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

In the Matter of the Accusation Against:	)	
CLINTON LANE, M.D.	)	Case No. 800-2017-030087
Physician's and Surgeon's Certificate No. A23501	)	
Respondent	)	

DECISION

The attached Stipulated Surrender of License and 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 May 1, 2019.

IT IS SO ORDERED April 24, 2019.

MEDICAL BOARD OF CALIFORNIA

By: Kimberly Kirchmeyer
Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **CLINTON LANE, M.D.** Internal Medicine 377 Perkins St. Sonoma, CA 95476 Physician's and Surgeon's Certificate No. A 23501 Respondent.	Case No. 800-2017-030087 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Lynne K. Dombrowski, Deputy Attorney General.

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2. Clinton Lane, M.D. (Respondent) is represented in this proceeding by attorney Ronald P. Goldman, Esq. of The Goldman Law Firm, Merchant Bank Building, 55 Main Street, Tiburon, CA 94920.

3. On or about September 10, 1969, the Board issued Physician's and Surgeon's Certificate No. A 23501 to Clinton Lane, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-030087 and is currently delinquent in retired status.

JURISDICTION

4. Accusation No. 800-2017-030087 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 28, 2018. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2017-030087 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-030087. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

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CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2017-030087, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

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

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

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 23501, issued to Respondent Clinton Lane, M.D., is surrendered and accepted by the Board.

1. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

2. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

3. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2017-030087 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

4. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-030087 shall be deemed to be true, correct and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

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

DATED: 5 April 2019

CLINTON LANE, M.D.
Respondent

I have read and fully discussed with Respondent Clinton Lane, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: April 11, 2019

RONALD P. GOLDMAN, ESQ.
THE GOLDMAN LAW FIRM
Attorneys for Respondent

ENDORSEMENT

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

DATED: April 16, 2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General

LYNNE K. DOMBROWSKI
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-030087

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 28 2018
BY: ANALYST

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

In the Matter of the Accusation Against: **Clinton Lane, M.D.** 377 Perkins St. Sonoma, CA 95476 Physician's and Surgeon's Certificate No. A 23501, Respondent.	Case No. 800-2017-030087 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about September 10, 1969, the Medical Board issued Physician's and Surgeon's Certificate Number A 23501 to Clinton Lane, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2019, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

5. Section 2234 of the Code states:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

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

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

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

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

6. Section 2242 states, in pertinent part:

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

7. Section 2266 of the Code states:

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

8. Section 725 of the Code states:

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

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

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

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

PERTINENT CONTROLLED SUBSTANCES/DANGEROUS DRUGS

9. Alprazolam, known by the trade name Xanax, is a psychotropic triazolo-analogue of the benzodiazepine class of central nervous system-active compounds. It is used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a Schedule IV controlled substance as defined by section 11057, subdivision (d) of the Health and Safety Code, and by section 1308.14 (c) of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business and Professions Code section 4022. Xanax has a central

nervous system (CNS) depressant effect and patients should be cautioned about the simultaneous ingestion of alcohol and other CNS depressant drugs during treatment with Xanax.

10. Carisoprodol, known by the trade name Soma, is a muscle-relaxant and sedative. It is a Schedule III controlled substance as defined by section 11056, subdivision (e) of the Health and Safety Code and by section 1308.13 (e) of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business and Professions Code section 4022. Since the effects of carisoprodol and alcohol or carisoprodol and other central nervous system depressants or psychotropic drugs may be addictive, appropriate caution should be exercised with patients who take more than one of these agents simultaneously.

11. Diazepam, known by the trade name Valium, is a psychotropic drug used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code and section 1308.14 of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business and Professions Code section 4022. Diazepam can produce psychological and physical dependence and it should be prescribed with caution particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to habituation and dependence.

12. Duloxetine hydrochloride, known by the trade name Cymbalta, is a serotonin and norepinephrine reuptake inhibitor (SNRI). It is indicated for the treatment of Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), Diabetic Peripheral Neuropathic Pain, Fibromyalgia, and chronic musculoskeletal pain. It is available in 20 mg., 30 mg. and 60 mg. capsules. It is a dangerous drug as defined in Business and Professions Code section 4022.

13. Hydromorphone hydrochloride, known by the trade name Dilaudid, is a hydrogenated ketone of morphine and is an opioid analgesic. Its principal therapeutic use is for pain relief. It is a Schedule II controlled substance as defined by section 11055, subdivision (d) of the Health and Safety Code, and by section 1308.12 (d) of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business and Professions Code section 4022. Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of opioids.

14. Lorazepam, known by the trade name Ativan, is a psychotropic drug for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It has a central nervous system depressant effect. It is a Schedule IV controlled substance as defined by section 11057, subdivision (d) of the Health and Safety Code and is a dangerous drug as defined in Business and Professions Code section 4022. Lorazepam can produce psychological and physical dependence and it should be prescribed with caution particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to habituation and dependence.

15. Methadone hydrochloride is a synthetic opioid analgesic with multiple actions quantitatively similar to those of morphine. Methadone may be administered as an injectable liquid or in the form of a tablet, disc, or oral solution. It is a Schedule II controlled substance as defined by section 11055, subdivision (c) of the Health and Safety Code, and by Section 1308.12 (c) of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business and Professions Code section 4022. Methadone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Methadone should be used with caution and in reduced dosage in patients who are concurrently receiving other opioid analgesics

16. Methylphenidate hydrochloride Methylphenidate hydrochloride (trade names Methylin, Concerta, Metadate, Ritalin) is a CNS stimulant indicated for the treatment of attention deficit hyperactivity disorder ("ADHD"). Methylphenidate should be given cautiously to patients with a history of drug dependence or alcoholism. It is a Schedule II controlled substance under Health and Safety Code section 11055(d)(6) and is a dangerous drug as defined in Business and Professions Code section 4022.

17. Morphine sulfate, known by the trade name MSContin, is an opioid pain medication indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Morphine is a Schedule II controlled substance as defined by section 11055, subdivision (b) of the Health and Safety Code and is a dangerous drug as defined in Business and Professions Code section 4022.

Morphine is a highly addictive drug which may rapidly cause physical and psychological dependence and, as a result, creates the potential for being abused, misused, and diverted.

18. Oxycodone hydrochloride, known by the trade names OxyContin or OxyIR, is a white odorless crystalline powder derived from an opium alkaloid. It is a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of oxycodone include anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a Schedule II controlled substance as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and by Section 1308.12 (b)(1) of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business and Professions Code section 4022.

19. Oxycodone with acetaminophen (APAP), known by the trade names Percocet or Endocet, is a combination of oxycodone hydrochloride and acetaminophen. It is a semisynthetic opioid analgesic with multiple actions qualitatively similar to those of morphine. It is a Schedule II controlled substance as defined by section 11055, subdivision (b)(1)(N), of the Health and Safety Code, and by section 1308.12 (b)(1) of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business and Professions Code section 4022. Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Repeated administration of Percocet may result in psychic and physical dependence.

20. Temazepam, known by the trade name Restoril, is a benzodiazepine hypnotic agent indicated for the short-term treatment of insomnia. It is a Schedule IV controlled substance under Health and Safety Code section 11057(d)(29) and is a dangerous drug as defined in Business and Professions Code section 4022. Patients using Temazepam should be warned about the possible combined effects if taken concomitantly with alcohol and other CNS depressants.

21. Trazodone hydrochloride, known by the trade name Desyrel, is a triazolopyridine derivative antidepressant medicine. It is indicated for treatment of major depressive disorder. It is a dangerous drug as defined in Business and Professions Code section 4022. Trazodone can increase the effects of alcohol or other anti-depressant medications.

22. Zolpidem tartrate, known by the trade name Ambien, is a non-benzodiazepine hypnotic of the imidasopyridine class. It is a Schedule IV controlled substance under Health and

Safety Code section 11057(d)(32) and is a dangerous drug as defined in Business and Professions Code section 4022. It is indicated for the short-term treatment of insomnia. It is a central nervous system (CNS) depressant and should be used cautiously in combination with other CNS depressants. Any CNS depressant could potentially enhance the CNS depressive effects of Ambien. It should be administered cautiously to patients exhibiting signs or symptoms of depression because of the risk of suicide. Because of the risk of habituation and dependence, individuals with a history of addiction to or abuse of drugs or alcohol should be carefully monitored while receiving Ambien.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Repeated Negligent Acts and/or Excessive Prescribing and/or Prescribing Without Appropriate Prior Examination/Medical Indication (Patient No. 1)

23. Respondent is subject to disciplinary action for unprofessional conduct under section 2234 subd. (c) and/or 725 and/or 2242 subd. (a) in that Respondent's overall conduct, acts and/or omissions, with regard to Patient No. 1 constitutes repeated negligent acts and/or excessive prescribing and/or prescribing without an appropriate prior examination and a medical indication, as more fully described herein below.

24. Patient No. 1, a female born in 1973, saw Respondent for care and treatment for chronic migraines, abdominal pain, shoulder pain, and substance use disorder. Patient No. 1 had a history of cardiac arrest with defibrillator placement.

25. On or about January 4, 2012, Patient No. 1 signed a controlled substances agreement with Respondent that outlined the general treatment goals and risks of addiction and withdrawal symptoms, along with setting parameters regarding prescription refills and other prescribing matters.

26. Respondent prescribed to Patient No. 1 a monthly combination of multiple benzodiazepines (CNS depressants) in addition to opioids. For example, in March and April 2014, Patient No. 1 filled prescriptions from Respondent for the following controlled substances: #720 Percocet 325 mg./10 mg.; #300 OxyContin 80 mg.; #180 Lorazepam 2 mg.; #240 Diazepam

10 mg.; #135 Alprazolam 1 mg.; #60 Zolpidem tartrate 12.5 mg. and #30 Zolpidem tartrate 10 mg., without documenting findings and appropriate medical indications to support the prescribing.

27. In or about November 2014, Patient No. 1 was hospitalized for detoxification from opiates and benzodiazepines, prior to entry into a recovery treatment program. Respondent's records are incomplete regarding the patient's hospitalization and treatment.

28. Respondent continued to prescribe to Patient No. 1 a monthly combination of multiple benzodiazepines (CNS depressants) in addition to opioids. For example, in January 2015, Patient No. 1 filled prescriptions from Respondent for the following controlled substances: #240 Percocet 325 mg./10 mg.; #128 OxyContin 80 mg.; #120 Lorazepam 2 mg.; #120 Diazepam 10 mg.; #210 Alprazolam 2 mg.; and #300 Zolpidem tartrate 12.5 mg.

29. In or about July 2015, Patient No. 1 saw a pain medicine specialist who recommended that the patient be weaned from her medication and that she be referred for possible suboxone treatment and to a psychiatrist or psychologist for mental health issues.

30. On or about September 3, 2016, Patient No. 1 filled prescriptions from Respondent for #240 pills of Percocet (oxycodone/acetaminophen) 10 mg./325 mg. and for #120 pills of OxyContin (oxycodone) 80 mg. which was excessive prescribing without a documented appropriate medical indication.

31. In September 2016, Respondent prescribed to Patient No. 1, in addition to the Percocet and OxyContin prescriptions described in Paragraph 30 herein, the following controlled substances: #120 Lorazepam 2 mg.; #120 Diazepam 10 mg.; #240 Alprazolam 2 mg.; and #30 Zolpidem tartrate 12.5 mg., again without documented medical indications.

32. Respondent's last prescriptions for Patient No. 1 were written in January 2017.

33. Respondent's overall conduct, acts and/or omissions, with regard to Patient No. 1, as set forth in paragraphs 23 through 32 herein, constitutes unprofessional conduct and is therefore subject to disciplinary action. More specifically, Respondent is guilty of unprofessional conduct through repeated negligent acts with regard to Patient No. 1 as follows:

a. Respondent prescribed a chronic combination of multiple benzodiazepines without attempting to taper or convert to a single benzodiazepine regimen and/or without referring or consulting with a pain specialist for assistance.

b. Respondent failed to document appropriate examinations and/or medical indications to support his prescribing of combinations of controlled substances on a chronic basis to Patient No. 1.

c. Respondent's prescribing of controlled substances to Patient No. 1 constitutes repeated excessive prescribing.

d. Respondent prescribed long-term opioid therapy to Patient No. 1 without conducting periodic reviews to assess the need for the opioids and without attempting to taper the opioid dose.

e. Respondent failed to properly evaluate and consider the patient's risk factors for opioid-related harms, e.g. a history of depression or other mental health conditions, history of substance use disorder, history of overdose, consuming more than 50 morphine milligram equivalents daily, and/or taking other CNS depressants with opioids.

f. Respondent failed to monitor Patient No. 1, who was being prescribed opioids on a long-term basis, by reviewing CURES reports and/or by conducting random urine drug testing.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Repeated Negligent Acts and/or Excessive Prescribing and/or Prescribing Without Appropriate Prior Examination and Medical Indication (Patient No. 2)

34. Respondent is subject to disciplinary action for unprofessional conduct under section 2234 subd. (c) and/or 725 and/or 2242 subd. (a) in that Respondent's overall conduct, acts and/or omissions, with regard to Patient No. 2 constitutes repeated negligent acts and/or excessive prescribing and/or prescribing without an appropriate prior examination and a medical indication, as more fully described herein below.

35. Patient No. 2, a female born in 1954, is a patient for whom Respondent made house calls once or twice a year. Patient No. 2 had fibromyalgia and was described as morbidly obese.

36. From at least February 2013 through February 2014, Respondent prescribed to Patient No. 2, on an approximately monthly basis, the following controlled substances: #510 Methadone HCL 10 mg.; #90 Lorazepam 1 mg.; and #60 Soma 350 mg., which constitutes an extremely high morphine equivalent daily dose. Respondent did not document findings and medical indications to support the prescribing.

37. Starting in about March 2014 through at least May 2017, Respondent increased the quantity of Soma and prescribed to Patient No. 2, on an approximately monthly basis, the following controlled substances: #510 Methadone HCL 10 mg.; #90 Lorazepam 1 mg.; and #90 Soma 350 mg., which was again an extremely high morphine equivalent daily dose, without documented findings and medical indications to support the prescribing.

38. On or about June 26, 2015, Respondent noted that the patient reported falling twice but was "able to get up herself" without any further details of the incidents.

39. In or about November 2017, Respondent approved a telephone request from the patient to change the patient's medication regimen from methadone to oxycodone and began issuing prescriptions for #60 Percocet 325 mg./10 mg., each prescription designated as a ten-day supply.

40. Respondent's overall conduct, acts and/or omissions, with regard to Patient No. 2, as set forth in paragraphs 34 through 39 herein, constitutes unprofessional conduct and is therefore subject to disciplinary action. More specifically, Respondent is guilty of unprofessional conduct through repeated negligent acts with regard to Patient No. 2 as follows:

a. Respondent prescribed Soma/carisoprodol on a long-term basis, for more than 3 weeks, without documenting an appropriate medical indication.

b. Respondent failed to monitor the patient with EKG screenings, at least annually, while prescribing methadone on a long-term basis.

c. Respondent failed to document appropriate examinations and/or medical indications to support his prescribing of combinations of controlled substances on a chronic basis to Patient No. 2.

d. Respondent's prescribing of controlled substances to Patient No. 2 constitutes repeated excessive prescribing.

e. Respondent failed to consult with, or refer Patient No. 2 to, an addiction or pain specialist when prescribing, on a long-term basis, doses of greater than 80 morphine milligram equivalents per day.

f. Respondent prescribed long-term opioid therapy to Patient No. 2 without conducting periodic reviews to assess the need for the opioids and without attempting to taper the opioid dose.

g. Respondent failed to properly evaluate and consider Patient No. 2's risk factors for opioid-related harms, e.g. a history of depression or other mental health conditions, history of substance use disorder, history of overdose, consuming more than 50 morphine milligram equivalents daily, and/or taking other CNS depressants with opioids.

h. Respondent failed to monitor Patient No. 2, who was being prescribed opioids on a long-term basis, by reviewing CURES reports and/or by conducting random urine drug testing.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Repeated Negligent Acts and/or Excessive Prescribing and/or Prescribing Without Appropriate Prior Examination and Medical Indication (Patient No. 3)

41. Respondent is subject to disciplinary action for unprofessional conduct under section 2234 subd. (c) and/or 725 and/or 2242 subd. (a) in that Respondent's overall conduct, acts and/or omissions, with regard to Patient No. 3 constitutes repeated negligent acts and/or excessive prescribing and/or prescribing without an appropriate prior examination and a medical indication, as more fully described herein below.

42. Patient No. 3, a female born in 1970, saw Respondent for complaints of chronic neck and low back pain. Respondent treated the patient's pain with controlled substances.

43. On or about May 23, 2012, Patient No. 3 signed a controlled substances agreement with Respondent that outlined the general treatment goals and risks of addiction and withdrawal

symptoms, along with setting parameters regarding prescription refills and other prescribing matters.

44. Starting in at least February 2013, Respondent prescribed to Patient No. 3 the following controlled substances on approximately a monthly basis: #240 oxycodone with acetaminophen 325 mg./10 mg.; #120 Oxycodone 60 mg.; #60 Alprazolam 1 mg. Respondent also prescribed monthly to Patient No. 3 two anti-depressants, trazodone and duloxetine (Cymbalta), which constitutes an extremely high morphine equivalent daily dose. Respondent did not document findings and medical indications to support the prescribing.

45. On June 14, 2016, Respondent issued Patient No. 3 a medical marijuana recommendation for "chronic pain."

46. In about April through July 2017, Patient No. 3 was also being treated by a psychiatrist who was prescribing an antidepressant, aripiprazole, on a monthly basis. During that same time, Respondent prescribed two anti-depressants monthly to Patient No. 3: #60 Duloxetine 60 mg. and #100 Trazodone 100 mg.

47. Respondent noted that, on at least three occasions (November 05, 2015; January 03, 2017; and November 16, 2017), Patient No. 3 telephoned Respondent to request early refills of both trazodone and duloxetine, which Respondent granted.

48. Respondent's overall conduct, acts and/or omissions, with regard to Patient No. 3, as set forth in paragraphs 41 through 47 herein, constitutes unprofessional conduct and is therefore subject to disciplinary action. More specifically, Respondent is guilty of unprofessional conduct through repeated negligent acts with regard to Patient No. 3 as follows:

a. Respondent prescribed, on a chronic basis, a combination of multiple benzodiazepines, in addition to opioids, without attempting to taper or convert to a single benzodiazepine regimen and/or without referring or consulting with a pain specialist for assistance.

b. Respondent failed to consult with, or refer Patient No. 3 to, an addiction or pain specialist when prescribing, on a long-term basis, doses of greater than 80 morphine milligram equivalents per day.

c. Respondent failed to document appropriate examinations and/or medical indications to support his prescribing of combinations of controlled substances on a chronic basis to Patient No. 3.

d. Respondent's prescribing of controlled substances to Patient No. 3 constitutes repeated excessive prescribing.

e. Respondent prescribed long-term opioid therapy to Patient No. 3 without conducting periodic reviews to assess the need for the opioids and without attempting to taper the opioid dose.

f. Respondent failed to properly evaluate and consider Patient No. 3's risk factors for opioid-related harms, e.g. a history of depression or other mental health conditions, a history of substance use disorder, history of overdose, consuming more than 50 morphine milligram equivalents daily, and/or taking other CNS depressants with opioids.

g. Respondent failed to monitor Patient No. 3, who was being prescribed opioids on a long-term basis, by reviewing CURES reports and/or by conducting random urine drug testing.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Repeated Negligent Acts and/or Excessive Prescribing and/or Prescribing Without Appropriate Prior Examination and Medical Indication (Patient No. 4)

49. Respondent is subject to disciplinary action for unprofessional conduct under section 2234 subd. (c) and/or 725 and/or 2242 subd. (a) in that Respondent's overall conduct, acts and/or omissions, with regard to Patient No. 1 constitutes repeated negligent acts and/or excessive prescribing and/or prescribing without an appropriate prior examination and a medical indication, as more fully described herein below.

50. Patient No. 4, a female born in 1949, had a history of myelodysplastic syndrome. Since 2010, Patient No. 4 was seen and treated by Respondent for anxiety and depression and, after about July 2015, for chronic pain as well.

51. Between 2014 and about August 2015, Respondent prescribed to Patient No. 4, on a monthly basis, a combination of #60 Lorazepam 1 mg. and #30 Zolpidem tartrate 10 mg. After

about July 2015, Respondent added #60 Tramadol 50 mg. to the monthly prescribing regimen. During this same period, Patient No. 4 also received from other prescribers, on a monthly basis, the following controlled substances: Morphine sulfate, Oxycodone HCL. Hydromorphone HCL, and Methylphenidate HCL.

52. Starting about August 2015 through 2016, Respondent added opioids to the monthly prescribing regimen for Patient No. 4. At the same, Patient No. 4 was also obtaining the following controlled substances from other prescribers: morphine sulfate, OxyContin, hydromorphone HCL, and methylphenidate HCL. Patient No. 4 was receiving an extremely high morphine equivalent daily dose. Respondent did not document findings and medical indications to support his prescribing.

53. On or about May 5, 2016, Patient No. 4 was the restrained driver in a motor vehicle crash from which she sustained serious injuries.

54. On September 13, 2016, Patient No. 4 signed a controlled substances agreement with Respondent that outlined the general treatment goals and risks of addiction and withdrawal symptoms, along with setting parameters regarding prescription refills and other prescribing matters.

55. Respondent's overall conduct, acts and/or omissions, with regard to Patient No. 4, as set forth in paragraphs 49 through 54 herein, constitutes unprofessional conduct and is therefore subject to disciplinary action. More specifically, Respondent is guilty of unprofessional conduct through repeated negligent acts with regard to Patient No. 4 as follows:

a. Respondent prescribed, on a chronic basis, a combination of multiple benzodiazepines, in addition to opioids, without attempting to taper or convert to a single benzodiazepine regimen and/or without referring or consulting with a pain specialist for assistance.

b. Respondent failed to document appropriate examinations and/or medical indications to support his prescribing of combinations of controlled substances on a chronic basis to Patient No. 4.

c. Respondent's prescribing of controlled substances to Patient No. 4 constitutes repeated excessive prescribing.

d. Respondent prescribed long-term opioid therapy to Patient No. 4 without conducting periodic reviews to assess the need for the opioids and without attempting to taper the opioid dose.

e. Respondent failed to properly evaluate and consider Patient No. 4's risk factors for opioid-related harms, e.g. a history of depression or other mental health conditions, a history of substance use disorder, history of overdose, consuming more than 50 morphine milligram equivalents daily, and/or taking other CNS depressants with opioids

f. Respondent failed to monitor Patient No. 4, who was being prescribed opioids on a long-term basis, by reviewing CURES reports and/or by conducting random urine drug testing.

g. Respondent failed to consult with, or refer Patient No. 4 to, an addiction or pain specialist when prescribing, on a long-term basis, doses of greater than 80 morphine milligram equivalents per day.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Repeated Negligent Acts – Patient Nos. 1 through 4)

56. In the alternative, Respondent is subject to disciplinary action for unprofessional conduct, jointly and severally, under section 2234(c) for repeated negligent acts with regard to his acts and/or omissions with regards to Patient No. 1 and/or Patient No. 2 and/or Patient No. 3 and/or Patient No. 4, as alleged in paragraphs 23 through 55, which are incorporated herein by reference as if fully set forth.

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SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Failure to Maintain Adequate/Accurate Records for Patient Nos. 1 through 4)

57. Respondent is subject to disciplinary action for unprofessional conduct under section 2266 for failure to maintain adequate and accurate records relating to the provision of services to Patient No. 1 and/or Patient No. 2 and/or Patient No. 3 and/or Patient No. 4, as alleged in paragraphs 23 through 55, which are incorporated herein by reference as if fully set forth.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 23501, issued to Clinton Lane, M.D.;

2. Revoking, suspending or denying approval of Clinton Lane, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Clinton Lane, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: August 28, 2018

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

SF2018201132