

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

In the Matter of the Accusation)	
Against:)	
)	
COLLIN LEONG, M.D.)	Case No. 03-2012-220574
)	
Physician's and Surgeon's)	
Certificate No. A-23867)	
)	
Respondent)	
_____)	

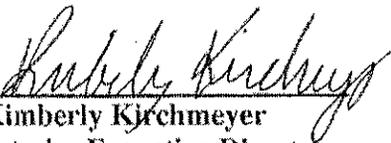
DECISION

The attached Stipulation for Surrender of Certificate 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 February 4, 2014

IT IS SO ORDERED January 28, 2014 .

MEDICAL BOARD OF CALIFORNIA

By: 
Kimberly Kjrhmeyer
Interim Executive Director

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
3 LAWRENCE MERCER
Deputy Attorney General
4 State Bar No. 111898
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
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Attorneys for Complainant

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 03-2012-220574
OAH No. 2013100552

11 **COLLIN LEONG, M.D.**
12 929 Clay Street, Suite 301
13 San Francisco, CA 94108

**STIPULATION FOR SURRENDER OF
CERTIFICATE**

14 Physician's and Surgeon's Certificate No. A23867

15 Respondent.

16
17 In the interest of a prompt and speedy resolution of this matter, consistent with the public
18 interest and the responsibility of the Medical Board of California, Department of Consumer
19 Affairs, (hereinafter, the "Board"), the parties hereby agree to the following Stipulation for
20 Surrender of Certificate which will be submitted to the Board for its approval and adoption as the
21 final disposition of Case No. 03-2012-220574.

22
23 1. Kimberly Kirchmeyer ("Complainant") is the Interim Executive Director of the
24 Medical Board of California, Department of Consumer Affairs, who brought this action solely in
25 her official capacity. She is represented in this matter by Kamala D. Harris, Attorney General of
26 the State of California, by Lawrence Mercer, Deputy Attorney General.

1 Certificate is subject to discipline pursuant to section 2234(b) of the Business and Professions
2 Code.

3 9. Respondent desires and agrees to surrender his Physician's and Surgeon's Certificate
4 for the Board's formal acceptance, thereby giving up his right to practice medicine in the State of
5 California.

6 RESERVATION

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

11 CONTINGENCY

12 11. This Stipulation shall be subject to the approval of the Board. Respondent
13 understands and agrees that Board staff and counsel for Complainant may communicate directly
14 with the Board regarding this Stipulation, without notice to or participation by Respondent or his
15 attorney. If the Board fails to adopt this Stipulation as its Order in this matter, the Stipulation
16 shall be of no force or effect; it shall be inadmissible in any legal action between the parties; and
17 the Board shall not be disqualified from further action in this matter by virtue of its consideration
18 of this Stipulation.

19 STIPULATION AND ORDER

20 **IT IS THEREFORE STIPULATED AND ORDERED** as follows:

21 1. SURRENDER Respondent hereby agrees that he will surrender his wall and wallet
22 Physician's and Surgeon's Certificates and all other indicia of his right to practice medicine in the
23 State of California to the Board or its representative on or before the effective date of this
24 decision, and the Board agrees to accept this surrender in resolution of this matter.

25 2. REINSTATEMENT Respondent fully understands and agrees that if he ever files
26 an application for re-licensure or reinstatement in the State of California, the Board shall treat it
27 as a petition for reinstatement. Respondent must comply with all the laws, regulations and
28 procedures for reinstatement of a revoked license in effect at the time any petition is filed, and he

1 understands and agrees that all of the allegations and causes for discipline contained in
2 Accusation No. 03-2012-220574 will be deemed to be true, correct and admitted by him for
3 purposes of the Board's determination whether to grant or deny the petition. Respondent agrees
4 that he will not petition for reinstatement for at least three (3) years following the effective date of
5 this decision. Respondent hereby waives any time-based defense he might otherwise have to the
6 charges contained in Accusation No. 03-2012-220574 including, but not limited to, the equitable
7 defense of laches.

8 3. Respondent understands that by signing this Stipulation, he is enabling the Board to
9 issue its order accepting the surrender of his license without further process. He further
10 understands that upon acceptance of this Stipulation by the Board, he will no longer be permitted
11 to practice as a physician and surgeon in California.

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ACCEPTANCE

I, COLLIN LEONG, M.D., have carefully read the above Stipulation for Surrender of Certificate, have fully discussed it with my attorneys, and enter into it freely and voluntarily and with full knowledge of its force and effect, do hereby agree to surrender my Physician's and Surgeon's Certificate no. A23867 to the Medical Board of California for its formal acceptance. By signing this Stipulation to surrender my license, I recognize that as of the effective date of its formal acceptance by the Board, I will lose all rights and privileges to practice as a physician and surgeon in the State of California and, if I have not already done so, I also will cause to be delivered to the Board both my license and wallet certificates on or before the effective date of the decision.

Dated:

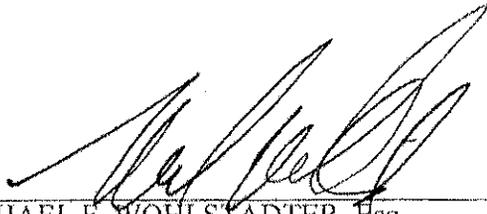
Jan 15 - 2014


COLLIN LEONG, M.D.
Respondent

I have read and fully discussed with Respondent COLLIN LEONG, M.D. the terms and conditions and other matters contained in the above Stipulation for Surrender of Certificate. I approve its form and content.

Dated:

1-15-14


MICHAEL F. WOHLSTADTER, Esq.
Attorney for Respondent

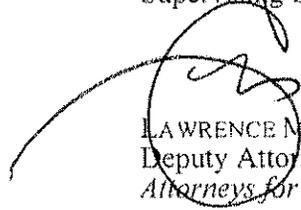
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ENDORSEMENT

The foregoing Stipulation for Surrender of Certificate is respectfully submitted for consideration by the Medical Board of California, Department of Consumer Affairs.

Dated: 1/23/2014

KAMALA D. HARRIS
Attorney General of California
JOSE R. GUERRERO
Supervising Deputy Attorney General



LAWRENCE MERCER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
3 LAWRENCE MERCER [SBN 111898]
Deputy Attorneys General
4 455 Golden Gate Avenue, Suite 11000
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6 E-mail: Larry.mercer@doj.ca.gov

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO April 16 2013
BY: *[Signature]* ANALYST

7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:
12 **COLLIN LEONG, M.D.**
13 929 Clay Street, Suite 301
San Francisco, CA 94108
14
15 Physician's and Surgeon's Certificate No. A23867
16 Respondent.

Case No. 03-2012-220574

ACCUSATION

17 Complainant alleges:

PARTIES

19 1. Linda K. Whitney (Complainant) brings this Accusation (Accusation) solely in her
20 official capacity as the Executive Director of the Medical Board of California, Department of
21 Consumer Affairs.

22 2. On July 20, 1970, the Medical Board (Board) issued Physician's and Surgeon's
23 Certificate A23867 to Collin Leong, M.D. (Respondent.) The certificate is renewed and current
24 with an expiration date of February 28, 2015.

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1 JURISDICTION

2 3. This Accusation is brought before the Medical Board of California¹, under the
3 authority of the following laws. All references are to the Business and Professions Code unless
4 otherwise specified.

5 A. Section 2227 of the Business and Professions Code authorizes the Board to take
6 action against a licensee by revoking, suspending for a period not to exceed one year, placing the
7 license on probation and requiring payment of costs of probation monitoring, or taking such other
8 action taken as the Board deems proper.

9 B. Section 2234 of the Code states, in pertinent part, that the Board shall take
10 action against any licensee who is charged with unprofessional conduct. In addition to other
11 provisions of this article, unprofessional conduct includes, but is not limited to, the following:

12 (a) Violating or attempting to violate, directly or indirectly, assisting in or
13 abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the
14 Medical Practice Act].

15 (b) Gross negligence

16 (c) Repeated negligent acts

17 (d) Incompetence

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

20 C. Section 725 of the code provides, in part, that repeated acts of clearly excessive
21 prescribing or administering of drugs or treatment as determined by the standard of the
22 community of licensee is unprofessional conduct.

23 D. Section 2242(a) provides that prescribing, dispensing or furnishing dangerous
24 drugs without an appropriate prior examination and a medical indication constitutes
25 unprofessional conduct.

26 _____
27 ¹The term "Board" means the Medical Board of California; "Division of Medical Quality" or
28 "Division" shall also be deemed to refer to the Board.

1 E. Section 2266 of the Code provides that the failure to maintain adequate and
2 accurate records relating to the provision of services to patients constitutes unprofessional
3 conduct.

4 F. Section 2262 of the Code provides that the altering or modifying the medical
5 record of any person, with fraudulent intent, or creating any false medical record, with fraudulent
6 intent, constitutes unprofessional conduct.

7 4. Respondent is Board Certified in Internal Medicine. At the time of the events alleged
8 in this Accusation, Respondent was engaged in the practice of medicine in San Francisco,
9 California.

10 **FIRST CAUSE FOR DISCIPLINE**

11 **Patient YMB**

12 **(Unprofessional Conduct/Gross Negligence/Negligence/Incompetence/Excessive
13 Prescribing/Inadequate Records)**

14 5. Respondent saw 22 year old Patient YMB on seven occasions between August 4,
15 2011 and February 29, 2012. YMB paid cash for each of his visits. Respondent's largely illegible
16 medical record for YMB reflects no physical examination. No vital signs are recorded on any
17 visits, except that on one visit, a weight was taken. The medical history obtained is limited to a
18 notation that YMB had "severe pain" due to a prior gunshot wound or back injury, a "history of
19 bronchitis," and on one visit, a reference is made to an automobile accident. Respondent made no
20 assessment or evaluation of YMB's pain complaints. No prior medical records were obtained, no
21 imaging studies or laboratory tests were ordered or considered, and no history of opioid use or
22 substance abuse was taken or documented. Respondent's diagnosis for YMB over the course of
23 his treatment was chronic complex pain syndrome and bronchitis.

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1 6. Over the course of his treatment of YMB, Respondent consistently prescribed large
2 quantities of oxycodone² and Soma³. On some visits, Valium⁴ was prescribed. Respondent's
3 chart contains no documented reason for the Soma and Valium; however, during his Medical
4 Board interview Respondent stated they were prescribed for muscle spasms. Respondent also
5 issued multiple prescriptions for promethazine with codeine cough syrup.⁵

6 7. At no time during his treatment of YMB did Respondent take steps to objectify the
7 patient's complaints of pain, and he failed to obtain lab studies, toxicology screening, urinalysis,
8 or YMB's past medical records. Respondent failed to adequately consider or evaluate the source
9 of YMB's reported pain.

10 8. Respondent's medical record for YMB fails to document physical examination or
11 findings, and contains insufficient physical findings to support his clinical diagnosis. His chart
12 fails to adequately document the basis for his prescription of large doses of opiate and sedative
13 medications, or to assess whether YMB demonstrated drug-seeking or aberrant drug behavior.

14 9. Respondent is guilty of unprofessional conduct and subject to disciplinary action
15 under section 2234, and/or 2234(b) and/or 2234(c) of the Code in that Respondent was grossly
16 negligent and/or committed repeated negligent acts and/or was incompetent in the practice of
17 medicine, including but not limited to the following:

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20 ² Oxycodone hydrochloride (Oxycontin, Oxycodone IR) is an opioid analgesic. It is a
21 Schedule II controlled substance and narcotic and is a dangerous drug as defined in Business and
22 Professions Code section 4022. Oxycodone can produce drug dependence and, therefore, has the
23 potential for being abused. Oxycontin is indicated for the management of moderate to severe
24 pain, and is a commonly abused or diverted drug, and is known to have a high "street value."

25 ³ Soma is a trade name for carisoprodol, a muscle relaxant and sedative. Carisoprodol is a
26 dangerous drug as defined by Business and Professions Code section 4022.

27 ⁴ Valium is a trade name for diazepam, a psychotropic drug for the management of anxiety
28 disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as
29 defined in section 4022, and a schedule IV controlled substance. Diazepam can produce
30 psychological and physical dependence and it should be prescribed with caution particularly to
31 addiction-prone individuals (such as drug addicts and alcoholics) because of the predisposition of
32 such patients to habituation and dependence.

33 ⁵ Promethazine cough syrup with codeine is a dangerous drug as defined in section 4022,
34 and a Schedule V controlled substance.

1 A. Respondent undertook to treat Patient YMB for severe chronic pain, prescribing
2 high doses of narcotic and sedative medications, without conducting the necessary examination,
3 evaluation and assessment to support his diagnosis or the prescription of medication.

4 B. Respondent diagnosed and treated YMB for bronchitis without an adequate
5 history, physical or clinical evidence to support the diagnosis.

6 C. Respondent prescribed potentially dangerous or even lethal combinations of
7 narcotic and sedative medications without adequate indication or monitoring, and in the absence
8 of a treatment plan with objectives.

9 D. Respondent failed to thoroughly or adequately evaluate or assess the cause of
10 YMB's complaints of pain.

11 E. Respondent made no effort to exclude drug diversion or abuse by YMB, and
12 took no history pertaining to drug or alcohol use.

13 F. Respondent failed to obtain imaging studies, urinalysis, toxicology testing, or
14 basic laboratory testing for YMB.

15 10. Respondent is guilty of unprofessional conduct and subject to disciplinary action
16 under sections 2234, and/or 2234(c), and/or 2266 of the Code in that he failed to keep adequate
17 and accurate records for patient YMB:

18 A. Respondent's medical records fails to adequately document a patient history,
19 medical examination, evaluation, assessment, treatment plan, objectives, informed consent, or
20 rationale for the medications prescribed. The records that were created are largely illegible, and
21 are devoid of information setting forth Respondent's decision making process for his treatment of
22 YMB.

23 B. Respondent's record fails to adequately document a medical basis or indication
24 for the ongoing prescription of large quantities of opioid narcotics and sedatives, or to document
25 physical examination findings that supported his clinical diagnosis of chronic complex pain
26 syndrome and bronchitis.

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1 11. Respondent is guilty of unprofessional conduct and subject to disciplinary action
2 under sections 2242 and/or 725 of the Code in that he inappropriately and excessively prescribed
3 high dose opioid and sedative medications for patient YMB, in the absence of an appropriate
4 prior medical examination and a medical indication.

5 **SECOND CAUSE FOR DISCIPLINE**

6 **Patient DB**

7 **(Unprofessional Conduct/Gross Negligence/Negligence/Excessive Prescribing/Inadequate
8 Records)**

9 12. Respondent saw 20 year old Patient DB, who is the brother of Patient YMB, on five
10 occasions between August 4, 2011 and February 14, 2012. DB paid cash for each of his visits.
11 Respondent's largely illegible medical record for DB reflects no physical examination, and no
12 vital signs were taken or recorded. Respondent noted "pain," apparently from a gunshot wound,
13 but there is no physical examination or description of the wound. Other than reference to the
14 gunshot wound, no medical history was obtained. Respondent made no assessment or evaluation
15 of DB's pain complaints. No prior medical records were obtained, no imaging studies or
16 laboratory tests were ordered or considered, and no history of opioid use or substance abuse was
17 taken or documented. Respondent's diagnosis for DB over the course of his treatment was
18 chronic complex pain syndrome, gunshot wound and bronchitis.

19 13. Over the course of his treatment of DB, Respondent prescribed Vicodin, Norco⁶
20 oxycodone, Soma, Valium, and promethazine with codeine cough syrup. Respondent's chart fails
21 to document any rationale for the prescriptions. Respondent stated during his Medical Board
22 interview that he prescribed the drugs requested by DB.

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25 ⁶ Vicodin and Norco are trade names for a combination of hydrocodone bitartrate and
26 acetaminophen, a semisynthetic narcotic (opioid) analgesic. They are a Schedule III controlled
27 substance and narcotic and a dangerous drug as defined in Business and Professions Code section
28 4022. They are indicated for the relief of moderate to moderately severe pain. Tolerance to
hydrocodone can develop with continued use.

1 14. At no time during his treatment of DB did Respondent take steps to objectify his
2 complaints of pain, and Respondent failed to obtain lab studies, toxicology screening, urinalysis
3 or DB's past medical records. Respondent failed to adequately consider or evaluate the source of
4 DB's reported pain.

5 15. Respondent's medical record for DB fails to document physical examination or
6 findings. His record contains insufficient physical findings to support his clinical diagnosis. His
7 chart fails to adequately document the basis for his prescription of large doses of opiate and
8 sedative medications, or to assess whether DB demonstrated drug-seeking or aberrant drug
9 behavior.

10 16. Respondent is guilty of unprofessional conduct and subject to disciplinary action
11 under section 2234, and/or 2234(b) and/or 2234(c) of the Code in that Respondent was grossly
12 negligent and/or committed repeated negligent acts and/or was incompetent in the practice of
13 medicine, including but not limited to the following:

14 A. Respondent undertook to treat Patient DB for severe chronic pain, prescribing
15 high doses of narcotic and sedative medications, without conducting the necessary examination,
16 evaluation and assessment to support his diagnosis or the prescription of medication.

17 B. Respondent diagnosed and treated DB for bronchitis without an adequate
18 history, physical or clinical evidence to support the diagnosis.

19 C. Respondent prescribed potentially dangerous or even lethal combinations of
20 narcotic and sedative medications without adequate indication or monitoring, and in the absence
21 of a treatment plan with objectives.

22 D. Respondent failed to thoroughly or adequately evaluate or assess the cause of
23 DB's complaints of pain.

24 E. Respondent made no effort to exclude drug diversion or abuse by DB, and took
25 no history pertaining to drug or alcohol use.

26 F. Respondent failed to obtain imaging studies, urinalysis, toxicology testing, or
27 basic laboratory testing for DB.

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1 17. Respondent is guilty of unprofessional conduct and subject to disciplinary action
2 under sections 2234, and/or 2234(c), and/or 2266 of the Code in that he failed to keep adequate
3 and accurate records for patient DB:

4 A. Respondent's medical records fails to adequately document a patient history,
5 medical examination, evaluation, assessment, treatment plan, objectives, informed consent, or
6 rationale for the medications prescribed. The records that were created are largely illegible, and
7 are devoid of information setting forth Respondent's decision making process for his treatment of
8 DB.

9 B. Respondent's record fails to adequately document a medical basis or indication
10 for the ongoing prescription of large quantities of opioid narcotics and sedatives, or to document
11 physical examination findings that supported his clinical diagnosis of chronic complex pain
12 syndrome and bronchitis.

13 18. Respondent is guilty of unprofessional conduct and subject to disciplinary action
14 under sections 2242 and/or 725 of the Code in that he inappropriately and excessively prescribed
15 high dose opioid and sedative medications for patient DB, in the absence of an appropriate prior
16 medical examination and a medical indication, and without taking steps to monitor the patient.

17 **THIRD CAUSE FOR DISCIPLINE**

18 **Patient RB**

19 **(Unprofessional Conduct/Gross Negligence/Negligence/Excessive Prescribing/Inadequate**
20 **Records)**

21 19. Respondent saw 52 year old Patient RB, who is the father of Patients YMB and DB,
22 on 10 occasions between June 29, 2011 and May 23, 2012. Respondent's largely illegible
23 medical record for RB reflects extremely minimal physical examination: a blood pressure and
24 negative physical exam are noted for the first and last visits. Minimal medical history was
25 obtained, and what was noted was not followed up upon. Respondent made no assessment or
26 evaluation of RB's pain complaints. No prior medical records were obtained, no imaging studies
27 or laboratory tests were ordered or considered, and no history of opioid use or substance abuse
28

1 was taken or documented. Respondent's diagnosis for RB was bronchitis, osteoarthritis and
2 hypertension. Respondent conducted no evaluation or workup of any of these conditions.

3 20. Over the course of his treatment of RB, Respondent prescribed hydrocodone,
4 oxycodone, Valium, Soma and promethazine with codeine cough syrup. Respondent's chart fails
5 to document any rationale for the prescriptions. Respondent stated during his Medical Board
6 interview that he prescribed the drugs requested by RB.

7 21. At no time during his treatment of RB did Respondent take steps to objectify his
8 complaints of pain, and he failed to obtain lab studies, toxicology screening, or urinalysis. He
9 never obtained RB's past medical records. Respondent failed to adequately consider or evaluate
10 the source of RB's reported pain. He failed to work up or evaluate his diagnosis of hypertension
11 or bronchitis.

12 22. Respondent's medical record for RB fails to document an adequate physical
13 examination or findings. His record contains insufficient physical findings to support his clinical
14 diagnosis. His chart fails to adequately document the basis for his prescription of opiate and
15 sedative medications, or to assess whether RB demonstrated drug-seeking or aberrant drug
16 behavior.

17 23. Respondent is guilty of unprofessional conduct and subject to disciplinary action
18 under section 2234, and/or 2234(b) and/or 2234(c) of the Code in that Respondent was grossly
19 negligent and/or committed repeated negligent acts and/or was incompetent in the practice of
20 medicine, including but not limited to the following:

21 A. Respondent undertook to treat Patient RB for chronic pain, prescribing high
22 doses of narcotic and sedative medications, without conducting the necessary examination,
23 evaluation and assessment to support his diagnosis or the prescription of medication.

24 B. Respondent diagnosed and treated RB for bronchitis without an adequate
25 history, physical or clinical evidence to support the diagnosis.

26 C. Respondent prescribed potentially dangerous or even lethal combinations of
27 narcotic and sedative medications without adequate indication or monitoring, and in the absence
28 of a treatment plan with objectives.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **Patient YD**

3 **(Unprofessional Conduct/Gross Negligence/Negligence/Excessive Prescribing/Inadequate**
4 **Records)**

5 26. Respondent saw 27 year old Patient YD⁷ on six occasions between August 4, 2011
6 and February 23, 2012. Respondent's largely illegible medical record for YD notes a history of
7 auto accident, gunshot wound and a back injury; no further history or assessment of these events
8 is documented. The record reflects no physical examination. No other medical history was
9 obtained. Respondent made no assessment or evaluation of YD's pain complaints. No prior
10 medical records were obtained, no imaging studies or laboratory tests were ordered or considered,
11 and no history of opioid use or substance abuse was taken or documented. Respondent's diagnosis
12 for YD was chronic complex pain syndrome, bronchitis and osteoarthritis.

13 27. Over the course of his treatment of YD, Respondent prescribed Norco, oxycodone,
14 Soma, Valium, and promethazine with codeine cough syrup. Respondent's chart fails to
15 document any rationale for the prescriptions. Respondent stated during his Medical Board
16 interview that he prescribed the drugs requested by YD.

17 28. At no time during his treatment of YD did Respondent take steps to objectify his
18 complaint of pain, and he failed to obtain lab studies, toxicology screening, or urinalysis. He
19 never obtained YD's past medical records. Respondent failed to adequately consider or evaluate
20 the source of YD's reported pain.

21 29. Respondent's medical record for YD fails to document physical examination or
22 findings. His record contains insufficient physical findings to support his clinical diagnosis. His
23 chart fails to adequately document the basis for his prescription of large doses of opiate and
24 sedative medications, or to assess whether YD demonstrated drug-seeking or aberrant drug
25 behavior.

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27 ⁷ Respondent stated in his Medical Board interview that he believed that YD was referred
28 to him by the "B" family set forth above.

1 30. Respondent is guilty of unprofessional conduct and subject to disciplinary action
2 under section 2234, and/or 2234(b) and/or 2234(c) of the Code in that Respondent was grossly
3 negligent and/or committed repeated negligent acts and/or was incompetent in the practice of
4 medicine, including but not limited to the following:

5 A. Respondent undertook to treat Patient YD for severe chronic pain,
6 prescribing high doses of narcotic and sedative medications, without conducting the necessary
7 examination, evaluation and assessment to support his diagnosis or the prescription of
8 medication.

9 B. Respondent diagnosed and treated YD for bronchitis without an adequate
10 history, physical or clinical evidence to support the diagnosis.

11 C. Respondent prescribed potentially dangerous or even lethal combinations of
12 narcotic and sedative medications without adequate indication or monitoring, and in the absence
13 of a treatment plan with objectives.

14 D. Respondent failed to thoroughly or adequately evaluate or assess the cause
15 of YD's complaints of pain.

16 E. Respondent made no effort to exclude drug diversion or abuse by YD, and
17 took no history pertaining to drug or alcohol use.

18 F. Respondent failed to obtain imaging studies, urinalysis, toxicology testing,
19 or basic laboratory testing for YD.

20 31. Respondent is guilty of unprofessional conduct and subject to disciplinary action
21 under sections 2234, and/or 2234(c), and/or 2266 of the Code in that he failed to keep adequate
22 and accurate records for patient YD:

23 A. Respondent's medical records fails to adequately document a patient
24 history, medical examination, evaluation, assessment, treatment plan, objectives, informed
25 consent, or rationale for the medications prescribed. The records that were created are largely
26 illegible, and are devoid of information setting forth Respondent's decision making process for his
27 treatment of YD.

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1 B. Respondent's record fails to adequately document a medical basis or
2 indication for the ongoing prescription of large quantities of opioid narcotics and sedatives, or to
3 document physical examination findings that supported his clinical diagnosis.

4 32. Respondent is guilty of unprofessional conduct and subject to disciplinary action
5 under sections 2242 and/or 725 of the Code in that he inappropriately and excessively prescribed
6 high dose opioid and sedative medications for patient YD, in the absence of an appropriate prior
7 medical examination and a medical indication, and without taking steps to monitor the patient.

8 **FIFTH CAUSE FOR DISCIPLINE**

9 **Patient RK**

10 **(Unprofessional Conduct/Gross Negligence/Negligence/Excessive Prescribing/False or**
11 **Inadequate Records)**

12 33. Respondent saw 60 year old Patient RK on six occasions between January 13,
13 2012 and June 5, 2012. The medical records produced by Respondent for RK, which are virtually
14 identical for each purported visit, are more legible than his other records, and contain more detail
15 in the areas of vital signs and physical examination. During the course of his Medical Board
16 interview, Respondent admitted that he "reconstructed" RK's chart when he received a request for
17 records from the Medical Board. The "reconstructed" chart for RK notes persistent pain, cough
18 and spasms. No prior medical records were obtained, no imaging studies or laboratory tests were
19 ordered or considered, and no history of opioid use or substance abuse was taken or documented.
20 Respondent's diagnosis, as documented in the "reconstructed" record for RK over the course of
21 his treatment was osteoarthritis, back/muscle spasms, bronchitis and on one occasion, anxiety

22 34. Over the course of his treatment of RK, Respondent prescribed oxycodone, Norco,
23 Valium, Xanax⁸, and promethazine with codeine cough syrup.

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25 ⁸ Xanax is a trade name for alprazolam, a psychotropic benzodiazepine. Xanax is used for
26 the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is
27 a dangerous drug as defined in section 4022, and a schedule IV controlled substance and narcotic.
28 Xanax has a central nervous system depressant effect and patients should be cautioned about the
simultaneous ingestion of alcohol and other CNS depressant drugs during treatment with Xanax.
Addiction-prone individuals (such as drug addicts or alcoholics) should be under careful
surveillance when receiving alprazolam because of the predisposition of such patients to

(continued...)

1 35. At no time during his treatment of RK did Respondent take steps to objectify his
2 complaints of pain, and he failed to obtain lab studies, toxicology screening, or urinalysis. He
3 never obtained RK's past medical records. Respondent failed to adequately consider or evaluate
4 the source of RK's reported pain.

5 36. Respondent is guilty of unprofessional conduct and subject to disciplinary action
6 under section 2234, and/or 2234(b) and/or 2234(c) of the Code in that Respondent was grossly
7 negligent and/or committed repeated negligent acts and/or was incompetent in the practice of
8 medicine, including but not limited to the following:

9 A. Respondent undertook to treat Patient RK for severe chronic pain,
10 prescribing high doses of narcotic and sedative medications, without conducting the necessary
11 examination, evaluation and assessment to support his diagnosis or the prescription of
12 medication.

13 B. Respondent prescribed potentially dangerous or even lethal combinations of
14 narcotic and sedative medications without adequate indication or monitoring, and in the absence
15 of a treatment plan with objectives.

16 C. Respondent failed to thoroughly or adequately evaluate or assess the cause
17 of RK's complaints of pain.

18 D. Respondent made no effort to exclude drug diversion or abuse by RK, and
19 took no history pertaining to drug or alcohol use.

20 E. Respondent failed to obtain imaging studies, urinalysis, toxicology testing,
21 or basic laboratory testing for RK.

22 37. Respondent is guilty of unprofessional conduct and subject to disciplinary action
23 under sections 2234, and/or 2234(c), and/or 2234(e), and/or 2262, and/or 2266, of the Code in
24 that he failed to create and maintain adequate and accurate records for patient RK, and created a
25 false medical record for Patient RK:

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27
28 habituation and dependence.

1 41. At no time during his treatment of WD did Respondent take steps to objectify his
2 complaints of pain, and he failed to obtain lab studies, toxicology screening, or urinalysis. He
3 never obtained WD's past medical records. Respondent failed to adequately consider or evaluate
4 the source of WD's reported pain.

5 42. Respondent is guilty of unprofessional conduct and subject to disciplinary action
6 under section 2234, and/or 2234(b) and/or 2234(c) of the Code in that Respondent was grossly
7 negligent and/or committed repeated negligent acts and/or was incompetent in the practice of
8 medicine, including but not limited to the following:

9 A. Respondent undertook to treat Patient WD for chronic pain, prescribing
10 high doses of narcotic medications, without conducting the necessary examination, evaluation and
11 assessment to support his diagnosis or the prescription of medication.

12 B. Respondent failed to thoroughly or adequately evaluate or assess the cause
13 of WD's complaints of pain.

14 C. Respondent made no effort to exclude drug diversion or abuse by WD, and
15 took no history pertaining to drug or alcohol use.

16 D. Respondent failed to obtain imaging studies, urinalysis, toxicology testing,
17 or basic laboratory testing for WD.

18 43. Respondent is guilty of unprofessional conduct and subject to disciplinary action
19 under sections 2234, and/or 2234(c), and/or 2234(e), and/or 2262, and/or 2266, of the Code in
20 that he failed to create and maintain adequate and accurate records for patient WD, and created a
21 false medical record for Patient WD.

22 44. Respondent is guilty of unprofessional conduct and subject to disciplinary action
23 under sections 2242 and/or 725 of the Code in that he inappropriately and excessively prescribed
24 high dose opioid medications for patient WD, in the absence of an appropriate prior medical
25 examination and a medical indication, and without taking steps to monitor the patient.

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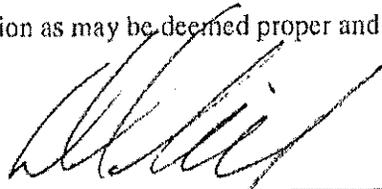
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PRAYER

WHEREFORE, Complainant prays that a hearing be held and that the Board issue an order:

1. Revoking or suspending physician's and surgeon's certificate number A23867 issued to Collin Leong, M.D.;
2. Prohibiting Collin Leong, M.D., from supervising physician's assistants;
3. Ordering Collin Leong, M.D., if placed on probation, to pay the costs of probation monitoring;
4. Taking such other and further action as may be deemed proper and appropriate.

DATED: April 16, 2013



LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant