07-09-2012	Zolpidem Tartrate	10 mg	28	Respondent
07-16-2012	Amphetamine Salt Combo	30 mg	30	Respondent
07-26-2012	Endocet	10/325 mg	150	Respondent
07-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
07-26-2012	Amphetamine Salt Combo	30 mg	120	Respondent
07-26-2012	Oxycodone HCL	30 mg	100	Respondent
07-28-2012	Alprazolam	2 mg	100	Respondent
08-02-2012	Carisoprodol	350 mg	90	Respondent
08-05-2012	Zolpidem Tartrate	10 mg	28	Respondent
08-16-2012	Clonazepam	2 mg	100	Respondent
08-24-2012	Amphetamine Salt Combo	30 mg	30	Respondent
08-24-2012	Oxycodone HCL	30 mg	100	Respondent
08-24-2012	Amphetamine Salt Combo	30 mg	120	Respondent
08-24-2012	Endocet	10/325 mg	150	Respondent
08-30-2012	Carisoprodol	350 mg	90	Respondent

	Date Filled	Drug Name	Strength	Quantity	Prescriber
1	08-31-2012	Alprazolam	2 mg	100	Respondent
2	09-10-2012	Zolpidem Tartrate	10 mg	28	Respondent
3	09-15-2012	Clonazepam	2 mg	63	Respondent
4	09-24-2012	Oxycodone HCL	30 mg	100	Respondent
5	09-24-2012	Amphetamine Salt Combo	30 mg	30	Respondent
6	09-24-2012	Amphetamine Salt Combo	30 mg	120	Respondent
7	10-01-2012	Alprazolam	2 mg	100	Respondent
8	10-01-2012	Carisoprodol	350 mg	90	Respondent
9	10-16-2012	Clonazepam	2 mg	100	Respondent
10	10-22-2012	Amphetamine Salt Combo	30 mg	120	Respondent
11	10-22-2012	Oxycodone HCL	30 mg	100	Respondent
12	10-22-2012	Amphetamine Salt Combo	30 mg	30	Respondent
13	10-28-2012	Zolpidem Tartrate	10 mg	28	Respondent
14	10-28-2012	Alprazolam	2 mg	100	Respondent
15	10-29-2012	Carisoprodol	350 mg	90	Respondent
16	11-15-2012	Flurazepam HCL	30 mg	30	Respondent
17	11-15-2012	Clonazepam	2 mg	100	Respondent
18	11-23-2012	Oxycodone HCL	30 mg	100	Respondent
19	11-26-2012	Alprazolam	2 mg	90	Respondent
20	11-26-2012	Amphetamine Salt Combo	30 mg	120	Respondent
21	11-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
22	12-11-2012	Zolpidem Tartrate	10 mg	30	Respondent
23	12-11-2012	Carisoprodol	350 mg	90	Respondent
24	12-15-2012	Clonazepam	2 mg	100	Respondent
25	12-21-2012	Oxycodone HCL	30 mg	30	Dr. E.P.
26	12-21-2012	Morphine Sulfate	15 mg	30	Dr. E.P.

28

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-26-2012	Alprazolam	2 mg	90	Respondent
12-26-2012	Oxycodone/APAP	10/325 mg	90	Respondent
12-28-2012	Amphetamine Salt Combo	30 mg	120	Respondent

27. During the period of on or about January 1, 2013, through December 31, 2013, respondent charted four visits with patient J.V. As can best be discerned from respondent's chart notes, the visits took place on May 14, June 28, December 5, and December 31, 2013. Respondent's billing records, however, indicate that he billed Medicare for 10 office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2013, patient J.V. obtained the following controlled substances using the prescriptions issued by respondent: alprazolam (Xanax) 2 mg (a total of 940 for an approximate average of 5.1 mg per day); amphetamine salt combination (Adderall) 30 mg (a total of 1,800 tablets for an approximate average of 147 mg per day); carisoprodol (Soma) 350 mg (a total of 890 tablets for an approximate average of 853 mg per day); clonazepam (Klonopin) 2 mg (a total of 1,166 tablets for an approximate average of 6.4 mg per day), Oxycodone HCL 30 mg (a total of 310 tablets), OxyContin 80 mg (a total of 316 tablets) and zolpidem tartrate (Ambien) 10 mg (#30) (a total of 60 tablets). During 2013, patient J.V. was also filling prescriptions issued by other physicians for Fentanyl and Oxycodone HCL.

28. On or about April 26, 2013, patient J.V. was seen by another health provider, Physician Assistant S.P.P., who had been evaluating patient J.V. in regard to, among other things, pain management. In the chart note for this visit, Physician Assistant S.P.P. set forth her concerns about patient J.V.'s veracity, his abuse of controlled substances, and that "he [was] highly predisposed to [the] negative outcomes of addiction and death." The chart note stated the following, in pertinent part:

"Patient given his FINAL supply of Fentanyl from out office which should last until he can be seen by his referring provider. Patient is not going to be prescribed anymore medications from our office moving forward, but will be welcome only to be seen for non-narcotic interventional procedures to help with pain such as injections, spinal cord stimulator (SCS). He was not filled for Oxycodone today and

1 instead has been STOPPED on this medication as it was negative in his system at last  
 2 OV [office visit] and given that Oxy IR dose is 30 mg -- this is a medication that has a  
 3 high abuse potential so it will not be continued to be prescribed given inconsistency.  
 4 Also, patient's UDS [urine drug screen] on 3/27/13 was positive for METHADONE  
 5 and ADDERALL, both of which are not prescribed by this office or any other office  
 6 per CURES review... Because this patient has broken med management agreement  
 7 with our office multiple times: Filling with other providers, using more meds than  
 8 prescribed, and also testing for meds not prescribed on multiple occasions and testing  
 9 negative for meds that are prescribed -- he was advised today that only Fentanyl will  
 10 be prescribed this month and he must go back to his referring provider to find a new  
 11 pain management provider. My recommendation is patient be seen by addiction  
 12 management and evaluated as given his history of inconsistent stories surrounding his  
 13 pain, inconsistent urine results and inconsistencies with taking medications (taking  
 14 meds not prescribed (Adderall and Methadone), and escalating opiate use (reports 75  
 15 mcg/hr of Fentanyl q [every] 48 hours is inadequate as was Oxy IR 30 mg BID [twice  
 16 a day]) he is highly predisposed to negative health outcomes of addiction and death.  
 17 30 minutes of time was spent with the patient with more than 50% of time reviewing  
 18 therapies, [S.P.P] PA-C, for [R.R.] M.D."

19 Respondent continued to prescribe controlled substances to patient J.V. despite the  
 20 concerns raised in the chart note from Physician Assistant S.P.P of April 26, 2013. According to  
 21 the CURES report for patient J.V., the following prescriptions for controlled substances were  
 22 filled for patient J.V. during 2013:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2013	Amphetamine Salt Combo	30 mg	30	Respondent
01-05-2013	Clonazepam	2 mg	90	Respondent
01-15-2013	Clonazepam	2 mg	100	Respondent
01-21-2013	OxyContin	80 mg	1	Respondent
01-26-2013	Alprazolam	2 mg	100	Respondent
01-26-2013	Carisoprodol	350 mg	100	Respondent
01-28-2013	Amphetamine Salt Combo	30 mg	120	Respondent
02-01-2013	Oxycodone HCL	30 mg	100	Respondent
02-04-2013	Clonazepam	2 mg	90	Respondent
02-06-2013	Oxycodone HCL	30 mg	30	Dr. E.P.
02-06-2013	Fentanyl	25 mcg/hour	5	Dr. E.P.
02-18-2013	Amphetamine Salt Combo	30 mg	30	Respondent
02-19-2013	Clonazepam	2 mg	63	Respondent

	Date Filled	Drug Name	Strength	Quantity	Prescriber
1					
2	02-19-2013	Carisoprodol	350 mg	90	Respondent
3	02-21-2013	Fentanyl Transdermal	50 mcg/hour	5	Dr. E.P.
4	02-21-2013	Oxycodone HCL	30 mg	30	Dr. E.P.
5	02-26-2013	Carisoprodol	350 mg	100	Respondent
6	02-26-2013	Alprazolam	2 mg	100	Respondent
7	02-27-2013	Amphetamine Salt Combo	30 mg	60	Respondent
8	03-08-2013	Oxycodone HCL	30 mg	30	Dr. E.P.
9	03-08-2013	Fentanyl Transdermal	75 mcg/hour	5	Dr. E.P.
10	03-13-2013	Clonazepam	2 mg	90	Respondent
11	03-14-2013	Clonazepam	2 mg	100	Respondent
12	03-15-2013	Amphetamine Salt Combo	30 mg	60	Respondent
13	03-19-2013	Amphetamine Salt Combo	30 mg	30	Respondent
14	03-22-2013	Zolpidem Tartrate	10 mg	30	Respondent
15	03-27-2013	Oxycodone HCL	30 mg	60	T.M. (P.A.)
16	03-27-2013	Fentanyl Transdermal	75 mcg/hour	15	T.M. (P.A.)
17	03-28-2013	Alprazolam	2 mg	100	Respondent
18	04-04-2013	Amphetamine Salt Combo	30 mg	60	Respondent
19	04-15-2013	Clonazepam	2 mg	90	Respondent
20	04-16-2013	Amphetamine Salt Combo	30 mg	60	Respondent
21	04-17-2013	Clonazepam	2 mg	100	Respondent
22	04-18-2013	Flurazepam HCL	30 mg	30	Respondent
23	04-26-2013	OxyContin	80 mg	90	Respondent
24	04-26-2013	Amphetamine Salt Combo	30 mg	30	Respondent
25	04-30-2013	Carisoprodol	350 mg	100	Respondent
26	05-01-2013	Alprazolam	2 mg	100	Respondent
27	05-01-2013	Amphetamine Salt Combo	30 mg	120	Respondent
28					

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-03-2013	Fentanyl	75 mcg/hour	15	S.P.P. (P.A.)
05-14-2013	Clonazepam	2 mg	100	Respondent
05-20-2013	Clonazepam	2 mg	90	Respondent
05-28-2013	Amphetamine Salt Combo	30 mg	30	Respondent
05-28-2013	Amphetamine Salt Combo	30 mg	60	Respondent
06-07-2013	OxyContin	80 mg	90	Respondent
06-10-2013	Carisoprodol	350 mg	100	Respondent
06-13-2013	Amphetamine Salt Combo	30 mg	60	Respondent
06-15-2013	Alprazolam	2 mg	90	Respondent
06-20-2013	Clonazepam	2 mg	100	Respondent
06-27-2013	Amphetamine Salt Combo	30 mg	20	Respondent
06-27-2013	Amphetamine Salt Combo	30 mg	120	Respondent
06-28-2013	OxyContin	80 mg	90	Respondent
07-09-2013	Carisoprodol	350 mg	100	Respondent
07-11-2013	Clonazepam	2 mg	90	Respondent
07-22-2013	Amphetamine Salt Combo	30 mg	10	Respondent
07-29-2013	Clonazepam	2 mg	63	Respondent
07-29-2013	Amphetamine Salt Combo	30 mg	120	Respondent
07-29-2013	Amphetamine Salt Combo	30 mg	30	Respondent
08-20-2013	Alprazolam	2 mg	90	Respondent
08-27-2013	Amphetamine Salt Combo	30 mg	30	Respondent
08-27-2013	Amphetamine Salt Combo	30 mg	120	Respondent
09-12-2013	Carisoprodol	350 mg	100	Respondent
09-20-2013	Alprazolam	2 mg	90	Respondent
09-27-2013	Amphetamine Salt Combo	30 mg	120	Respondent
09-27-2013	Amphetamine Salt Combo	30 mg	30	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-04-2013	OxyContin	80 mg	45	Respondent
10-18-2013	Carisoprodol	350 mg	100	Respondent
10-20-2013	Alprazolam	2 mg	90	Respondent
10-25-2013	Amphetamine Salt Combo	30 mg	120	Respondent
10-25-2013	Amphetamine Salt Combo	30 mg	30	Respondent
11-19-2013	Alprazolam	2 mg	90	Respondent
11-26-2013	Carisoprodol	350 mg	100	Respondent
11-29-2013	Amphetamine Salt Combo	30 mg	30	Respondent
11-29-2013	Amphetamine Salt Combo	30 mg	120	Respondent
12-05-2013	Oxycodone HCL	30 mg	60	Respondent
12-05-2013	Zolpidem Tartrate	10 mg	30	Respondent
12-17-2013	Alprazolam	2 mg	90	Respondent
12-27-2013	Amphetamine Salt Combo	30 mg	120	Respondent
12-27-2013	Amphetamine Salt Combo	30 mg	30	Respondent

29. During the period of on or about January 1, 2014, through December 31, 2014, respondent charted six visits with patient J.V. As can best be discerned from respondent's chart notes, the visits took place on March 2, July 28, September 8, October 27, November 14, and December 14, 2014. Respondent's billing records, however, indicate that he billed Medicare for nine office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2014, patient J.V. obtained the following controlled substances using the prescriptions issued by respondent: alprazolam (Xanax) 2 mg (a total of 1,140 pills for an approximate average of 6.2 mg per day); amphetamine salt combination (Adderall) 30 mg (a total of 1,830 tablets for an approximate average of 150 mg per day); carisoprodol (Soma) 350 mg (a total of 560 tablets for an approximate average of 536 mg per day); Oxycodone HCL 30 mg (a total of 960 tablets for an approximate average of 79 mg per day [morphine equivalency dosage of 1.18 mg per day]),

1 oxycodone/APAP (Endocet) 10/325 mg (one prescription of 90 tablets) and zolpidem tartrate  
 2 (Ambien) 10 mg (#30) (six prescriptions for a total of 180 tablets). According to the CURES  
 3 report for patient J.V., the following prescriptions for controlled substances were filled for patient  
 4 J.V. during 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-02-2014	Oxycodone HCL	30 mg	60	Respondent
01-22-2014	Alprazolam	2 mg	90	Respondent
01-29-2014	Amphetamine Salt Combo	30 mg	30	Respondent
01-29-2014	Amphetamine Salt Combo	30 mg	120	Respondent
01-29-2014	Oxycodone HCL	30 mg	60	Respondent
02-11-2014	Carisoprodol	350 mg	50	Respondent
02-21-2014	Alprazolam	2 mg	90	Respondent
02-28-2014	Oxycodone HCL	30 mg	60	Respondent
02-28-2014	Amphetamine Salt Combo	30 mg	120	Respondent
03-21-2014	Alprazolam	2 mg	90	Respondent
03-21-2014	Amphetamine Salt Combo	30 mg	30	Respondent
03-27-2014	Oxycodone HCL	30 mg	90	Respondent
03-28-2014	Amphetamine Salt Combo	30 mg	120	Respondent
04-07-2014	Amphetamine Salt Combo	30 mg	60	Respondent
04-10-2014	Carisoprodol	350 mg	50	Respondent
04-10-2014	Zolpidem Tartrate	10 mg	30	Respondent
04-21-2014	Alprazolam	2 mg	90	Respondent
04-25-2014	Oxycodone HCL	30 mg	90	Respondent
04-25-2014	Amphetamine Salt Combo	30 mg	120	Respondent
05-12-2014	Zolpidem Tartrate	10 mg	30	Respondent
05-19-2014	Adderall XR	30 mg	60	Respondent
05-19-2014	Alprazolam	2 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-22-2014	Carisoprodol	350 mg	100	Respondent
05-29-2014	Oxycodone HCL	30 mg	90	Respondent
05-29-2014	Amphetamine Salt Combo	30 mg	120	Respondent
06-11-2014	Zolpidem Tartrate	10 mg	30	Respondent
06-16-2014	Amphetamine Salt Combo	30 mg	60	Respondent
06-17-2014	Alprazolam	2 mg	90	Respondent
06-27-2014	Amphetamine Salt Combo	30 mg	120	Respondent
06-27-2014	Endocet	10/325 mg	90	Respondent
07-14-2014	Amphetamine Salt Combo	30 mg	30	Respondent
07-24-2014	Alprazolam	2 mg	90	Respondent
07-28-2014	Amphetamine Salt Combo	30 mg	120	Respondent
07-28-2014	Oxycodone HCL	30 mg	90	Respondent
08-08-2014	Carisoprodol	350 mg	90	Respondent
08-11-2014	Amphetamine Salt Combo	30 mg	30	Respondent
08-22-2014	Zolpidem Tartrate	10 mg	30	Respondent
08-22-2014	Alprazolam	2 mg	90	Respondent
08-29-2014	Oxycodone HCL	30 mg	60	Respondent
08-29-2014	Amphetamine Salt Combo	30 mg	120	Respondent
09-08-2014	Amphetamine Salt Combo	30 mg	30	Respondent
09-16-2014	Carisoprodol	350 mg	90	Respondent
09-18-2014	Alprazolam	2 mg	90	Respondent
09-18-2014	Zolpidem Tartrate	10 mg	30	Respondent
09-27-2014	Amphetamine Salt Combo	30 mg	120	Respondent
09-27-2014	Oxycodone HCL	30 mg	90	Respondent
10-01-2014	Amphetamine Salt Combo	30 mg	30	Respondent
10-13-2014	Carisoprodol	350 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-20-2014	Alprazolam	2 mg	90	Respondent
10-27-2014	Amphetamine Salt Combo	30 mg	30	Respondent
10-27-2014	Amphetamine Salt Combo	30 mg	120	Respondent
10-27-2014	Oxycodone HCL	30 mg	90	Respondent
11-18-2014	Alprazolam	2 mg	120	Respondent
11-19-2014	Oxycodone HCL	30 mg	90	Respondent
11-19-2014	Amphetamine Salt Combo	30 mg	30	Respondent
11-19-2014	Amphetamine Salt Combo	30 mg	120	Respondent
12-03-2014	Carisoprodol	350 mg	90	Respondent
12-15-2014	Zolpidem Tartrate	10 mg	30	Respondent
12-24-2014	Alprazolam	2 mg	120	Respondent
12-24-2014	Amphetamine Salt Combo	30 mg	120	Respondent
12-24-2014	Amphetamine Salt Combo	30 mg	30	Respondent
12-24-2014	Oxycodone HCL	30 mg	90	Respondent

30. During the period of on or about January 1, 2015, through December 31, 2015, respondent charted three visits with patient J.V. As can best be discerned from respondent's chart notes, the visits took place on April 16, August 31 and November 29, 2015. Respondent's billing records, however, indicate that he billed Medicare and United Behavioral Health for a total of fourteen visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2015, patient J.V. obtained the following controlled substances using the prescriptions issued by respondent: alprazolam (Xanax) 2 mg (a total of 1,440 pills for an approximate average of 7.9 mg per day); amphetamine salt combination (Adderall) 30 mg (a total of 1,560 tablets for an approximate average of 128 mg per day); carisoprodol (Soma) 350 mg (a total of 540 tablets for an approximate average of 518 mg per day); Oxycodone HCL 30 mg (a total of 1,170 tablets for an approximate average of 96 mg per day [morphine equivalency dosage of 144 mg per day]),

1 and zolpidem tartrate (Ambien) 10 mg (a total of 360 tablets). According to the CURES report  
 2 for patient J.V., the following prescriptions for controlled substances were filled for patient J.V.  
 3 during 2015:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-21-2015	Oxycodone HCL	30 mg	90	Respondent
01-21-2015	Carisoprodol	350 mg	90	Respondent
01-21-2015	Amphetamine Salt Combo	30 mg	30	Respondent
01-21-2015	Amphetamine Salt Combo	30 mg	20	Respondent
01-22-2015	Amphetamine Salt Combo	30 mg	100	Respondent
01-22-2015	Alprazolam	2 mg	120	Respondent
01-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
02-22-2015	Carisoprodol	350 mg	90	Respondent
02-23-2015	Amphetamine Salt Combo	30 mg	30	Respondent
02-23-2015	Zolpidem Tartrate	10 mg	30	Respondent
02-23-2015	Oxycodone HCL	30 mg	90	Respondent
02-23-2015	Amphetamine Salt Combo	30 mg	120	Respondent
02-26-2015	Alprazolam	2 mg	120	Respondent
03-20-2015	Amphetamine Salt Combo	30 mg	30	Respondent
03-20-2015	Oxycodone HCL	30 mg	90	Respondent
03-20-2015	Amphetamine Salt Combo	30 mg	120	Respondent
03-20-2015	Oxycodone HCL	30 mg	90	Respondent
03-23-2015	Zolpidem Tartrate	10 mg	30	Respondent
03-23-2015	Alprazolam	2 mg	120	Respondent
03-25-2015	Carisoprodol	350 mg	90	Respondent
04-22-2015	Oxycodone HCL	30 mg	90	Respondent
04-22-2015	Amphetamine Salt Combo	30 mg	30	Respondent
04-22-2015	Amphetamine Salt Combo	30 mg	120	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
04-22-2015	Alprazolam	2 mg	120	Respondent
04-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
05-23-2015	Alprazolam	2 mg	120	Respondent
05-23-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-02-2015	Amphetamine Salt Combo	30 mg	30	Respondent
06-02-2015	Oxycodone HCL	30 mg	90	Respondent
06-02-2015	Amphetamine Salt Combo	30 mg	120	Respondent
06-24-2015	Alprazolam	2 mg	120	Respondent
06-24-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-30-2015	Amphetamine Salt Combo	30 mg	30	Respondent
06-30-2015	Oxycodone HCL	30 mg	90	Respondent
06-30-2015	Carisoprodol	350 mg	90	Respondent
07-22-2015	Alprazolam	2 mg	120	Respondent
07-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
07-28-2015	Amphetamine Salt Combo	30 mg	30	Respondent
07-28-2015	Oxycodone HCL	30 mg	90	Respondent
08-03-2015	Amphetamine Salt Combo	30 mg	120	Respondent
08-24-2015	Zolpidem Tartrate	10 mg	30	Respondent
08-24-2015	Alprazolam	2 mg	120	Respondent
08-25-2015	Amphetamine Salt Combo	30 mg	60	Respondent
08-25-2015	Oxycodone HCL	30 mg	90	Respondent
09-08-2015	Amphetamine Salt Combo	30 mg	60	Respondent
09-14-2015	Carisoprodol	350 mg	90	Respondent
09-24-2015	Amphetamine Salt Combo	30 mg	60	Respondent
09-24-2015	Alprazolam	2 mg	120	Respondent
09-24-2015	Oxycodone HCL	30 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-24-2015	Zolpidem Tartrate	10 mg	30	Respondent
09-25-2015	Amphetamine Salt Combo	30 mg	30	Respondent
10-10-2015	Amphetamine Salt Combo	30 mg	60	Respondent
10-22-2015	Alprazolam	2 mg	120	Respondent
10-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
10-23-2015	Oxycodone HCL	30 mg	90	Respondent
10-23-2015	Amphetamine Salt Combo	30 mg	60	Respondent
10-28-2015	Carisoprodol	350 mg	90	Respondent
11-02-2015	Amphetamine Salt Combo	30 mg	30	Respondent
11-02-2015	Amphetamine Salt Combo	30 mg	60	Respondent
11-21-2015	Zolpidem Tartrate	10 mg	30	Respondent
11-21-2015	Oxycodone HCL	30 mg	90	Respondent
11-21-2015	Alprazolam	2 mg	120	Respondent
11-21-2015	Amphetamine Salt Combo	30 mg	60	Respondent
11-30-2015	Amphetamine Salt Combo	30 mg	30	Respondent
11-30-2015	Amphetamine Salt Combo	30 mg	60	Respondent
12-15-2015	Zolpidem Tartrate	10 mg	30	Respondent
12-18-2015	Amphetamine Salt Combo	30 mg	60	Respondent
12-18-2015	Oxycodone HCL	30 mg	90	Respondent
12-18-2015	Alprazolam	2 mg	120	Respondent

31. During the period of on or about January 1, 2016, through December 31, 2016, respondent charted one visit with patient J.V. As can best be discerned from respondent's chart notes, the visit took place on February 8, 2016. Respondent's billing records, however, indicate that he billed Medicare, United Behavioral Health and Beacon Health Strategies for a total of eleven office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2016,

1 patient J.V. obtained the following controlled substances using the prescriptions issued by  
 2 respondent: alprazolam (Xanax) 2 mg (a total of 1,440 pills for an approximate average of 7.9 mg  
 3 per day); amphetamine salt combination (Adderall) 30 mg (a total of 1,650 tablets for an  
 4 approximate average of 136 mg per day); Belsomra (suvorexant)<sup>14</sup> 10 mg (a total of 210 tablets  
 5 over approximately 8 months), carisoprodol (Soma) 350 mg (a total of 450 tablets for an  
 6 approximate average of 431 mg per day); Oxycodone HCL 30 mg (a total of 1080 tablets for an  
 7 approximate average of 89 mg per day [morphine equivalency dosage of 133 mg per day]), and  
 8 zolpidem tartrate (Ambien) 10 mg (a total of 150 tablets over approximately 4 months).  
 9 According to the CURES report for patient J.V., the following prescriptions for controlled  
 10 substances were filled for patient J.V. during 2016:

11	Date Filled	Drug Name	Strength	Quantity	Prescriber
12	01-20-2016	Zolpidem Tartrate	10 mg	30	Respondent
13	01-20-2016	Amphetamine Salt Combo	30 mg	60	Respondent
14	01-20-2016	Alprazolam	2 mg	120	Respondent
15	01-20-2016	Amphetamine Salt Combo	30 mg	30	Respondent
16	01-20-2016	Amphetamine Salt Combo	30 mg	60	Respondent
17	01-20-2016	Oxycodone HCL	30 mg	90	Respondent
18	02-17-2016	Amphetamine Salt Combo	30 mg	30	Respondent
19	02-17-2016	Zolpidem Tartrate	10 mg	30	Respondent
20	02-17-2016	Amphetamine Salt Combo	30 mg	60	Respondent
21	02-17-2016	Carisoprodol	350 mg	90	Respondent
22	02-17-2016	Amphetamine Salt Combo	30 mg	60	Respondent
23	02-17-2016	Alprazolam	2 mg	120	Respondent
24	02-18-2016	Oxycodone HCL	30 mg	90	Respondent

26 <sup>14</sup> Belsomra® (suvorexant) is a Schedule IV controlled substance pursuant to Health and  
 27 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and  
 28 Professions Code section 4022. When properly prescribed and indicated, it is used for the  
 treatment of insomnia.

Date Filled	Drug Name	Strength	Quantity	Prescriber
03-15-2016	Zolpidem Tartrate	10 mg	30	Respondent
03-16-2016	Alprazolam	2 mg	120	Respondent
03-16-2016	Amphetamine Salt Combo	30 mg	60	Respondent
03-16-2016	Amphetamine Salt Combo	30 mg	30	Respondent
03-16-2016	Amphetamine Salt Combo	30 mg	30	Respondent
03-17-2016	Oxycodone HCL	30 mg	90	Respondent
04-07-2016	Belsomra	10 mg	30	Respondent
04-14-2016	Amphetamine Salt Combo	30 mg	60	Respondent
04-14-2016	Oxycodone HCL	30 mg	90	Respondent
04-14-2016	Zolpidem Tartrate	10 mg	30	Respondent
04-14-2016	Alprazolam	2 mg	120	Respondent
04-14-2016	Amphetamine Salt Combo	30 mg	60	Respondent
04-21-2016	Amphetamine Salt Combo	30 mg	30	Respondent
05-12-2016	Amphetamine Salt Combo	30 mg	60	Respondent
05-12-2016	Alprazolam	2 mg	120	Respondent
05-12-2016	Amphetamine Salt Combo	30 mg	30	Respondent
05-12-2016	Oxycodone HCL	30 mg	90	Respondent
05-12-2016	Zolpidem Tartrate	10 mg	30	Respondent
05-12-2016	Amphetamine Salt Combo	30 mg	60	Respondent
05-17-2016	Carisoprodol	350 mg	90	Respondent
06-15-2016	Alprazolam	2 mg	120	Respondent
06-15-2016	Amphetamine Salt Combo	30 mg	30	Respondent
06-15-2016	Oxycodone HCL	30 mg	90	Respondent
06-15-2016	Belsomra	10 mg	30	Respondent
07-13-2016	Alprazolam	2 mg	120	Respondent
07-13-2016	Oxycodone HCL	30 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
07-13-2016	Amphetamine Salt Combo	30 mg	30	Respondent
07-13-2016	Amphetamine Salt Combo	30 mg	120	Respondent
07-14-2016	Belsomra	10 mg	30	Respondent
07-25-2016	Carisoprodol	350 mg	90	Respondent
08-11-2016	Belsomra	10 mg	30	Respondent
08-11-2016	Alprazolam	2 mg	120	Respondent
08-11-2016	Amphetamine Salt Combo	30 mg	30	Respondent
08-11-2016	Oxycodone HCL	30 mg	90	Respondent
08-11-2016	Amphetamine Salt Combo	30 mg	120	Respondent
09-09-2016	Amphetamine Salt Combo	30 mg	120	Respondent
09-09-2016	Alprazolam	2 mg	120	Respondent
09-09-2016	Oxycodone HCL	30 mg	90	Respondent
09-09-2016	Belsomra	10 mg	30	Respondent
09-09-2016	Amphetamine Salt Combo	30 mg	30	Respondent
10-11-2016	Amphetamine Salt Combo	30 mg	120	Respondent
10-11-2016	Oxycodone HCL	30 mg	90	Respondent
10-11-2016	Amphetamine Salt Combo	30 mg	30	Respondent
10-11-2016	Carisoprodol	350 mg	90	Respondent
10-11-2016	Alprazolam	2 mg	120	Respondent
10-13-2016	Hydrocodone/APAP	5/325 mg	20	Dr. A.S.K.
11-11-2016	Amphetamine Salt Combo	30 mg	30	Respondent
11-11-2016	Belsomra	10 mg	30	Respondent
11-11-2016	Oxycodone HCL	30 mg	90	Respondent
11-14-2016	Alprazolam	2 mg	120	Respondent
11-17-2016	Amphetamine Salt Combo	30 mg	120	Respondent
12-12-2016	Belsomra	10 mg	30	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-12-2016	Alprazolam	2 mg	120	Respondent
12-12-2016	Amphetamine Salt Combo	30 mg	30	Respondent
12-14-2016	Oxycodone HCL	30 mg	90	Respondent
12-15-2016	Amphetamine Salt Combo	30 mg	120	Respondent
12-27-2016	Carisoprodol	350 mg	90	Respondent

32. Respondent did not routinely<sup>15</sup> conduct any CURES reviews of patient J.V., did not do any urine drug screening, did not enter into any controlled substances contract with patient J.V., and continued to prescribe controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, there were multiple prescriptions being filled at different pharmacies,<sup>16</sup> requests for early refills and/or early refills of controlled substances, patient J.V. would often make very specific requests for particular controlled substances in particular dosages which were typically issued by respondent, and, lastly, serious concerns were raised as a part of patient J.V.'s pain management consultation of April 26, 2013, in which the pain management physician terminated his care and treatment of patient J.V. based on his abuse, misuse and/or diversion of controlled substances and documented his concerns in a medical record which was provided to respondent and contained within respondent's certified medical records.

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<sup>15</sup> Respondent's certified medical records for patient J.V. contained a copy of two CURES reports that were appear to have been run on January 4, 2017, and April 5, 2017, after respondent was on notice that he was under investigation. There were no CURES reports run prior to January 4, 2017, despite respondent having prescribing controlled substances to patient J.V. since approximately February 2010 and patient J.V. having his care terminated with the pain management physician at the end of April 2013 for breaking their medication management agreement multiple times, filling prescriptions with other providers, using more medications than prescribed, testing positive for medications that were not prescribed, and testing negative for medications that were prescribed – all objective signs of misuse, abuse and/or diversion of controlled substances.

<sup>16</sup> As an example, during the first five months of 2013, respondent filled prescriptions for various controlled substance at seven different pharmacies.

1           33. Respondent committed gross negligence in his care and treatment of patient J.V.  
2 including, but not limited to, the following:

3           (a) Respondent failed to provide appropriate psychiatric evaluations of  
4 patient J.V. in that he, among other things, failed to routinely perform  
5 comprehensive psychiatric evaluations, failed to obtain a complete and  
6 comprehensive history, failed to perform pertinent psychological  
7 testing, failed to incorporate collateral source information, failed to  
8 properly assess patient J.V.'s alleged ADHD; and/or failed to consider  
9 addiction as part of patient J.V.'s evaluations and assessments;

10          (b) Respondent failed to provide appropriate treatment to patient J.V. in  
11 that he, among other things, repeatedly prescribed inherently addictive  
12 controlled substances such as benzodiazepines, amphetamines,  
13 hypnotic sedatives and/or opiates to patient J.V. while failing to  
14 respond to objective signs of misuse, addiction and/or diversion of the  
15 controlled substances that were being prescribed to patient J.V.;

16          (c) Respondent improperly prescribed opiates to patient J.V. in that he,  
17 among other things, failed to adequately document a basis for his  
18 repeated prescriptions to patient J.V. for opiates; failed to conduct  
19 proper physical examinations or physical assessments; failed to  
20 consider any possible differential diagnoses for any pain; and failed to  
21 consider any other treatment options for patient J.V.'s alleged pain;

22          (d) Respondent repeatedly prescribed controlled substances to patient J.V.  
23 without periodically reviewing CURES, without utilizing urine drug  
24 screens, without consulting with and/or obtaining records from prior  
25 treating physicians and/or without utilizing other risk screening tools;  
26 and

27 // // //

28 // // //

1 (e) Respondent failed to maintain adequate and accurate records in regard  
2 to his care and treatment of patient J.V. The records lacked adequate  
3 detail and specificity and were largely illegible and difficult to  
4 decipher; there were no bases listed for any diagnoses and rationales for  
5 any medical decisions, including changes in medications and/or  
6 responses to medications, which were not adequately documented;  
7 there were no clear treatment plans documented; prescribed  
8 medications were often not listed in respondent's chart notes; and  
9 medical records were missing and/or inconsistent with respondent's  
10 billing records.

11 **PATIENT C.W.**

12 34. On or about December 24, 2009, respondent had his first visit with patient C.W., a  
13 then-43-year-old female, "for outpatient therapy and medication management." As part of his  
14 initial evaluation, respondent did not seek any medical records from any prior health  
15 professionals and did not obtain any other collateral source information. In the chart note for this  
16 visit, there is reference to "pain management, M.D." without any further details. Respondent's  
17 handwritten chart note for this visit is illegible and incomplete, lacks adequate detail, and fails to  
18 provide a clear rationale for any medical decisions.

19 35. During the period of on or about January 1, 2010, to December 31, 2010, respondent  
20 charted approximately five visits with patient C.W. As can best be discerned from the chart  
21 notes, it appears the visits took place in April 4, May 3, August 3, November (day illegible), and  
22 one other illegible date in 2012. Respondent's handwritten chart notes are largely illegible and  
23 incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions.  
24 According to a CUREBS report for C.W. (under the also known as [AKA] name of C.K.)  
25 beginning in July 2010, patient C.W. was issued at least three prescriptions of buprenorphine  
26 HCL<sup>17</sup> by a Dr. J.A.; and also filled prescriptions diazepam (Valium) that were being prescribed

27 <sup>17</sup> Buprenorphine hydrochloride is a Schedule III controlled substance pursuant to Health  
28 and Safety Code section 11056, subdivision (d), and a dangerous drug pursuant to Business and  
(continued...)

1 by respondent and two other health care providers. The diazepam (Valium) prescriptions were  
 2 filled at different pharmacies and during short time frames, a sign of possible abuse and/or  
 3 diversion. According to the CURES report for patient C.W. (under the name of C.K.), the  
 4 following prescriptions for controlled substances were filled during July 2010, through December  
 5 31, 2010:

Date Filled	Drug Name	Strength	Quantity	Prescriber
07-03-2010	Buprenorphine HCL	8 mg	60	Dr. J.A.
08-19-2010	Buprenorphine HCL	8 mg	28	Dr. J.A.
08-24-2010	Buprenorphine HCL	8 mg	32	Dr. J.A.
09-15-2010	Diazepam	10 mg	90	Respondent
09-15-2010	Diazepam	2 mg	30	Dr. J.A.
09-17-2010	Hydrocodone/APAP	10/325 mg	120	Respondent
10-05-2010	Diazepam	5 mg	30	J.R. (P.A.)
10-13-2010	Diazepam	10 mg	30	Respondent
11-01-2010	Diazepam	10 mg	30	Respondent
11-03-2010	Diazepam	5 mg	30	J.R. (P.A.)
12-01-2010	Diazepam	10 mg	12	Respondent
12-06-2010	Diazepam	10 mg	30	Respondent
12-08-2010	Diazepam	5 mg	30	J.R. (P.A.)

21 36. During the period of on or about January 1, 2011, to December 31, 2011, respondent  
 22 charted approximately 13 visits with patient C.W. As can best be discerned from the chart notes,  
 23 it appears the visits took place in January (day illegible), on January 5, February 2, February 5,  
 24 April 4, May 2, June 6, August 2, September 1, October 13, October 26, November 22, and  
 25 December 20, 2011. Respondent's handwritten chart notes are largely illegible and incomplete,

26 (...continued)

27 Professions Code section 4022. When properly prescribed and indicated, it is used for the  
 28 treatment of opioid addiction and should be used as part of a complete treatment plan to include  
 counseling and psychosocial services.

1 lack adequate detail, and fail to provide a clear rationale for any medical decisions. Beginning in  
 2 February 2011, respondent documented a ICD diagnosis of 296.33 (major depressive affective  
 3 disorder) but failed to clearly document the reasons for the major depressive affective disorder  
 4 diagnosis. According to the CURBS report for patient C.W., the following prescriptions for  
 5 controlled substances were filled for patient C.W. (under the name of C.K.) during 2011:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2011	Diazepam	10 mg	120	Respondent
01-05-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
02-02-2011	Diazepam	10 mg	120	Respondent
02-05-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
02-14-2011	Hydrocodone/APAP	5/500 mg	45	Dr. A. N.
02-15-2011	Hydrocodone/APAP	5/500 mg	15	Dr. A. N.
03-02-2011	Diazepam	10 mg	120	Respondent
03-02-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
03-21-2011	Hydrocodone/APAP	5/500 mg	45	Dr. A. N.
03-21-2011	Hydrocodone/APAP	5/500 mg	15	Dr. A. N.
04-04-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
04-04-2011	Diazepam	10 mg	120	Respondent
04-17-2011	Hydromorphone HCL	2 mg	120	Dr. A. S.
05-02-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
05-02-2011	Diazepam	10 mg	120	Respondent
08-02-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
08-02-2011	Diazepam	10 mg	120	Respondent
09-01-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
09-01-2011	Diazepam	10 mg	120	Respondent
09-29-2011	Diazepam	10 mg	120	Respondent
10-13-2011	Hydrocodone/APAP	10/325 mg	120	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-28-2011	Clonazepam	2 mg	120	Respondent
11-16-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
11-22-2011	Clonazepam	2 mg	120	Respondent
12-21-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
12-21-2011	Diazepam	10 mg	120	Respondent

37. During the period of on or about January 1, 2012, to December 31, 2012, respondent charted approximately eight visits with patient C.W. As can best be discerned from the notes, it appears the visits took place in January 25, March 14, April 25, June 20, July (date illegible), August 28, September 28 and November 20, 2012. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. In July 2012, respondent documented "go to AA [Alcoholics Anonymous]" on patient C.W.'s chart note but failed to obtain and/or document any additional facts or history regarding patient C.W.'s abuse of alcohol nor did he provide any assessment of addiction. After prescribing various medications to patient C.W. for her alleged chronic pain, such as hydrocodone APAP 10/325 mg (#120), respondent began prescribing patient C.W. methadone hydrochloride 10 mg. During the period of on or about August 16, 2012, through December 31, 2012, the prescription was quickly titrated up from 90 tablets to 150 tablets per month. The combination of Hydrocodone /APAP 10/325 mg (#120) and Methadone HCL 10 mg (#90) filled on August 16, 2012, equated to a morphine equivalency dosage of 280 mg per day; and the increase of methadone over the remaining months of 2012 from 30 mg per day to 50 mg per day which equated to a morphine equivalency dosage of 240 mg increased to 500 mg per day. According to the CURES report for patient C.W., the following prescriptions for controlled substances were filled for patient C.W.<sup>18</sup> during 2012:

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<sup>18</sup> The prescriptions for January through July 19, 2012, were from the CURES report using the also known as name of C.K., while the remaining prescriptions in 2012 were from the CURES report under the name of C.W.

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-24-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
01-24-2012	Diazepam	10 mg	120	Respondent
02-22-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
02-22-2012	Diazepam	10 mg	120	Respondent
03-21-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
03-21-2012	Diazepam	10 mg	120	Respondent
04-19-2012	Diazepam	10 mg	120	Respondent
04-20-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
05-21-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
05-21-2012	Diazepam	10 mg	120	Respondent
06-13-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
06-13-2012	Diazepam	10 mg	120	Respondent
06-20-2012	Methadone HCL	10 mg	30	Respondent
07-19-2012	Methadone HCL	10 mg	100	Respondent
07-19-2012	Diazepam	10 mg	120	Respondent
08-16-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
08-16-2012	Methadone HCL	10 mg	90	Respondent
09-13-2012	Methadone HCL	10 mg	90	Respondent
09-20-2012	Methadone HCL	10 mg	30	Respondent
10-11-2012	Methadone HCL	10 mg	120	Respondent
11-15-2012	Methadone HCL	10 mg	120	Respondent
12-14-2012	Methadone HCL	10 mg	150	Respondent

38. During the period of on or about January 1, 2013, to December 31, 2013, respondent charted approximately four visits with patient C.W. As can best be discerned from the notes, it appears the visits took place on February 13, April 12, July 10, and November 8, 2013.

Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail,

1 and fail to provide a clear rationale for any medical decisions. Over the next year, patient C.W.'s  
 2 methadone HCL prescription was increased from approximately 50 mg per day (morphine  
 3 equivalency dosage of 500 mg per day) to 80 mg per day (morphine equivalency dosage of 960  
 4 mg per day). According to the CURBS report for patient C.W., the following prescriptions for  
 5 controlled substances were filled for patient C.W. during 2013:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-11-2013	Methadone HCL	10 mg	150	Respondent
02-13-2013	Diazepam	10 mg	120	Respondent
02-13-2013	Methadone HCL	10 mg	180	Respondent
03-14-2013	Methadone HCL	10 mg	150	Respondent
03-15-2013	Methadone HCL	10 mg	30	Respondent
04-12-2013	Methadone HCL	10 mg	180	Respondent
05-13-2013	Methadone HCL	10 mg	180	Respondent
06-12-2013	Methadone HCL	10 mg	180	Respondent
07-10-2013	Methadone HCL	10 mg	210	Respondent
08-13-2013	Methadone HCL	10 mg	210	Respondent
09-09-2013	Methadone HCL	10 mg	210	Respondent
10-07-2013	Methadone HCL	10 mg	210	Respondent
11-08-2013	Methadone HCL	10 mg	240	Respondent
12-10-2013	Methadone HCL	10 mg	240	Respondent

22 39. During the period of on or about January 1, 2014, to December 31, 2014, respondent  
 23 charted approximately five visits with patient C.W. As can best be discerned from respondent's  
 24 chart notes, it appears the visits took place on February 7, April 7, June 2, August 2, and  
 25 November 2, 2014. Respondent's handwritten chart notes are largely illegible and incomplete,  
 26 lack adequate detail, and fail to provide a clear rationale for any medical decisions. Over the next  
 27 year, patient C.W. was maintained on methadone HCL 80 mg per day (morphine equivalency  
 28 dosage of 960 mg per day) with periodic prescriptions of diazepam (Valium) 10 mg (#30).

1 Beginning on July 7, 2014, patient C.W. began filling her methadone HCL 10 mg (#240) using  
 2 prescriptions that were issued by another physician, Dr. B.M. According to the CURES report for  
 3 patient C.W., the following prescriptions for controlled substances were filled for patient C.W.  
 4 during 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-07-2014	Methadone HCL	10 mg	240	Respondent
02-07-2014	Methadone HCL	10 mg	240	Respondent
03-07-2014	Methadone HCL	10 mg	240	Respondent
04-07-2014	Diazepam	10 mg	30	Respondent
04-07-2014	Methadone HCL	10 mg	240	Respondent
05-06-2014	Methadone HCL	10 mg	240	Respondent
05-06-2014	Diazepam	10 mg	30	Respondent
06-03-2014	Methadone HCL	10 mg	240	Respondent
07-07-2014	Methadone HCL	10 mg	240	Dr. B.M.
07-15-2014	Diazepam	10 mg	30	Respondent
08-11-2014	Methadone HCL	10 mg	240	Dr. B.M.
08-11-2014	Diazepam	10 mg	30	Respondent
09-11-2014	Methadone HCL	10 mg	240	Dr. B.M.
10-10-2014	Methadone HCL	10 mg	240	Dr. B.M.
11-07-2014	Methadone HCL	10 mg	240	Dr. B.M.
12-05-2014	Diazepam	10 mg	30	Respondent
12-05-2014	Methadone HCL	10 mg	240	Dr. B.M.

24 40. During the period of on or about January 1, 2015, to December 31, 2015, respondent  
 25 charted four visits with patient C.W. As can best be discerned from respondent's chart notes, it  
 26 appears the visits took place in February (day illegible), on April 9, August 6, and October 29,  
 27 2015. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate  
 28 detail, and fail to provide a clear rationale for any medical decisions. According to the CURES

1 report for patient C.W., she filled four prescriptions of diazepam (Valium) 10 mg (#30) with the  
2 last prescription being filled on October 1, 2015.

3 41. Respondent committed gross negligence in his care and treatment of patient C.W.  
4 including, but not limited to, the following:

5 (a) Respondent failed to provide appropriate psychiatric evaluations of  
6 patient C.W. in that he, among other things, failed to routinely perform  
7 comprehensive psychiatric evaluations, failed to obtain a complete and  
8 comprehensive history, failed to incorporate collateral source  
9 information, failed to properly assess patient C.W.'s alleged ADHD;  
10 did not properly assess depression; and/or failed to consider addiction  
11 as part of patient C.W.'s evaluations and assessments;

12 (b) Respondent improperly prescribed opiates to patient C.W. in that he,  
13 among other things, failed to adequately document a basis for his  
14 repeated prescriptions to patient C.W. for opiates; failed to conduct  
15 proper physical examinations or physical assessments; failed to  
16 consider any possible differential diagnoses for any pain; failed to  
17 consider any other treatment options for patient C.W.'s alleged pain;  
18 and failed to seek consultation with a pain management physician.

19 (c) Respondent repeatedly prescribed controlled substances to patient C.W.  
20 without periodically reviewing CURES, without utilizing urine drug  
21 screens, without consulting with and/or obtaining records from prior  
22 treating physicians and/or without utilizing other risk screening tools;  
23 and

24 (d) Respondent failed to maintain adequate and accurate records in regard  
25 to his care and treatment of patient C.W. The records lacked adequate  
26 detail and specificity and were largely illegible and difficult to  
27 decipher; there were no bases listed for any diagnoses and rationales for  
28 any medical decisions, including changes in medications and/or

1 responses to medications, were not adequately documented; there were  
2 no clear treatment plans documented; and prescribed medications were  
3 often not listed in respondent's chart notes.

4 **PATIENT C.T.**

5 42. On or about December 21, 2009,<sup>19</sup> respondent had his first visit with patient C.T., a  
6 then-50-year-old male. As part of his initial evaluation, respondent did not seek any medical  
7 records from any prior health professionals, did not obtain any other collateral source  
8 information, and failed to do any pertinent psychological testing. Respondent's handwritten chart  
9 note for this visit is largely illegible and incomplete, lacks adequate detail, and fails to provide a  
10 clear rationale for any medical decisions.

11 43. During the period of on or about January 1, 2010, to December 31, 2010, respondent  
12 charted eight visits with patient C.T. As can best be discerned from respondent's chart notes, the  
13 visits took place January 20, February 24, July 15, August (day illegible), October 10, November  
14 23, December 21, and one other illegible date in 2010. Respondent's billing records, however,  
15 indicate that he billed Medicare for nine office visits. Respondent's handwritten chart notes are  
16 largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any  
17 medical decisions. From May 20, 2010 to December 31, 2010, respondent issued near monthly  
18 prescriptions for diazepam (Valium) 10 mg (#100) and alprazolam (Xanax) 2 mg (which started  
19 at 30 per month and was increased to approximately 60 per month). Respondent also issued  
20 prescriptions for dextroamphetamine sulfate 10 mg (Dexedrine)<sup>20</sup> that were filled in May (#100),

21 <sup>19</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is  
22 for informational purposes only and is not alleged as a basis for disciplinary action.

23 <sup>20</sup> Dexedrine® (dextroamphetamine sulfate) is a central nervous system stimulant of the  
24 amphetamine class. Dexedrine® is a Schedule II controlled substance pursuant to Health and  
25 Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and  
26 Professions Code section 4022. When properly prescribed and indicated, it is used for the  
27 treatment of attention-deficit hyperactivity disorder and narcolepsy. The DEA has identified  
28 amphetamines, such as Dexedrine®, as drugs of abuse. (Drugs of Abuse, A DEA Resource  
Administration of amphetamines for prolonged periods of time may lead to drug dependence and  
must be avoided. Particular attention should be paid to the possibility of subjects obtaining  
amphetamines for non-therapeutic use of distribution to others, and the drugs should be

(continued...)

1 June (#60), July (#93), October (#100) and December 2010 (#100). During this same time,  
 2 patient C.T. was filling near monthly prescriptions of OxyContin 80 mg (#120), hydromorphone  
 3 HCL 8 mg (#120 and decreased to #90 in November), Oxycodone HCL 15 mg (#120 and then  
 4 increased to #130 in November) (combined morphine equivalency dose of 698 mg per day prior  
 5 to changes in November)<sup>21</sup> that were being prescribed by another physician, Dr. B.C. According  
 6 to patient C.T.'s CURES report, he filled the following prescriptions during the period of May 20,  
 7 2010, to December 31, 2010:

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-20-2010	Diazepam	10 mg	100	Respondent
05-20-2010	Alprazolam	2 mg	30	Respondent
06-02-2010	OxyContin	80 mg	120	Dr. B.C.
06-02-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
06-02-2010	Oxycodone HCL	15 mg	120	Dr. B.C.
06-18-2010	Dextroamphetamine Sulfate	10 mg	60	Respondent
06-19-2010	Diazepam	10 mg	100	Respondent
06-19-2010	Alprazolam	2 mg	30	Respondent
06-28-2010	OxyContin	80 mg	120	Dr. B.C.
06-28-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
06-28-2010	Oxycodone HCL	15 mg	120	Dr. B.C.
07-16-2010	Alprazolam	2 mg	30	Respondent
07-16-2010	Diazepam	5 mg	200	Respondent

23  
 24 (...continued)  
 25 prescribed or dispensed sparingly. [¶] Misuse of amphetamines may cause sudden death and  
 26 serious cardiovascular adverse events." Dexedrine® and other stimulants are contraindicated for  
 27 patients with a history of drug abuse.

28 <sup>21</sup> The combined morphine equivalency dose was computed by adding the various daily  
 doses of the opioids and then applying the appropriate conversion factors, i.e., OxyContin 320 mg  
 per day [480 MED per day]; hydromorphone 32 mg per day [128 MED per day]; and Oxycodone  
 60 mg per day [90 MED per day] for a total of 698 MED per day.

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Date Filled	Drug Name	Strength	Quantity	Prescriber
07-16-2010	Dextroamphetamine Sulfate	10 mg	93	Respondent
07-21-2010	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
07-26-2010	OxyContin	80 mg	120	Dr. B.C.
07-26-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
07-26-2010	Oxycodone HCL	15 mg	120	Dr. B.C.
08-13-2010	Alprazolam	2 mg	30	Respondent
09-10-2010	Alprazolam	2 mg	30	Respondent
09-10-2010	Diazepam	10 mg	100	Respondent
09-20-2010	OxyContin	80 mg	120	Dr. B.C.
09-20-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
09-20-2010	Oxycodone HCL	15 mg	120	Dr. B.C.
09-25-2010	Diazepam	5 mg	200	Respondent
10-04-2010	Hydrocodone/APAP	7.5/750 mg	12	Dr. I.A.
10-09-2010	Alprazolam	2 mg	30	Respondent
10-11-2010	Diazepam	10 mg	100	Respondent
10-20-2010	Dextroamphetamine Sulfate	10 mg	100	Respondent
10-20-2010	Alprazolam	2 mg	60	Respondent
10-23-2010	Diazepam	10 mg	100	Respondent
11-05-2010	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
11-15-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
11-15-2010	OxyContin	80 mg	90	Dr. B.C.
11-15-2010	Oxycodone HCL	15 mg	150	Dr. B.C.
11-16-2010	Alprazolam	2 mg	30	Respondent
11-23-2010	Diazepam	10 mg	100	Respondent
11-29-2010	Alprazolam	2 mg	60	Respondent
12-03-2010	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-13-2010	Oxycodone HCL	15 mg	150	Dr. B.C.
12-13-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
12-13-2010	OxyContin	80 mg	90	Dr. B.C.
12-13-2010	Dextroamphetamine Sulfate	10 mg	100	Respondent
12-19-2010	Alprazolam	2 mg	30	Respondent
12-23-2010	Diazepam	10 mg	100	Respondent

44. During the period of on or about January 1, 2011, to December 31, 2011, respondent charted approximately nine visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place in January (day illegible), on February 21, March 21, April 23, May 23, June 17, June 24, July 15, and August 10, 2011. Respondent's billing records, however, indicate that he billed Medicare for ten office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2011, patient C.T. filled near monthly prescriptions from respondent for alprazolam (Xanax) 2 mg (which started at 60 per month and were increased to approximately 75 tablets per month); diazepam (Valium) 10 mg (#100) (beginning in March); and prescriptions of dextroamphetamine sulfate 10 mg (Dexedrine) 5 mg or 10 mg (total of 860 tablets from January 25 through October 31, 2011). During 2011, patient C.T. was also filling near monthly prescriptions of OxyContin 80 mg (#90), hydromorphone HCL 8 mg (#120), Oxycodone HCL 15 mg (#150) (combined morphine equivalency dose of 600 mg per day) that were being prescribed by another physician, Dr. B.C., until respondent took over the prescribing of opioids to patient C.T. beginning in approximately June 2011. Dr. B.C., board certified in Physical Medicine and Rehabilitation, with a subspecialty in Pain Medicine, terminated his care of patient C.T. because patient C.T. violated his agreement with Dr. B.C. that he would not obtain pain pills from other sources, which he did.<sup>22</sup> From June 2011 to December 31, 2011, patient C.T. filled near monthly

<sup>22</sup> Dr. B.C.'s electronic medical record (EMR) of May 31, 2011, states, in pertinent part, "He [patient C.T.] received some pills from his psychiatrist. He knows this is not expected or allowed. He got norco 10/325 number 60. He has not used all his soma." A portion of the plan section of the EMR states "CURES reviewed. Conflict noted. Probable dismissal."

1 prescriptions issued by respondent for Oxycodone 15 mg (which started at 85 tablets per month  
 2 and was increased to 240 tablets per month) and OxyContin 80 mg (#120) (for a combined  
 3 morphine equivalency dose of 660 mg per day by the end of 2011). Respondent never had patient  
 4 C.T. sign a pain management agreement and he did conduct any drug screens despite patient C.T.  
 5 being terminated from Dr. B.C.'s care for violating their pain management agreement.

6 According to his CURES report, patient C.T. filled the following prescriptions during 2011:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-05-2011	Alprazolam	2 mg	60	Respondent
01-06-2011	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
01-10-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
01-10-2011	OxyContin	80 mg	90	Dr. B.C.
01-10-2011	Oxycodone HCL	15 mg	150	Dr. B.C.
01-19-2011	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
01-25-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
01-31-2011	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
02-03-2011	Alprazolam	2 mg	60	Respondent
02-07-2011	Hydromorphone HCL	8 mg	120	Dr. S.M.
02-07-2011	Oxycodone HCL	15 mg	150	Dr. S.M.
02-07-2011	OxyContin	80 mg	90	Dr. S.M.
03-03-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
03-07-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
03-07-2011	OxyContin	80 mg	90	Dr. B.C.
03-07-2011	Oxycodone HCL	15 mg	150	Dr. B.C.
03-07-2011	Alprazolam	2 mg	60	Respondent
03-07-2011	Diazepam	10 mg	100	Respondent
03-28-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
04-01-2011	Oxycodone HCL	15 mg	150	Dr. B.C.

	Date Filled	Drug Name	Strength	Quantity	Prescriber
1	04-01-2011	OxyContin	80 mg	90	Dr. B.C.
2	04-01-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
3	04-08-2011	Alprazolam	2 mg	60	Respondent
4	04-08-2011	Diazepam	10 mg	100	Respondent
5	04-25-2011	Alprazolam	2 mg	75	Respondent
6	04-25-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
7	05-02-2011	Oxycodone HCL	15 mg	150	Dr. B.C.
8	05-02-2011	OxyContin	80 mg	90	Dr. B.C.
9	05-02-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
10	05-04-2011	Diazepam	10 mg	100	Respondent
11	05-31-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
12	05-31-2011	OxyContin	80 mg	90	Dr. B.C.
13	05-31-2011	Oxycodone HCL	15 mg	150	Dr. B.C.
14	06-16-2011	Diazepam	10 mg	100	Respondent
15	06-23-2011	Alprazolam	2 mg	75	Respondent
16	06-24-2011	Oxycodone HCL	15 mg	85	Respondent
17	06-24-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
18	06-28-2011	OxyContin	80 mg	120	Respondent
19	07-07-2011	Oxycodone HCL	15 mg	150	Respondent
20	07-18-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
21	07-20-2011	Alprazolam	2 mg	75	Respondent
22	08-04-2011	OxyContin	80 mg	120	Respondent
23	08-04-2011	Oxycodone HCL	15 mg	150	Respondent
24	08-06-2011	Diazepam	10 mg	100	Respondent
25	08-18-2011	Dextroamphetamine Sulfate	10 mg	60	Respondent
26	08-18-2011	Alprazolam	2 mg	75	Respondent
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Date Filled	Drug Name	Strength	Quantity	Prescriber
09-02-2011	Oxycodone HCL	15 mg	180	Respondent
09-07-2011	OxyContin	80 mg	120	Respondent
09-08-2011	Diazepam	10 mg	100	Respondent
09-16-2011	Alprazolam	2 mg	75	Respondent
09-30-2011	Oxycodone HCL	15 mg	180	Respondent
09-30-2011	OxyContin	80 mg	120	Respondent
10-07-2011	Diazepam	10 mg	100	Respondent
10-18-2011	Alprazolam	2 mg	75	Respondent
10-31-2011	OxyContin	80 mg	120	Respondent
10-31-2011	Oxycodone HCL	15 mg	180	Respondent
10-31-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
11-03-2011	Diazepam	10 mg	100	Respondent
11-17-2011	Alprazolam	2 mg	75	Respondent
11-28-2011	Oxycodone HCL	15 mg	240	Respondent
11-28-2011	OxyContin	80 mg	110	Respondent
11-30-2011	Diazepam	10 mg	100	Respondent
12-13-2011	Hydrocodone/APAP	7.5/325 mg	28	Dr. L.P.
12-14-2011	Alprazolam	2 mg	75	Respondent
12-24-2011	Diazepam	10 mg	100	Respondent
12-26-2011	Oxycodone HCL	15 mg	240	Respondent
12-26-2011	OxyContin	80 mg	120	Respondent

45. During the period of on or about January 1, 2012, to December 31, 2012, respondent charted approximately 8 visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place on January 5, February 23, April 26, May 30, June 29, December 23, and one other illegible date in 2012. Respondent's billing records, however, indicate that he billed Medicare for twelve office visits. Respondent's handwritten chart notes are largely

1 illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical  
 2 decisions. During 2012, patient C.T. filled near monthly prescriptions from respondent for:  
 3 alprazolam (Xanax) 2 mg (which started at 75 per month and were increased to approximately 90  
 4 tablets per month); amphetamine salt combination (Adderall) 30 mg (#60) (beginning on March  
 5 22, 2012); carisoprodol (Soma) 350 mg (#60) (a new prescription); dextroamphetamine sulfate 5  
 6 mg, 10 mg, and 30 mg (various quantities – discontinued after February 23, 2012); diazepam  
 7 (Valium) 10 mg (#100); Lorazepam 2 mg (#30) (beginning in April.) During 2012, patient C.T.  
 8 was also filling near monthly prescriptions for various opioids issued by respondent including  
 9 Hydrocodone/APAP 10/325 (#30) (one prescription in September), hydromorphone HCL 8 mg  
 10 (beginning with 12 tablets in May and then increased to 60 tablets thereafter), Oxycodone HCL  
 11 30 mg (#120), and OxyContin 80 mg (#120) (combined morphine equivalency dose of 724 mg  
 12 per day by the end of 2012). According to his CURES report, patient C.T. filled the following  
 13 prescriptions during 2012:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Quantity</b>	<b>Prescriber</b>
01-12-2012	Alprazolam	2 mg	75	Respondent
01-16-2012	Dextroamphetamine Sulfate	5 mg	200	Respondent
01-19-2012	Diazepam	10 mg	100	Respondent
01-25-2012	OxyContin	80 mg	120	Respondent
01-25-2012	Oxycodone HCL	15 mg	240	Respondent
01-25-2012	Carisoprodol	350 mg	60	Respondent
02-09-2012	Alprazolam	2 mg	75	Respondent
02-14-2012	Diazepam	10 mg	100	Respondent
02-14-2012	Dextroamphetamine Sulfate	10 mg	100	Respondent
02-23-2012	Carisoprodol	350 mg	60	Respondent
02-23-2012	OxyContin	80 mg	120	Respondent
02-23-2012	Oxycodone HCL	15 mg	240	Respondent
02-23-2012	Dextroamphetamine Sulfate	30 mg	60	Respondent

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Date Filled	Drug Name	Strength	Quantity	Prescriber
03-08-2012	Alprazolam	2 mg	75	Respondent
03-14-2012	Diazepam	10 mg	100	Respondent
03-22-2012	Amphetamine Salt Combo	30 mg	60	Respondent
03-22-2012	OxyContin	80 mg	120	Respondent
03-23-2012	Oxycodone HCL	15 mg	240	Respondent
04-05-2012	Alprazolam	2 mg	75	Respondent
04-06-2012	Carisoprodol	350 mg	60	Respondent
04-07-2012	Diazepam	10 mg	100	Respondent
04-26-2012	OxyContin	80 mg	120	Respondent
04-26-2012	Amphetamine Salt Combo	30 mg	60	Respondent
04-26-2012	Carisoprodol	350 mg	60	Respondent
04-26-2012	Oxycodone HCL	30 mg	120	Respondent
04-26-2012	Lorazepam	2 mg	30	Respondent
05-01-2012	Alprazolam	2 mg	75	Respondent
05-07-2012	Diazepam	10 mg	100	Respondent
05-29-2012	Lorazepam	2 mg	30	Respondent
05-30-2012	Amphetamine Salt Combo	30 mg	60	Respondent
05-30-2012	OxyContin	80 mg	120	Respondent
05-30-2012	Oxycodone HCL	30 mg	120	Respondent
05-30-2012	Hydromorphone HCL	8 mg	12	Respondent
06-04-2012	Diazepam	10 mg	100	Respondent
06-06-2012	Carisoprodol	350 mg	60	Respondent
06-26-2012	Alprazolam	2 mg	75	Respondent
06-26-2012	Lorazepam	2 mg	30	Respondent
06-29-2012	Amphetamine Salt Combo	30 mg	60	Respondent
06-29-2012	OxyContin	80 mg	120	Respondent

	Date Filled	Drug Name	Strength	Quantity	Prescriber
1	06-29-2012	Oxycodone HCL	30 mg	120	Respondent
2	06-29-2012	Hydromorphone HCL	8 mg	12	Respondent
3	07-03-2012	Diazepam	10 mg	100	Respondent
4	07-13-2012	Carisoprodol	350 mg	60	Respondent
5	07-24-2012	Alprazolam	2 mg	75	Respondent
6	07-28-2012	Lorazepam	2 mg	30	Respondent
7	07-31-2012	Oxycodone HCL	30 mg	120	Respondent
8	07-31-2012	OxyContin	80 mg	120	Respondent
9	07-31-2012	Hydromorphone HCL	8 mg	15	Respondent
10	08-02-2012	Diazepam	10 mg	100	Respondent
11	08-08-2012	Amphetamine Salt Combo	30 mg	60	Respondent
12	08-23-2012	Carisoprodol	350 mg	60	Respondent
13	08-29-2012	Lorazepam	2 mg	30	Respondent
14	08-30-2012	Oxycodone HCL	30 mg	120	Respondent
15	08-30-2012	OxyContin	80 mg	120	Respondent
16	08-30-2012	Hydromorphone HCL	8 mg	30	Respondent
17	09-06-2012	Diazepam	10 mg	100	Respondent
18	09-12-2012	Alprazolam	2 mg	90	Respondent
19	09-12-2012	Amphetamine Salt Combo	30 mg	60	Respondent
20	09-22-2012	Carisoprodol	350 mg	60	Respondent
21	09-26-2012	Lorazepam	2 mg	30	Respondent
22	09-28-2012	Hydrocodone/APAP	10/325 mg	30	Respondent
23	10-01-2012	OxyContin	80 mg	120	Respondent
24	10-01-2012	Hydromorphone HCL	8 mg	30	Respondent
25	10-01-2012	Oxycodone HCL	30 mg	120	Respondent
26	10-08-2012	Diazepam	10 mg	100	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-10-2012	Alprazolam	2 mg	90	Respondent
10-22-2012	Carisoprodol	350 mg	60	Respondent
10-26-2012	Amphetamine Salt Combo	30 mg	60	Respondent
10-26-2012	OxyContin	80 mg	120	Respondent
10-26-2012	Oxycodone HCL	30 mg	120	Respondent
10-26-2012	Lorazepam	2 mg	30	Respondent
10-26-2012	Hydromorphone HCL	8 mg	60	Respondent
11-07-2012	Alprazolam	2 mg	90	Respondent
11-07-2012	Diazepam	10 mg	100	Respondent
11-27-2012	Amphetamine Salt Combo	30 mg	60	Respondent
11-27-2012	Hydromorphone HCL	8 mg	60	Respondent
11-27-2012	Carisoprodol	350 mg	60	Respondent
11-27-2012	OxyContin	80 mg	120	Respondent
11-27-2012	Oxycodone HCL	30 mg	120	Respondent
11-27-2012	Lorazepam	2 mg	30	Respondent
12-07-2012	Alprazolam	2 mg	90	Respondent
12-07-2012	Diazepam	10 mg	100	Respondent
12-21-2012	Amphetamine Salt Combo	30 mg	60	Respondent
12-21-2012	Hydromorphone HCL	8 mg	60	Respondent
12-21-2012	Oxycodone HCL	30 mg	120	Respondent
12-21-2012	OxyContin	80 mg	120	Respondent
12-24-2012	Carisoprodol	350 mg	60	Respondent
12-24-2012	Lorazepam	2 mg	30	Respondent

46. During the period of on or about January 1, 2013, to December 31, 2013, respondent charted approximately six visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place on January 1, February 11, March 8, April 10, June 10, and

1 October 31, 2013. Respondent's billing records, however, indicate that he billed Medicare for  
2 eleven office visits. Respondent's handwritten chart notes are largely illegible and incomplete,  
3 lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2013,  
4 patient C.T. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (75 to 90 tablets  
5 per month); amphetamine salt combination (Adderall) 30 mg (#60) (six prescriptions);  
6 carisoprodol (Soma) 350 mg (5 prescriptions of #60 and then increased to 4 prescriptions of #90);  
7 dextroamphetamine sulfate 15 mg (one prescription); diazepam (Valium) 10 mg (3 prescriptions  
8 of #100 increased to #120 monthly); and Lorazepam 2 mg (#30) (beginning in March.) During  
9 2013, patient C.T. was also filling prescriptions of various opioids from respondent, including:  
10 hydromorphone HCL 8 mg (5 prescriptions of #60 with last prescription from respondent on May  
11 28), Opana ER<sup>23</sup> 40 mg #120 (one prescription in May), Oxycodone HCL 30 mg (various  
12 strengths and numbers with last prescription from respondent on June 11), and OxyContin 80 mg  
13 (starting at #120 and tapered to #60 with last prescription from respondent on June 21) (combined  
14 morphine equivalency dose of 724 mg per day in April 2013). On or about July 22, 2013, Dr.  
15 S.H., board certified in family practice, with a specialty in pain management, examined patient  
16 C.T., and took over his care and treatment for pain related issues and the prescribing of pain  
17 medications.<sup>24</sup> According to his CURES report, patient C.T. filled the following prescriptions  
18 during 2013:

19 ////

20  
21 <sup>23</sup> Opana ER® (oxymorphone HCL), an opioid analgesic, is a Schedule II controlled  
22 substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous  
23 drug pursuant to Business and Professions Code section 4022. When properly prescribed and  
24 indicated, it is used for the management of pain that is severe enough to require daily, around-the-  
25 clock, long-term opioid treatment and for which alternative treatment options are not available.  
26 The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of  
Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The Federal Drug Administration has  
issued a black box warning for Opana ER® which warns about, among other things, addiction,  
abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also  
cautions about the risks associated with concomitant use of Opana ER® with benzodiazepines or  
other central nervous system (CNS) depressants.

27 <sup>24</sup> In his type-written chart note of July 22, 2013, Dr. S.H. indicated, in pertinent part, "...I  
28 would reserve the use of opiate narcotic medications strictly to one physician which should be our  
office."

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2013	Diazepam	10 mg	100	Respondent
01-07-2013	Alprazolam	2 mg	90	Respondent
01-18-2013	OxyContin	80 mg	120	Respondent
01-18-2013	Amphetamine Salt Combo	30 mg	60	Respondent
01-18-2013	Oxycodone HCL	30 mg	120	Respondent
01-18-2013	Hydromorphone HCL	8 mg	60	Respondent
02-05-2013	Diazepam	10 mg	100	Respondent
02-05-2013	Carisoprodol	350 mg	60	Respondent
02-06-2013	Alprazolam	2 mg	90	Respondent
02-11-2013	Hydromorphone HCL	8 mg	60	Respondent
02-14-2013	OxyContin	80 mg	90	Respondent
02-14-2013	Dextroamphetamine Sulfate	15 mg	60	Respondent
02-14-2013	Oxycodone HCL	15 mg	400	Respondent
03-04-2013	Lorazepam	2 mg	30	Respondent
03-06-2013	Diazepam	10 mg	100	Respondent
03-12-2013	Alprazolam	2 mg	75	Respondent
03-12-2013	Amphetamine Salt Combo	30 mg	60	Respondent
03-12-2013	OxyContin	80 mg	90	Respondent
03-12-2013	Oxycodone HCL	30 mg	200	Respondent
03-12-2013	Hydromorphone HCL	8 mg	60	Respondent
04-03-2013	Alprazolam	2 mg	75	Respondent
04-10-2013	Oxycodone HCL	30 mg	200	Respondent
04-10-2013	Lorazepam	2 mg	30	Respondent
04-10-2013	Diazepam	10 mg	120	Respondent
04-10-2013	Hydromorphone HCL	8 mg	60	Respondent
04-10-2013	OxyContin	80 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
04-29-2013	Alprazolam	2 mg	75	Respondent
05-08-2013	Diazepam	10 mg	120	Respondent
05-08-2013	Carisoprodol	350 mg	60	Respondent
05-08-2013	Amphetamine Salt Combo	30 mg	60	Respondent
05-08-2013	Oxycodone HCL	30 mg	200	Respondent
05-08-2013	Opana ER	40 mg	60	Respondent
05-17-2013	Lorazepam	2 mg	30	Respondent
05-23-2013	Alprazolam	2 mg	75	Respondent
05-28-2013	Lorazepam	2 mg	30	Respondent
05-28-2013	Hydromorphone HCL	8 mg	60	Respondent
05-28-2013	OxyContin	80 mg	90	Respondent
06-11-2013	Diazepam	10 mg	120	Respondent
06-11-2013	Carisoprodol	350 mg	60	Respondent
06-11-2013	Oxycodone HCL	30 mg	120	Respondent
06-14-2013	Amphetamine Salt Combo	30 mg	60	Respondent
06-17-2013	Alprazolam	2 mg	75	Respondent
06-21-2013	OxyContin	80 mg	60	Respondent
06-25-2013	Hydrocodone/APAP	10/325 mg	20	Dr. L.P.
07-06-2013	Lorazepam	2 mg	30	Respondent
07-11-2013	Alprazolam	2 mg	75	Respondent
07-15-2013	Carisoprodol	350 mg	60	Respondent
07-15-2013	Diazepam	10 mg	120	Respondent
07-22-2013	Oxycodone HCL	10 mg	90	Dr. S.H.
07-22-2013	Methadone HCL	10 mg	240	Dr. S.H.
08-05-2013	Lorazepam	2 mg	30	Respondent
08-09-2013	Alprazolam	2 mg	90	Respondent

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Quantity</b>	<b>Prescriber</b>
08-15-2013	Carisoprodol	350 mg	60	Respondent
08-15-2013	Diazepam	10 mg	120	Respondent
08-21-2013	OxyContin	80 mg	90	Dr. S.H.
08-21-2013	Oxycodone HCL	15 mg	90	Dr. S.H.
09-07-2013	Alprazolam	2 mg	90	Respondent
09-13-2013	Diazepam	10 mg	120	Respondent
09-13-2013	Lorazepam	2 mg	30	Respondent
09-13-2013	Amphetamine Salt Combo	30 mg	60	Respondent
09-13-2013	Carisoprodol	350 mg	90	Respondent
09-19-2013	Oxycodone HCL	15 mg	90	Dr. S.H.
09-19-2013	OxyContin	80 mg	90	Dr. S.H.
10-07-2013	Alprazolam	2 mg	90	Respondent
10-14-2013	Lorazepam	2 mg	30	Respondent
10-14-2013	Diazepam	10 mg	120	Respondent
10-14-2013	Carisoprodol	350 mg	90	Respondent
10-18-2013	OxyContin	80 mg	90	Dr. S.H.
10-18-2013	Oxycodone HCL	15 mg	90	Dr. S.H.
10-30-2013	Amphetamine Salt Combo	30 mg	60	Respondent
11-06-2013	Alprazolam	2 mg	90	Respondent
11-12-2013	Carisoprodol	350 mg	90	Respondent
11-12-2013	Diazepam	10 mg	120	Respondent
11-12-2013	Lorazepam	2 mg	30	Respondent
11-15-2013	OxyContin	80 mg	90	Dr. S.H.
11-15-2013	Oxycodone HCL	15 mg	90	Dr. S.H.
12-06-2013	Alprazolam	2 mg	90	Respondent
12-15-2013	Hydromorphone HCL	8 mg	10	Dr. S.H.

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-15-2013	OxyContin	80 mg	90	Dr. S.H.
12-15-2013	Oxycodone HCL	15 mg	80	Dr. S.H.
12-21-2013	Diazepam	10 mg	120	Respondent
12-21-2013	Carisoprodol	350 mg	90	Respondent
12-21-2013	Lorazepam	2 mg	30	Respondent

47. During the period of on or about January 1, 2014, to December 31, 2014, respondent charted approximately five visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place on February 24, May 9, August 16, September 22, October 27, 2014. Respondent's billing records, however, indicate that he billed Medicare for eight office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2014, patient C.T. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (# 90 per month increased to #120 per month on July 29); amphetamine salt combination (Adderall) 30 mg (#60) (five prescriptions); carisoprodol (Soma) 350 mg (5 prescriptions of #90 per month and then increased to #120 for remaining months); dextroamphetamine sulfate 30 mg #60 (one prescription); diazepam (Valium) 10 mg #120 (monthly); and Lorazepam 2 mg (one prescription of #30 and two prescriptions of #60). During 2014, Dr. S.H. continued to prescribe the opioids (hydromorphone HCL, oxycodone HCL and OxyContin) to patient C.T. According to his CURES report, patient C.T. filled the following prescriptions during 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-03-2014	Alprazolam	2 mg	90	Respondent
01-07-2014	Amphetamine Salt Combo	30 mg	60	Respondent
01-14-2014	OxyContin	80 mg	90	Dr. S.H.
01-14-2014	Oxycodone HCL	15 mg	80	Dr. S.H.
01-23-2014	Lorazepam	2 mg	30	Respondent

	Date Filled	Drug Name	Strength	Quantity	Prescriber
1	01-23-2014	Diazepam	10 mg	120	Respondent
2	01-23-2014	Carisoprodol	350 mg	90	Respondent
3	01-30-2014	Alprazolam	2 mg	90	Respondent
4	02-07-2014	Hydromorphone HCL	8 mg	10	Dr. S.H.
5	02-14-2014	Oxycodone HCL	15 mg	80	Dr. S.H.
6	02-14-2014	OxyContin	80 mg	90	Dr. S.H.
7	03-05-2014	Alprazolam	2 mg	90	Respondent
8	03-08-2014	Carisoprodol	350 mg	90	Respondent
9	03-08-2014	Amphetamine Salt Combo	30 mg	60	Respondent
10	03-08-2014	Diazepam	10 mg	120	Respondent
11	03-10-2014	Hydromorphone HCL	8 mg	10	Dr. S.H.
12	03-14-2014	OxyContin	80 mg	90	Dr. S.H.
13	03-14-2014	Oxycodone HCL	15 mg	80	Dr. S.H.
14	04-02-2014	Alprazolam	2 mg	90	Respondent
15	04-04-2014	Carisoprodol	350 mg	90	Respondent
16	04-04-2014	Diazepam	10 mg	120	Respondent
17	04-11-2014	Hydromorphone HCL	8 mg	10	Dr. S.H.
18	04-11-2014	OxyContin	80 mg	90	Dr. S.H.
19	04-11-2014	Oxycodone HCL	15 mg	80	Dr. S.H.
20	05-02-2014	Carisoprodol	350 mg	90	Respondent
21	05-02-2014	Diazepam	10 mg	120	Respondent
22	05-02-2014	Alprazolam	2 mg	90	Respondent
23	05-12-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
24	05-12-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
25	05-12-2014	OxyContin	80 mg	90	Dr. S.H.
26	05-31-2014	Alprazolam	2 mg	90	Respondent

	Date Filled	Drug Name	Strength	Quantity	Prescriber
1	05-31-2014	Diazepam	10 mg	120	Respondent
2	05-31-2014	Carisoprodol	350 mg	90	Respondent
3	06-11-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
4	06-11-2014	OxyContin	80 mg	90	Dr. S.H.
5	06-11-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
6	06-30-2014	Alprazolam	2 mg	90	Respondent
7	07-01-2014	Amphetamine Salt Combo	30 mg	60	Respondent
8	07-01-2014	Lorazepam	2 mg	60	Respondent
9	07-01-2014	Carisoprodol	350 mg	120	Respondent
10	07-11-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
11	07-11-2014	OxyContin	80 mg	90	Dr. S.H.
12	07-11-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
13	07-29-2014	Alprazolam	2 mg	120	Respondent
14	08-04-2014	Lorazepam	2 mg	60	Respondent
15	08-04-2014	Carisoprodol	350 mg	120	Respondent
16	08-08-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
17	08-08-2014	OxyContin	80 mg	90	Dr. S.H.
18	08-08-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
19	08-30-2014	Diazepam	10 mg	120	Respondent
20	09-03-2014	Alprazolam	2 mg	120	Respondent
21	09-03-2014	Carisoprodol	350 mg	120	Respondent
22	09-05-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
23	09-05-2014	OxyContin	80 mg	90	Dr. S.H.
24	09-05-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
25	09-29-2014	Diazepam	10 mg	120	Respondent
26	10-01-2014	Amphetamine Salt Combo	30 mg	60	Respondent
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Date Filled	Drug Name	Strength	Quantity	Prescriber
10-01-2014	Carisoprodol	350 mg	120	Respondent
10-02-2014	Alprazolam	2 mg	120	Respondent
10-03-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
10-03-2014	OxyContin	80 mg	90	Dr. S.H.
10-07-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
10-25-2014	Diazepam	10 mg	120	Respondent
10-27-2014	Amphetamine Salt Combo	30 mg	60	Respondent
10-30-2014	Carisoprodol	350 mg	120	Dr. S.H.
11-01-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
11-01-2014	OxyContin	80 mg	60	Dr. S.H.
11-01-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
11-21-2014	OxyContin	80 mg	90	Dr. S.H.
11-24-2014	Diazepam	10 mg	120	Respondent
11-28-2014	Alprazolam	2 mg	120	Respondent
11-30-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
11-30-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
12-12-2014	Carisoprodol	350 mg	120	Respondent
12-12-2014	Dextroamphetamine Sulfate	30 mg	60	Respondent
12-20-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
12-23-2014	OxyContin	80 mg	90	Dr. S.H.
12-26-2014	Alprazolam	2 mg	120	Respondent
12-26-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
12-27-2014	Diazepam	10 mg	120	Respondent

48. During the period of on or about January 1, 2015, to December 31, 2015, respondent charted three visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place on March 11, June 10, and December 4, 2015. Respondent's billing records,

1 however, indicate that he billed Medicare for eleven office visits. Respondent's handwritten chart  
 2 notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear  
 3 rationale for any medical decisions. During 2015, patient C.T. filled prescriptions from  
 4 respondent for alprazolam (Xanax) 2 mg #120 (near monthly); amphetamine-salt combination  
 5 (Adderall) 30 mg (#60) (10 prescriptions); carisoprodol (Soma) 350 mg (4 prescriptions of #90  
 6 and 6 prescriptions of #120); diazepam (Valium) 10 mg #120 (monthly). Dr. S.H., continued to  
 7 prescribe the opioids (hydromorphone HCL, oxycodone HCL and OxyContin) for pain  
 8 management to patient C.T. until approximately August 2015; and then patient C.T. used  
 9 prescriptions by three other health care professionals until the end of the year. Patient C.T. was  
 10 seen, as a new consultation patient for pain management on September 21, 2015, by Dr. Y.P.,  
 11 whose "overall goal [was] for [patient] to decrease meds below 300 MED." According to his  
 12 CURES report, patient C.T. filled the following prescriptions during 2015:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-16-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
01-16-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
01-20-2015	OxyContin	80 mg	90	Dr. S.H.
01-23-2015	Carisoprodol	350 mg	90	Dr. S.H.
01-23-2015	Diazepam	10 mg	120	Respondent
01-30-2015	Alprazolam	2 mg	120	Respondent
02-16-2015	Carisoprodol	350 mg	120	Dr. S.H.
02-16-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
02-16-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
02-17-2015	Amphetamine Salt Combo	30 mg	60	Respondent
02-19-2015	OxyContin	80 mg	90	Dr. S.H.
02-22-2015	Diazepam	10 mg	120	Respondent
03-03-2015	Alprazolam	2 mg	120	Respondent
03-16-2015	Carisoprodol	350 mg	120	Dr. S.H.

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Date Filled	Drug Name	Strength	Quantity	Prescriber
03-18-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
03-18-2015	OxyContin	80 mg	90	Dr. S.H.
03-18-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
03-22-2015	Diazepam	10 mg	120	Respondent
03-28-2015	Amphetamine Salt Combo	30 mg	60	Respondent
04-06-2015	Alprazolam	2 mg	120	Respondent
04-16-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
04-16-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
04-16-2015	OxyContin	80 mg	90	Dr. S.H.
04-22-2015	Diazepam	10 mg	120	Respondent
04-29-2015	Amphetamine Salt Combo	30 mg	60	Respondent
04-29-2015	Carisoprodol	350 mg	90	Dr. S.H.
05-07-2015	Alprazolam	2 mg	120	Respondent
05-15-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
05-15-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
05-15-2015	OxyContin	80 mg	90	Dr. S.H.
05-21-2015	Diazepam	10 mg	120	Respondent
05-29-2015	Carisoprodol	350 mg	90	Dr. S.H.
06-06-2015	Alprazolam	2 mg	120	Respondent
06-06-2015	Amphetamine Salt Combo	30 mg	60	Respondent
06-12-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
06-12-2015	OxyContin	80 mg	90	Dr. S.H.
06-12-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
06-21-2015	Diazepam	10 mg	120	Respondent
06-24-2015	Carisoprodol	350 mg	120	Dr. S.H.
07-05-2015	Amphetamine Salt Combo	30 mg	60	Respondent

	Date Filled	Drug Name	Strength	Quantity	Prescriber
1	07-06-2015	Alprazolam	2 mg	120	Respondent
2	07-10-2015	Hydromorphone HCL	8 mg	80	Dr. S.H.
3	07-10-2015	OxyContin	80 mg	60	Dr. S.H.
4	07-10-2015	Oxycodone HCL	15 mg	60	Dr. S.H.
5	07-22-2015	Diazepam	10 mg	120	Respondent
6	08-02-2015	OxyContin	15 mg	90	Dr. S.H.
7	08-03-2015	OxyContin	80 mg	90	Dr. S.H.
8	08-04-2015	Carisoprodol	350 mg	120	Respondent
9	08-04-2015	Amphetamine Salt Combo	30 mg	60	Respondent
10	08-04-2015	Alprazolam	2 mg	120	Respondent
11	08-21-2015	Diazepam	10 mg	120	Respondent
12	08-31-2015	Alprazolam	2 mg	120	Respondent
13	09-08-2015	Carisoprodol	350 mg	120	Respondent
14	09-08-2015	Amphetamine Salt Combo	30 mg	60	Respondent
15	09-08-2015	Acetaminophen- Codeine Phosphate	30/300 mg	90	Respondent
16	09-11-2015	Hydrocodone/APAP	10/325 mg	42	Dr. A.C.
17	09-21-2015	Diazepam	10 mg	120	Respondent
18	09-21-2015	OxyContin	60 mg	45	Dr. Y.P.
19	09-21-2015	Oxycodone HCL	15 mg	45	Dr. Y.P.
20	10-05-2015	Oxycodone HCL	15 mg	90	Dr. Y.P.
21	10-07-2015	Alprazolam	2 mg	120	Respondent
22	10-08-2015	Amphetamine Salt Combo	30 mg	60	Respondent
23	10-08-2015	OxyContin	60 mg	90	Dr. Y.P.
24	10-21-2015	Diazepam	10 mg	120	Respondent
25	11-02-2015	Oxycodone HCL	15 mg	90	Dr. Y.P.
26	11-04-2015	OxyContin	60 mg	90	Dr. Y.P.

Date Filled	Drug Name	Strength	Quantity	Prescriber
11-06-2015	Alprazolam	2 mg	120	Respondent
11-06-2015	Carisoprodol	350 mg	90	Respondent
11-06-2015	Amphetamine Salt Combo	30 mg	60	Respondent
11-24-2015	Diazepam	10 mg	120	Respondent
12-01-2015	Hydromorphone HCL	8 mg	10	Dr. Y.P.
12-01-2015	OxyContin	60 mg	90	Dr. Y.P.
12-01-2015	Oxycodone HCL	15 mg	80	Dr. Y.P.
12-06-2015	Alprazolam	2 mg	120	Respondent
12-06-2015	Carisoprodol	350 mg	120	Respondent
12-06-2015	Amphetamine Salt Combo	30 mg	60	Respondent
12-26-2015	Diazepam	10 mg	120	Respondent
12-29-2015	Hydromorphone HCL	8 mg	30	Dr. Y.P.
12-29-2015	OxyContin	60 mg	90	Dr. Y.P.
12-29-2015	Oxycodone HCL	15 mg	90	Dr. Y.P.

49. Respondent did not routinely conduct any CURES reviews on patient C.T., did not do any urine drug screening, did not enter into any controlled substances contract with patient C.T., and continued to prescribe patient C.T. various controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, there were multiple prescriptions being filled at different pharmacies, early refills of medication,<sup>25</sup> and the termination of patient C.T.'s care and treatment by Dr. B.C., based on patient C.T.'s breach of their medication management agreement and noted conflicts when reviewing patient C.T.'s CURES report.

<sup>25</sup> As an example, patient C.T. obtained diazepam (Valium) prescriptions written for 30 to 33 days as follows: 10 mg (#100) on September 10, 2010; 5 mg (#200) on September 25, 2010; 10 mg (#100) on October 11, 2010; and 10 mg (#100) on October 23, 2010. As another example, patient C.T. also filled OxyContin prescriptions of 80 mg (#120) written for 30 days on September 7 and September 30, 2011 at different pharmacies.

1           50. Respondent committed gross negligence in his care and treatment of patient C.T.  
2 including, but not limited to, the following:

3           (a) Respondent failed to provide appropriate psychiatric evaluations of  
4 patient C.T. in that he, among other things, failed to routinely perform  
5 comprehensive psychiatric evaluations, failed to obtain a complete and  
6 comprehensive history, failed to incorporate collateral source  
7 information, failed to perform pertinent psychological testing, failed to  
8 properly assess patient C.T.'s alleged ADHD; and/or failed to consider  
9 addiction as part of patient C.T.'s evaluations and assessments;

10          (b) Respondent failed to provide appropriate treatment to patient C.T. in  
11 that he, among other things, repeatedly prescribed inherently addictive  
12 controlled substances such as benzodiazepines, amphetamines and/or  
13 opiates to patient C.T. while failing to respond to objective signs of  
14 misuse, addiction and/or diversion of the controlled substances that  
15 were being prescribed to patient C.T.;

16          (c) Respondent improperly prescribed opiates to patient C.T. in that he,  
17 among other things, failed to adequately document a basis for his  
18 repeated prescriptions to patient C.T. for opiates; failed to conduct  
19 proper physical examinations or physical assessments; failed to  
20 consider any possible differential diagnoses for any pain; and failed to  
21 consider any other treatment options for patient C.T.'s alleged pain;

22          (d) Respondent repeatedly prescribed controlled substances to patient C.T.  
23 without periodically reviewing CURES, without utilizing urine drug  
24 screens, without consulting with and/or obtaining records from prior  
25 treating physicians and/or without utilizing other risk screening tools;  
26 and

27          (e) Respondent failed to maintain adequate and accurate records in regard  
28 to his care and treatment of patient C.T. The records lacked adequate

1 detail and specificity and were largely illegible and difficult to  
2 decipher; there were no bases listed for any diagnoses and rationales for  
3 any medical decisions, including changes in medications and/or  
4 responses to medications, were not adequately documented; there were  
5 no clear treatment plans documented; prescribed medications were  
6 often not listed in respondent's chart notes; and medical records were  
7 missing and/or inconsistent with respondent's billing records.

8 **PATIENT K.W.**

9 51. On or about January 25, 2010,<sup>26</sup> respondent had his first visit with patient K.W., a  
10 then-56-year-old female. Respondent was unable to produce any chart notes for any visits during  
11 2010 with patient K.W. Respondent's billing records, however, indicate that he billed Medicare  
12 for ten office visits in 2010.

13 52. For the period of on or about January 1, 2011, to December 31, 2011, respondent was  
14 unable to produce any chart notes for any visits during 2011 with patient K.W. Respondent's  
15 billing records, however, indicate that he billed Medicare for eleven office visits. During 2011,  
16 patient K.W. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (3 prescriptions  
17 for #28 and 4 prescriptions for #84); dextroamphetamine sulfate (Dexedrine) 5 mg (#150) (nine  
18 prescriptions which equated to 25 mg per day); and hydrocodone/APAP 10/325 mg (five  
19 prescriptions of #60 with last prescription of #180 from respondent). Patient K.W. was also  
20 filling prescriptions of hydrocodone/APAP and one prescription of Suboxone (buprenorphine and  
21 naloxone)<sup>27</sup> on June 1, 2010, that were issued by others. According to her CURES report, patient  
22 K.W. filled the following prescriptions during 2011:

23 <sup>26</sup> This is the first date that is indicated in respondent's billing records in regard to his care  
24 and treatment of patient K.W. Conduct occurring more than seven (7) years from the filing date  
25 of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary  
26 action.

26 <sup>27</sup> Suboxone® (buprenorphine and naloxone) is a Schedule III controlled substance  
27 pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug  
28 pursuant to Business and Professions Code section 4022. When properly prescribed and  
indicated, it is used for the treatment of opioid dependence and should be used as part of a  
complete treatment program to include counseling and psychosocial support.

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Date Filled	Drug Name	Strength	Quantity	Prescriber
01-03-2011	Hydrocodone/APAP	10/325 mg	240	Dr. N.T.
01-29-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
02-01-2011	Hydrocodone/APAP	10/325 mg	240	Dr. N.T.
04-05-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
04-05-2011	Hydrocodone/APAP	10/325 mg	240	Dr. B.N.
04-25-2011	Alprazolam	1 mg	84	Respondent
05-06-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
06-01-2011	Alprazolam	1 mg	84	Respondent
06-01-2011	Suboxone	.05/2 mg	120	Dr. N.T.
06-11-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
06-11-2011	Hydrocodone/APAP	10/325 mg	30	Dr. T.K.
06-15-2011	Hydrocodone/APAP	5/325 mg	20	Dr. P.C.
07-01-2011	Alprazolam	1 mg	84	Respondent
07-07-2011	Hydrocodone/APAP	5/325 mg	20	Dr. W.L.
07-09-2011	Hydrocodone/APAP	10/325 mg	60	Respondent
07-10-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
07-28-2011	Hydrocodone/APAP	10/325 mg	60	Respondent
08-08-2011	Alprazolam	1 mg	84	Respondent
08-08-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
08-17-2011	Hydrocodone/APAP	10/325 mg	60	Respondent
08-30-2011	Hydrocodone/APAP	10/325 mg	90	Dr. W.T.
09-11-2011	Hydrocodone/APAP	10/325 mg	90	Dr. W.T.
09-12-2011	Alprazolam	1 mg	28	Respondent
09-12-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
09-29-2011	Hydrocodone/APAP	10/325 mg	60	Respondent
10-14-2011	Hydrocodone/APAP	10/325 mg	60	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
11-02-2011	Alprazolam	1 mg	84	Respondent
11-04-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
11-29-2011	Hydrocodone/APAP	10/325 mg	120	Dr. B.P.
12-05-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
12-13-2011	Alprazolam	1 mg	28	Respondent
12-15-2011	Hydrocodone/APAP	10/325 mg	180	Respondent
12-27-2011	Alprazolam	1 mg	28	Respondent

53. During the period of on or about January 1, 2012, to December 31, 2012, respondent charted three visits with patient K.W. As can best be discerned from respondent's chart notes, the visits took place on May 27, June 16, and September 22, 2012. Respondent's billing records, however, indicate that he billed Medicare for seven office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2012, patient K.W. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (1 prescription for #28 and 9 prescriptions for #90); dextroamphetamine sulfate (Dexedrine) between 5 mg and 15 mg (13 prescriptions varying from #50 to #150 [highest prescriptions of 15 mg (#100) equating to approximately 50 mg per day]); near monthly prescriptions of hydrocodone/APAP 10/325 mg (#180 per month increased to #240 per month); and modafinil (Provigil) 200 mg #30 (used to treat symptoms associated with narcolepsy, sleep apnea and/or shift work sleep disorder - two prescriptions). During 2012, patient K.W. was filling prescriptions from other physicians for Carisoprodol 350 mg (#90). According to her CURES report, patient K.W. filled the following prescriptions during 2012:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2012	Dextroamphetamine Sulfate	5 mg	105	Respondent
01-17-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
01-17-2012	Alprazolam	1 mg	28	Respondent
01-23-2012	Alprazolam	1 mg	90	Respondent

	Date Filled	Drug Name	Strength	Quantity	Prescriber
1					
2	01-26-2012	Dextroamphetamine Sulfate	5 mg	150	Respondent
3	02-17-2012	Carisoprodol	350 mg	90	Dr. B.P.
4	02-28-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
5	03-02-2012	Dextroamphetamine Sulfate	10 mg	75	Respondent
6	03-02-2012	Alprazolam	1 mg	90	Respondent
7	03-22-2012	Carisoprodol	350 mg	90	Dr. B.P.
8	03-27-2012	Dextroamphetamine Sulfate	10 mg	90	Respondent
9	03-27-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
10	04-04-2012	Alprazolam	1 mg	90	Respondent
11	04-24-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
12	04-25-2012	Dextroamphetamine Sulfate	5 mg	150	Respondent
13	05-02-2012	Alprazolam	1 mg	90	Respondent
14	05-03-2012	Carisoprodol	350 mg	90	Dr. B.P.
15	05-21-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
16	05-25-2012	Dextroamphetamine Sulfate	10 mg	90	Respondent
17	06-12-2012	Carisoprodol	350 mg	90	Dr. B.P.
18	06-16-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
19	06-20-2012	Dextroamphetamine Sulfate	15 mg	100	Respondent
20	06-22-2012	Dextroamphetamine Sulfate	5 mg	100	Respondent
21	07-05-2012	Alprazolam	1 mg	90	Respondent
22	07-12-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
23	07-12-2012	Dextroamphetamine Sulfate	15 mg	50	Respondent
24	07-17-2012	Carisoprodol	350 mg	90	Dr. B.P.
25	07-30-2012	Dextroamphetamine Sulfate	15 mg	100	Respondent
26	08-02-2012	Alprazolam	1 mg	90	Respondent
27	09-01-2012	Dextroamphetamine Sulfate	15 mg	100	Respondent
28					

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-10-2012	Alprazolam	1 mg	90	Respondent
09-28-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
10-02-2012	Dextroamphetamine Sulfate	15 mg	100	Respondent
10-23-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
10-27-2012	Alprazolam	1 mg	90	Respondent
10-27-2012	Carisoprodol	350 mg	90	Dr. B.P.
11-05-2012	Dextroamphetamine Sulfate	15 mg	70	Respondent
11-29-2012	Modafinil	200 mg	30	Respondent
12-10-2012	Alprazolam	1 mg	90	Respondent
12-17-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
12-21-2012	Modafinil	200 mg	30	Respondent

54. During the period of on or about January 1, 2013, to December 31, 2013, respondent charted three visits with patient K.W. As can best be discerned from respondent's chart notes, the visits took place on January 19, June 26, and September 12, 2013. Respondent's billing records, however, indicate that he billed Medicare for four office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2013, patient K.W. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (five prescriptions for #100 and five prescriptions for #90); carisoprodol (Soma) 350 mg (#90) (seven prescriptions); dextroamphetamine sulfate (Dexedrine) 10 mg (one prescription for #100 and nine prescriptions for #150 [from January 19 to February 23, 2013, patient K.W. obtained 550 Dexedrine tablets]); and monthly prescriptions of hydrocodone/APAP 10/325 mg (#240). The combination of alprazolam (Xanax), hydrocodone/APAP and carisoprodol (Soma) is a powerful combination of controlled substances and dangerous drugs, sought out by those who abuse controlled substances, known as the

1 "Houston cocktail," "trio" and/or the "holy trinity."<sup>28</sup> According to her CURES report, patient  
 2 K.W. filled the following prescriptions during 2013:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-02-2013	Carisoprodol	350 mg	90	Respondent
01-19-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
01-19-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
01-19-2013	Dextroamphetamine Sulfate	15 mg	100	Respondent
01-19-2013	Alprazolam	1 mg	100	Respondent
01-21-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
02-05-2013	Carisoprodol	350 mg	90	Respondent
02-16-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
02-23-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
02-25-2013	Alprazolam	1 mg	100	Respondent
03-13-2013	Carisoprodol	350 mg	90	Respondent
03-14-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
03-28-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-03-2013	Alprazolam	1 mg	100	Respondent
04-11-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
04-29-2013	Carisoprodol	350 mg	90	Respondent
04-29-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
05-08-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
05-08-2013	Alprazolam	1 mg	100	Respondent
06-05-2013	Hydrocodone/APAP	10/325 mg	240	Respondent

25 <sup>28</sup> "Taking these three drugs in combination is typically not medically justified. When  
 26 taken together these medications may give users a feeling of euphoria similar to heroin. As a  
 27 result, this prescription drug combination, which may be referred to as 'Houston Cocktail,' 'Holy  
 28 Trinity,' or 'Trio,' is subject to abuse and has resulted in deaths." (M. Forrester, Ingestions of  
 Hydrocodone, Carisoprodol, and Alprazolam in Combination Reported to Texas Poison Centers,  
 Journal of Addictive Diseases, 30:110-115, 2011.)

Date Filled	Drug Name	Strength	Quantity	Prescriber
06-14-2013	Carisoprodol	350 mg	90	Respondent
06-25-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
07-01-2013	Alprazolam	1 mg	100	Respondent
07-03-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
08-01-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
08-12-2013	Carisoprodol	350 mg	90	Respondent
08-14-2013	Alprazolam	1 mg	90	Respondent
08-16-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
08-29-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
09-21-2013	Alprazolam	1 mg	90	Respondent
09-26-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
10-06-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
10-22-2013	Alprazolam	1 mg	90	Respondent
10-24-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
11-15-2013	Zolpidem Tartrate	10 mg	30	Respondent
11-20-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
11-22-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
11-30-2013	Alprazolam	1 mg	90	Respondent
12-02-2013	Carisoprodol	350 mg	90	Respondent
12-18-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
12-30-2013	Alprazolam	1 mg	90	Respondent

55. During the period of on or about January 1, 2014, to December 31, 2014, respondent charted two visits with patient K.W. As can best be discerned from respondent's chart notes, the visits took place on July 18 and December 28, 2014. Respondent's billing records, however, indicate that he billed Medicare for nine office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any

1 medical decisions. In mid-December 2014, Grossmont Pharmacy questioned one of patient  
 2 K.W.'s prescriptions for hydrocodone/APAP 10/325 mg (#240). Specifically, a page in  
 3 respondent's certified medical records has handwritten notes which state "Gross[mont]  
 4 Pharm[acy] refused Rx said 10 days early [-] she said she is taking 8 pills a day. No pharmacy  
 5 will touch Rx for that" and "pharmacy questioned pain meds for back! Will not pay 8/day To[o]  
 6 high" and "She was informed to get pain md per HCH."<sup>29</sup> During 2014, patient K.W. filled near  
 7 monthly prescriptions from respondent for alprazolam (Xanax) 2 mg (#90); carisoprodol (Soma)  
 8 350 mg (#90) (five prescriptions); dextroamphetamine sulfate (Dexedrine) 10 mg (#150) (eight  
 9 prescriptions); and monthly prescriptions of hydrocodone/APAP 10/325 mg (#240). According  
 10 to her CURES report, patient K.W. filled the following prescriptions during 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-11-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
01-15-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
02-12-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
02-12-2014	Alprazolam	1 mg	90	Respondent
02-19-2014	Carisoprodol	350 mg	90	Respondent
02-25-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
03-11-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
03-14-2014	Alprazolam	1 mg	90	Respondent
04-08-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
04-12-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-17-2014	Carisoprodol	350 mg	90	Respondent
04-18-2014	Alprazolam	1 mg	90	Respondent
05-06-2014	Hydrocodone/APAP	10/325 mg	240	Respondent

26 <sup>29</sup> There were no consultation reports from any pain medicine doctors contained within  
 27 patient K.W.'s certified medical records provided by respondent. Moreover, respondent  
 28 continued to prescribe patient K.W. hydrocodone/APAP 10/325 mg throughout the remainder of  
 2014 and through 2016.

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-19-2014	Alprazolam	1 mg	90	Respondent
05-24-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
06-03-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
06-13-2014	Carisoprodol	350 mg	90	Respondent
06-18-2014	Alprazolam	1 mg	90	Respondent
07-01-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
07-09-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
07-28-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
07-29-2014	Alprazolam	1 mg	90	Respondent
08-24-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
08-25-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
08-28-2014	Alprazolam	1 mg	90	Respondent
09-12-2014	Carisoprodol	350 mg	90	Respondent
09-22-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
09-22-2014	Alprazolam	1 mg	90	Respondent
10-14-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
10-20-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
10-22-2014	Alprazolam	1 mg	90	Respondent
11-13-2014	Carisoprodol	350 mg	90	Respondent
11-17-2014	Alprazolam	1 mg	90	Respondent
11-19-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
11-23-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
12-15-2014	Alprazolam	1 mg	90	Respondent
12-24-2014	Hydrocodone/APAP	10/325 mg	240	Respondent

56. During the period of on or about January 1, 2015, to December 31, 2015, respondent charted one visit with patient K.W. As can best be discerned from respondent's chart notes, the

1 visit took place on March 2, 2015. Respondent's billing records, however, indicate that he billed  
 2 Medicare and "MHN" for a total of fifteen office visits. Respondent's handwritten chart notes are  
 3 largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any  
 4 medical decisions. During 2015, patient K.W. filled prescriptions from respondent for  
 5 alprazolam (Xanax) 2 mg (#90) (ten prescriptions); carisoprodol (Soma) 350 mg (#90) (six  
 6 prescriptions); dextroamphetamine sulfate (Dexedrine) 10 mg (six prescriptions for #150 and one  
 7 prescription for #140); and hydrocodone/APAP 10/325 mg (#240) (ten prescriptions). According  
 8 to her CURES report, patient K.W. filled the following prescriptions during 2015:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-12-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
01-12-2015	Carisoprodol	350 mg	90	Respondent
01-14-2015	Alprazolam	1 mg	90	Respondent
01-30-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
02-08-2015	Alprazolam	1 mg	90	Respondent
02-26-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
03-02-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
03-12-2015	Alprazolam	1 mg	90	Respondent
03-16-2015	Carisoprodol	350 mg	90	Respondent
03-30-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
03-30-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-11-2015	Alprazolam	1 mg	90	Respondent
04-28-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-28-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
05-15-2015	Alprazolam	1 mg	90	Respondent
05-26-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
05-28-2015	Carisoprodol	350 mg	90	Respondent
06-12-2015	Alprazolam	1 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
06-23-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
06-23-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
06-25-2015	Carisoprodol	350 mg	90	Respondent
07-10-2015	Alprazolam	1 mg	90	Respondent
07-21-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
08-18-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
09-15-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
09-25-2015	Carisoprodol	350 mg	90	Respondent
10-01-2015	Alprazolam	1 mg	90	Respondent
10-10-2015	Dextroamphetamine Sulfate	10 mg	140	Respondent
10-13-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
11-03-2015	Alprazolam	1 mg	90	Respondent
11-10-2015	Hydrocodone/APAP	10/325 mg	240	Dr. R.S.
11-23-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
12-08-2015	Hydrocodone/APAP	10/325 mg	30	Dr. W.F.
12-08-2015	Alprazolam	1 mg	90	Respondent
12-11-2015	Carisoprodol	350 mg	90	Respondent
12-15-2015	Hydrocodone/APAP	10/325 mg	30	Dr. R.S.
12-22-2015	Hydrocodone/APAP	10/325 mg	240	Dr. R.S.

57. During the period of on or about January 1, 2016, to December 31, 2016, respondent charted approximately two visits with patient K.W. As can best be discerned from respondent's chart notes, the visits took place on June 1 and some other illegible date in 2016. Respondent's billing records, however, indicate that he billed Medicare and "MHN" for a total of fourteen office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2016, patient K.W. filled prescriptions from respondent for alprazolam (Xanax)-2 mg (#90) (thirteen

1 prescriptions); carisoprodol (Soma) 350 mg (#90) (one prescription); dextroamphetamine sulfate  
 2 (Dexedrine) 10 mg (#150) (nine prescriptions); hydrocodone/APAP 10/325 mg (#240) (nine  
 3 prescriptions) and Oxycodone/APAP 10/325 mg (#240) (one prescription). According to her  
 4 CURES report, patient K.W. filled the following prescriptions during 2016:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-02-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
01-06-2016	Alprazolam	1 mg	90	Respondent
02-03-2016	Alprazolam	1 mg	90	Respondent
02-05-2016	Oxycodone/APAP	10/325 mg	240	Respondent
02-10-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
03-02-2016	Alprazolam	1 mg	90	Respondent
03-18-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
04-01-2016	Carisoprodol	350 mg	90	Respondent
04-05-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-08-2016	Alprazolam	1 mg	90	Respondent
04-18-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
05-07-2016	Alprazolam	1 mg	90	Respondent
05-16-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
05-25-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
06-03-2016	Alprazolam	1 mg	90	Respondent
06-13-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
07-03-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
07-04-2016	Alprazolam	1 mg	90	Respondent
07-11-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
08-05-2016	Alprazolam	1 mg	90	Respondent
08-11-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
08-11-2016	Hydrocodone/APAP	10/325 mg	240	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-01-2016	Alprazolam	1 mg	90	Respondent
09-08-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
09-24-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
09-30-2016	Alprazolam	1 mg	90	Respondent
10-06-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
10-27-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
10-28-2016	Alprazolam	1 mg	90	Respondent
11-03-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
11-26-2016	Alprazolam	1 mg	90	Respondent
12-01-2016	Hydrocodone/APAP	10/325 mg	240	Dr. Y.K.
12-05-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
12-23-2016	Alprazolam	1 mg	90	Respondent
12-29-2016	Hydrocodone/APAP	10/325 mg	240	Dr. Y.K.

58. Respondent did not routinely conduct any CURES reviews on patient K.W., did not do any urine drug screening, did not enter into any controlled substances contract with patient K.W., and continued to prescribe patient K.W. various controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, there were multiple prescriptions being filled at different pharmacies, requests for early refills of medication, pharmacies refusing to refill medications that weren't authorized for refills, and patient K.W. having previously been prescribed Suboxone.

59. Respondent committed gross negligence in his care and treatment of patient K.W. including, but not limited to, the following:

- (a) Respondent failed to provide appropriate psychiatric evaluations of patient K.W. in that he, among other things, failed to routinely perform comprehensive psychiatric evaluations, failed to obtain a complete and comprehensive history, failed to incorporate collateral source

1 information, failed to perform pertinent psychological testing, failed to  
2 properly assess patient K.W.'s alleged ADHD; and/or failed to consider  
3 addiction as part of patient K.W.'s evaluations and assessments;

4 (b) Respondent failed to provide appropriate treatment to patient K.W. in  
5 that he, among other things, repeatedly prescribed inherently addictive  
6 controlled substances such as benzodiazepines, amphetamines and/or  
7 opiates to patient K.W. while failing to respond to objective signs of  
8 misuse, addiction and/or diversion of the controlled substances that  
9 were being prescribed to patient K.W.;

10 (c) Respondent improperly prescribed opiates to patient K.W. in that he,  
11 among other things, failed to adequately document a basis for his  
12 repeated prescriptions to patient K.W. for opiates; failed to conduct  
13 proper physical examinations or physical assessments; failed to  
14 consider any possible differential diagnoses for any pain; and failed to  
15 consider any other treatment options for patient K.W.'s alleged pain;

16 (d) Respondent repeatedly prescribed controlled substances to patient K.W.  
17 without periodically reviewing CURES, without utilizing urine drug  
18 screens, without consulting with and/or obtaining records from prior  
19 treating physicians and/or without utilizing other risk screening tools;  
20 and

21 (e) Respondent failed to maintain adequate and accurate records in regard  
22 to his care and treatment of patient K.W. The records lacked adequate  
23 detail and specificity and were largely illegible and difficult to  
24 decipher; there were no bases listed for any diagnoses and rationales for  
25 any medical decisions, including changes in medications and/or  
26 responses to medications, were not adequately documented; there were  
27 no clear treatment plans documented; prescribed medications were

28

1 often not listed in respondent's chart notes; and medical records were  
2 missing and/or inconsistent with respondent's billing records.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts)**

5 60. Respond is further subject to disciplinary action under sections 2227 and 2234, as  
6 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent  
7 acts in his care and treatment of patients L.T., M.C., J.V., C.W., C.T. and K.W., as more  
8 particularly alleged in paragraphs 10 through 59, above, which are hereby incorporated by  
9 reference and realleged as if fully set forth herein.

10 **THIRD CAUSE FOR DISCIPLINE**

11 **(Repeated Acts of Clearly Excessive Prescribing)**

12 61. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
13 defined by section 725, subdivision (a), of the Code, in that he repeatedly prescribed clearly  
14 excessive amounts of controlled substances to patients L.T., M.C., J.V., C.W., C.T. and K.W., as  
15 more particularly alleged in paragraphs 10 through 59, above, which are hereby incorporated by  
16 reference and realleged as if fully set forth herein.

17 **FOURTH CAUSE FOR DISCIPLINE**

18 **(Prescribing Without an Appropriate Examination and Medical Indication)**

19 62. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
20 defined by section 2242, of the Code, in that he repeatedly prescribed various controlled  
21 substances to patients L.T., M.C., J.V., C.W., C.T. and K.W., without performing an appropriate  
22 prior examination and medical indication, as more particularly alleged in paragraphs 10 through  
23 59, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

24 **FIFTH CAUSE FOR DISCIPLINE**

25 **(Furnishing Drugs to Addict)**

26 63. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
27 defined by section 2241 of the Code, in that he prescribed controlled substances and dangerous  
28 drugs to patients L.T., M.C., J.V., C.W., C.T. and K.W., whom he knew or reasonably should

1 have known was an addict and/or was using or would be using the controlled substances and  
2 dangerous drugs for a nonmedical purpose, as more particularly alleged in paragraphs 10 through  
3 59, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

4 **SIXTH CAUSE FOR DISCIPLINE**

5 **(Failure to Maintain Adequate and Accurate Records)**

6 64. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
7 defined by section 2266, of the Code, in that respondent failed to maintain adequate and accurate  
8 records regarding his care and treatment of patients L.T., M.C., J.V., C.W., C.T. and K.W., as  
9 more particularly alleged in paragraphs 10 through 59, above, which are hereby incorporated by  
10 reference and realleged as if fully set forth herein.

11 **PRAYER**

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

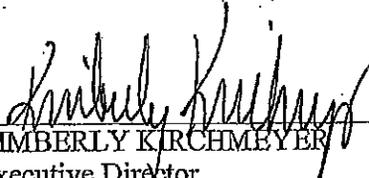
14 1. Revoking or suspending Physician's and Surgeon's Certificate No. C36159, issued to  
15 respondent Harry Convery Henderson III, M.D.;

16 2. Revoking, suspending or denying approval of respondent Harry Convery Henderson  
17 III, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code and  
18 advanced nurse practitioners;

19 3. Ordering respondent Harry Convery Henderson III, M.D., if placed on probation, to  
20 pay the Board the costs of probation monitoring; and

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

22  
23 DATED: June 29, 2017

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

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