

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

In the Matter of the Accusation Against: )  
)  
)  
)  
)  
CHARLES AUBREY EUBANKS, M.D. ) Case No. 02-2010-207961  
)  
Physician's and Surgeon's )  
Certificate No. C 33728 )  
)  
Respondent. )  
\_\_\_\_\_ )

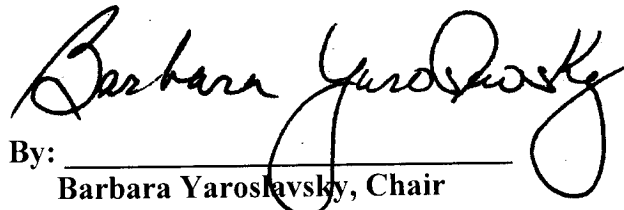
**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on April 5, 2013.

IT IS SO ORDERED March 8, 2013.

MEDICAL BOARD OF CALIFORNIA

  
By: \_\_\_\_\_  
Barbara Yaroslavsky, Chair  
Panel A

1 KAMALA D. HARRIS  
Attorney General of California  
2 GAIL M. HEPPELL  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 445-3496  
Facsimile: (916) 327-2247  
7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 02-2010-207961

13 **CHARLES AUBREY EUBANKS, M.D.**  
970 Camerado Drive, Suite 201  
Cameron Park, CA 95682

OAH No. 2012020769  
**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 Physician's and Surgeon's Certificate No.  
C33728

15 Respondent.  
16

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 PARTIES

21 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of  
22 California. She brought this action solely in her official capacity and is represented in this matter  
23 by Kamala D. Harris, Attorney General of the State of California, by Jannsen Tan, Deputy  
24 Attorney General.

25 2. Charles Aubrey Eubanks, M.D. (Respondent) is represented in this proceeding by  
26 attorney Robert B. Zaro, whose address is 1315 I Street, Suite 200 Sacramento, CA 95814.

27 3. On or about September 20, 1971, the Medical Board of California issued Physician's  
28 and Surgeon's Certificate No. C 33728 to Respondent. The Physician's and Surgeon's Certificate

1 was in full force and effect at all times relevant to the charges brought in Accusation No. 02-  
2 2010-207961 and will expire on December 31, 2011, unless renewed.

3 JURISDICTION

4 4. Accusation No. 02-2010-207961 was filed before the Medical Board of California  
5 (Board), and is currently pending against Respondent. The Accusation and all other statutorily  
6 required documents were properly served on Respondent on January 23, 2012. Respondent  
7 timely filed his Notice of Defense contesting the Accusation.

8 5. A copy of Accusation No. 02-2010-207961 is attached as exhibit A and incorporated  
9 herein by reference.

10 ADVISEMENT AND WAIVERS

11 6. Respondent has carefully read, fully discussed with counsel, and understands the  
12 charges and allegations in Accusation No. 02-2010-207961. Respondent has also carefully read,  
13 fully discussed with counsel, and understands the effects of this Stipulated Settlement and  
14 Disciplinary Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
16 hearing on the charges and allegations in the Accusation; the right to be represented by counsel at  
17 his own expense; the right to confront and cross-examine the witnesses against him; the right to  
18 present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel  
19 the attendance of witnesses and the production of documents; the right to reconsideration and  
20 court review of an adverse decision; and all other rights accorded by the California  
21 Administrative Procedure Act and other applicable laws.

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

24 ///

25 ///

26 ///

27 ///

28 ///

1 CULPABILITY

2 9. For the purpose of resolving Accusation No. 02-2010-207961 without the expense  
3 and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could  
4 establish a prima facie case with respect to the charges contained in Accusation No. 02-2010-  
5 207961, and that Respondent hereby gives up his right to contest those charges.

6 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
7 discipline and he agrees to be bound by the Medical Board of California probationary terms as set  
8 forth in the Disciplinary Order below.

9 CONTINGENCY

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

19 12. Respondent agrees that if he ever petitions for early termination or modification of  
20 probation, or if the Board ever petitions for revocation of probation, all of the charges and  
21 allegations contained in Accusation No. 02-2010-207961 shall be deemed true, correct and fully  
22 admitted by respondent for purposes of that proceeding or any other licensing proceeding  
23 involving respondent in the State of California.

24 13. The parties understand and agree that facsimile copies of this Stipulated Settlement  
25 and Disciplinary Order, including facsimile signatures thereto, shall have the same force and  
26 effect as the originals.

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

4 **DISCIPLINARY ORDER**

5 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C33728 issued  
6 to Respondent, Charles Aubrey Eubanks, M.D. is revoked. However, the revocation is stayed and  
7 Respondent is placed on probation for three (3) years on the following terms and conditions.

8 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
9 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
10 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
11 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
12 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
13 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
14 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
15 completion of each course, the Board or its designee may administer an examination to test  
16 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
17 hours of CME of which 40 hours were in satisfaction of this condition.

18 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective  
19 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the  
20 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,  
21 University of California, San Diego School of Medicine (Program), approved in advance by the  
22 Board or its designee. Respondent shall provide the program with any information and documents  
23 that the Program may deem pertinent. Respondent shall participate in and successfully complete  
24 the classroom component of the course not later than six (6) months after Respondent's initial  
25 enrollment. Respondent shall successfully complete any other component of the course within  
26 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense  
27 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
28 licensure.

1 A prescribing practices course taken after the acts that gave rise to the charges in the  
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
3 or its designee, be accepted towards the fulfillment of this condition if the course would have  
4 been approved by the Board or its designee had the course been taken after the effective date of  
5 this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than 15 calendar days after successfully completing the course, or not later than  
8 15 calendar days after the effective date of the Decision, whichever is later.

9 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
10 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to  
11 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education  
12 Program, University of California, San Diego School of Medicine (Program), approved in  
13 advance by the Board or its designee. Respondent shall provide the program with any information  
14 and documents that the Program may deem pertinent. Respondent shall participate in and  
15 successfully complete the classroom component of the course not later than six (6) months after  
16 Respondent's initial enrollment. Respondent shall successfully complete any other component of  
17 the course within one (1) year of enrollment. The medical record keeping course shall be at  
18 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
19 requirements for renewal of licensure.

20 A medical record keeping course taken after the acts that gave rise to the charges in the  
21 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
22 or its designee, be accepted towards the fulfillment of this condition if the course would have  
23 been approved by the Board or its designee had the course been taken after the effective date of  
24 this Decision.

25 Respondent shall submit a certification of successful completion to the Board or its  
26 designee not later than 15 calendar days after successfully completing the course, or not later than  
27 15 calendar days after the effective date of the Decision, whichever is later.

28 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the

1 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
2 Chief Executive Officer at every hospital where privileges or membership are extended to  
3 Respondent, at any other facility where Respondent engages in the practice of medicine,  
4 including all physician and locum tenens registries or other similar agencies, and to the Chief  
5 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
6 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
7 calendar days.

8 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

9 5. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
10 prohibited from supervising physician assistants.

11 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
12 governing the practice of medicine in California and remain in full compliance with any court  
13 ordered criminal probation, payments, and other orders.

14 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
15 under penalty of perjury on forms provided by the Board, stating whether there has been  
16 compliance with all the conditions of probation.

17 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
18 of the preceding quarter.

19 8. GENERAL PROBATION REQUIREMENTS.

20 Compliance with Probation Unit

21 Respondent shall comply with the Board's probation unit and all terms and conditions of  
22 this Decision.

23 Address Changes

24 Respondent shall, at all times, keep the Board informed of Respondent's business and  
25 residence addresses, email address (if available), and telephone number. Changes of such  
26 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
27 circumstances shall a post office box serve as an address of record, except as allowed by Business  
28 and Professions Code section 2021(b).

1           Place of Practice

2           Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
3 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
4 facility.

5           License Renewal

6           Respondent shall maintain a current and renewed California physician's and surgeon's  
7 license.

8           Travel or Residence Outside California

9           Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
10 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
11 (30) calendar days.

12           In the event Respondent should leave the State of California to reside or to practice  
13 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
14 departure and return.

15           9.    INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
16 available in person upon request for interviews either at Respondent's place of business or at the  
17 probation unit office, with or without prior notice throughout the term of probation.

18           10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
19 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
20 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
21 defined as any period of time Respondent is not practicing medicine in California as defined in  
22 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month  
23 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
24 time spent in an intensive training program which has been approved by the Board or its designee  
25 shall not be considered non-practice. Practicing medicine in another state of the United States or  
26 Federal jurisdiction while on probation with the medical licensing authority of that state or  
27 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
28 not be considered as a period of non-practice.



1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
2 months, Respondent shall successfully complete a clinical training program that meets the criteria  
3 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
4 Disciplinary Guidelines" prior to resuming the practice of medicine.

5 Respondent's period of non-practice while on probation shall not exceed two (2) years.

6 Periods of non-practice will not apply to the reduction of the probationary term.

7 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
8 probationary terms and conditions with the exception of this condition and the following terms  
9 and conditions of probation: Obey All Laws; and General Probation Requirements.

10 11. COMPLETION OF PROBATION. Respondent shall comply with all financial  
11 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
12 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
13 be fully restored.

14 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
15 of probation is a violation of probation. If Respondent violates probation in any respect, the  
16 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
17 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
18 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
19 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
20 the matter is final.

21 13. LICENSE SURRENDER. Following the effective date of this Decision, if  
22 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
23 the terms and conditions of probation, Respondent may request to surrender his or her license.  
24 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
25 determining whether or not to grant the request, or to take any other action deemed appropriate  
26 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
27 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
28 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject

1 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
2 application shall be treated as a petition for reinstatement of a revoked certificate.

3 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
4 with probation monitoring each and every year of probation, as designated by the Board, which  
5 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
6 California and delivered to the Board or its designee no later than January 31 of each calendar  
7 year.

8 ACCEPTANCE

9 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
10 discussed it with my attorney, Robert B. Zaro. I understand the stipulation and the effect it will  
11 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
12 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
13 Decision and Order of the Medical Board of California.


14  
15 DATED:

11/16/12 

16 CHARLES AUBREY EUBANKS, M.D.  
Respondent

17 I have read and fully discussed with Respondent Charles Aubrey Eubanks, M.D. the terms  
18 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
19 Order. I approve its form and content.

20 DATED:

11/19/12 

21 Robert B. Zaro  
22 Attorney for Respondent

23 ENDORSEMENT

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**ENDORSEMENT**

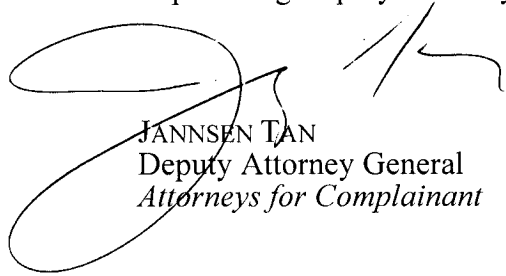
The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 11/19/2012

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California

GAIL M. HEPPELL  
Supervising Deputy Attorney General



JANNSEN TAN  
Deputy Attorney General  
*Attorneys for Complainant*

SA2011102362  
10975131.doc

**Exhibit A**

**Accusation No. 02-2010-207961**

1 KAMALA D. HARRIS  
Attorney General of California  
2 GAIL M. HEPPELL  
Supervising Deputy Attorney General  
3 JANNSEN L. TAN  
Deputy Attorney General  
4 State Bar No. 237826  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 445-3496  
Facsimile: (916) 327-2247

7 *Attorneys for Complainant*

**FILED**  
**STATE OF CALIFORNIA**  
**MEDICAL BOARD OF CALIFORNIA**  
SACRAMENTO *JANUARY 23 2012*  
BY: K. MONTALBANO ANALYST

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

12 In the Matter of the Accusation Against:  
13 **CHARLES AUBREY EUBANKS, M.D.**  
970 Camerado Drive, Suite 201  
14 Cameron Park, CA 95682  
15 Physician's and Surgeon's Certificate No. C33728  
16 Respondent.

Case No. 02-2010-207961

**ACCUSATION**

18 Complainant alleges:

19 **PARTIES**

- 20 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity  
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs.  
22 2. On or about September 20, 1971, the Medical Board of California issued Physician's  
23 and Surgeon's Certificate Number C33728 to Charles Aubrey Eubanks, M.D. (Respondent). The  
24 license was in full force and effect at all times relevant to the charges brought herein, and will  
25 expire on December 31, 2011.

26 ///  
27 ///  
28 ///

1 **JURISDICTION**

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

5 4. Section 2234 of the Code states:

6 **§ 2234. Unprofessional conduct**

7 The Division of Medical Quality<sup>1</sup> shall take action against any licensee who is  
8 charged with unprofessional conduct. In addition to other provisions of this  
9 article, unprofessional conduct includes, but is not limited to, the following:

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

13 “(b) Gross negligence.

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

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

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

26 ...”

27 ///

28 ///

///

---

<sup>1</sup> California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term “board” as used in the State Medical Practice Act (Cal. Bus. & Prof. Code, §§ 2000, et seq.) means the “Medical Board of California,” and references to the “Division of Medical Quality” and Division of Licensing” in the Act or any other provision of law shall be deemed to refer to the Board.

1 5. Section 2238 of the Code provides:

2 **"§ 2238. Violation of federal or state statute or regulation regulating dangerous**  
3 **drugs or controlled substances; unprofessional conduct**

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

6 6. Section 2241 of the Code provides:

7 **"§ 2241. Provision of prescription drugs and controlled substances to addicts;**  
8 **conditions; definitions**

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

11 "(b) A physician and surgeon may prescribe, dispense, or administer prescription  
12 drugs or prescription controlled substances to an addict for purposes of  
maintenance on, or detoxification from, prescription drugs or controlled substances  
13 only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218,  
14 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall  
authorize a physician and surgeon to prescribe, dispense, or administer dangerous  
15 drugs or controlled substances to a person he or she knows or reasonably believes  
is using or will use the drugs or substances for a nonmedical purpose.

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

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

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

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

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

25 (A) Impaired control over drug use.

26 (B) Compulsive use.

(C) Continued use despite harm.

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

1 7. Section 2242 of the Code provides:

2 **“§ 2242. Prescribing, dispensing or furnishing dangerous drugs without prior**  
3 **examination and medical indication; unprofessional conduct; exceptions**

4 “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section  
5 4022 without an appropriate prior examination and a medical indication,  
6 constitutes unprofessional conduct.

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

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

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

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

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

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

27 (4) The licensee was acting in accordance with Section 120582 of the Health and  
28 Safety Code”

8. Section 725 of the Code provides:

22 **“§ 725. Excessive prescription or administration of drugs or treatment;**  
23 **diagnostic procedures; diagnostic or treatment facilities; misdemeanor;**  
24 **punishment; immunity from prosecution**

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



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

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

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

11 9. Section 2266 of the Code provides:

12 **§ 2266. Record maintenance; services to patients**

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

16 **CONTROLLED SUBSTANCES AT ISSUE**

17 10. Methadone is a synthetic narcotic analgesic with multiple actions quantitatively  
18 similar to those of morphine. It is a dangerous drug as defined in section 4022, a Schedule II  
19 controlled substance and narcotic as defined by section 11055, subdivision (c) of the Health and  
20 Safety Code, and a Schedule II controlled substance as defined by section 1308.12 (c) of Title 21  
21 of the Code of Federal Regulations. Methadone can produce drug dependence of the morphine  
22 type and, therefore, has the potential for being abused. Psychic dependence, physical  
23 dependence, and tolerance may develop upon repeated administration of Methadone, and it  
24 should be prescribed and administered with the same degree of caution appropriate to the use of  
25 morphine. Methadone should be used with caution and in reduced dosage in patients who are  
26 concurrently receiving other narcotic analgesics. The usual adult dosage is 2.5 mg to 10 mg  
27 every three to four hours (maximum 80 mgs per day), as necessary for severe acute pain.

28 11. Fentanyl transdermal system (the generic name for “Duragesic,” and “ACTIQ.”  
Fentanyl is an opioid analgesic. Fentanyl is a dangerous drug as defined in section 4022, and a  
Schedule II controlled substance as defined by section 11055 (c) (8) of the Health and Safety  
Code, and a Schedule II controlled substance as defined by section 1308.12 of Title 21 of the

1 Code of Federal Regulations. Fentanyl's primary effects are anesthesia and sedation. It is a  
2 strong opioid medication and indicated only for treatment of chronic pain (such as that of  
3 malignancy) that cannot be managed by lesser means and requires continuous opioid  
4 administration. It presents a risk of serious or life threatening hypoventilation. When patients are  
5 receiving it, the dosage of central nervous system depressants drugs should be reduced at least  
6 50%. Use with other central nervous system depressants, including alcohol, can result in  
7 increased risk to the patient. It should be used with caution in individuals with a history of  
8 alcohol or drug abuse, particularly if they are outside of a medically controlled environment. It  
9 can produce drug dependence similar to that of morphine and has the potential for abuse. It is  
10 physically and psychologically addictive. Duragesic patches are available in 25 mg/hr, 50 mg/hr,  
11 75 mg/hr and 100 mg/hr. Patches over 25 mg/hr should only be used in opioid tolerant patients.  
12 Duragesic, 100 patches contain 10 mg Fentanyl, and provide analgesic effects approximately  
13 equivalent to 315-404 mg oral morphine per day.

14 12. Clonazepam (generic name for "Klonopin"), is an anticonvulsant of the  
15 benzodiazepine class of drugs. It is a dangerous drug as defined in section 4022, a Schedule IV  
16 controlled substance as defined by section 11057 of the Health and Safety Code, and a Schedule  
17 IV controlled substance as defined by section 1308.14 of Title 21 of the Code of Federal  
18 Regulations. It produces central nervous system depression and should be used with caution with  
19 other central nervous system depressant drugs. Like other Benzodiazepines, it can produce  
20 psychological and physical dependence. Withdrawal symptoms similar to those noted with  
21 barbiturates and alcohol have been noted upon abrupt discontinuance of Klonopin. The initial  
22 dosage for adults should not exceed 1.5 mg per day divided in three doses.

23 13. Alprazolam (generic name for "Xanax") is a psychotropic triazolo analogue of the  
24 benzodiazepine class of central nervous system active compounds. Xanax is used for the  
25 management of anxiety disorders or for the short term relief of the symptoms of anxiety. It is a  
26 dangerous drug as defined in section 4022, a Schedule IV controlled substance and narcotic as  
27 defined by section 11057, subdivision (d) of the Health and Safety Code, and a Schedule IV  
28 controlled substance as defined by section 1308.14 (c) of Title 21 of the Code of Federal

1 Regulations. Xanax has a central nervous system depressant effect and patients should be  
2 cautioned about the simultaneous ingestion of alcohol and other CNS depressant drugs during  
3 treatment with Xanax. Addiction prone individuals (such as drug addicts or alcoholics) should be  
4 under surveillance when receiving Alprazolam because of the predisposition of such patients to  
5 habituation and dependence. The usual starting dose of Xanax is 0.25 to .5 mg, three times per  
6 day (max 1.5 mg/day).

7 14. Hydromorphone hydrochloride (generic name for "Dilaudid") is a dangerous drug  
8 as defined in section 4022 and a Schedule II controlled substance as defined by section 11055,  
9 subdivision (d) of the Health and Safety Code, and a Schedule II controlled substance as defined  
10 by section 1308.12 (d) of Title 21 of the Code of Federal Regulations. Dilaudid is a hydrogenated  
11 ketone of Morphine and is a narcotic analgesic. Its principal therapeutic use is relief of pain.  
12 Psychic dependence, physical dependence, and tolerance may develop upon repeated  
13 administration of narcotics; therefore, Dilaudid should be prescribed and administered with  
14 caution. Physical dependence, the condition in which continued administration of the drug is  
15 required to prevent the appearance of a withdrawal syndrome, usually assumes clinically  
16 significant proportions after several weeks of continued use. Side effects include drowsiness,  
17 mental clouding, respiratory depression, and vomiting. The usual starting dosage for injections is  
18 1-2 mg. The usual oral dose is 2 mg every two to four hours as necessary. Patients receiving  
19 other narcotic analgesics, anesthetics, phenothiazines, tranquilizers, sedative-hypnotics, tricyclic  
20 antidepressants and other central nervous system depressants, including alcohol, may exhibit an  
21 additive central nervous depression. When such combined therapy is contemplated, the use of  
22 one or both agents should be reduced. Dilaudid comes in ampoules containing 1 mg, 2 mg, or 4  
23 mgs hydromorphone hydrochloride per ml, and each mg is equianalgesic to 10 mg morphine  
24 sulfate.

25 **FIRST CAUSE FOR DISCIPLINE**

26 (Gross Negligence)

27 (Bus. & Prof. Code § 2234(b))

28 15. Respondent is subject to disciplinary action under section 2234 (b), in that he was  
grossly negligent in his care and treatment of Patient R.T.

1           16.       Respondent is a Psychiatrist with offices at 970 Camerado Dr. Suite 201 Cameron  
2 Park, CA 95682, who saw Patient R.T. on or about February 26, 2009 for outpatient psychiatric  
3 services.

4           17.       Prior to seeing Respondent as his medical provider, Patient R.T. was a patient at  
5 the Bi-Valley Methadone Clinic in Sacramento, and was on 135 mg of Methadone at that time.  
6 R.T. was also using 480 mg of Oxycontin between 2008 and 2009, shooting it intravenously in an  
7 abusive fashion. R.T. had been treated on numerous occasions for addiction by different  
8 physicians and in several hospitals and recovery centers. On or around June of 2008, R.T., while  
9 in county jail; jumped from the second floor catwalk and broke a bone in the heel of his foot.

10          18.       On or about February 26, 2009, Respondent saw R.T. in his office for an initial  
11 visit. R.T. told Respondent that he has had two overdoses in the past, fights, and has been in jail.  
12 Respondent did not document his clinical impression of this visit. On the intake form, R.T. wrote  
13 that the major stressful things bothering him now are, "insomnia/severe anxiety/depression."  
14 R.T. also wrote that the main reason for his treatment is "to have a manageable life."

15          19.       On or about March 5, 2009, Respondent saw R.T. for another visit. The history  
16 obtained during this visit by the Respondent from R.T. and his father R.T.S., indicate that R.T.  
17 has been taking 2 mg of Alprazolam that was not prescribed and obtained from the internet; and  
18 that cocaine was found in his urine when he went for a procedure in the hospital. R.T.'s father,  
19 R.T.S. also called the police because the patient tied something around his neck. Respondent  
20 indicated that this was not a suicide attempt, but a suicide gesture. In his notes, Respondent did  
21 not elaborate any further on the above history. Respondent prescribed R.T., Alprazolam 2 mg, 4-  
22 6 mg a day with a quantity of 50.

23          20.       On or about March 13, 2009, R.T. returned for another visit. R.T. told Respondent  
24 that he is "withdrawing, lots of pain." R.T. had surgery on his ankle, and his "blood pressure was  
25 through the roof." R.T. indicated that he hates Suboxone and that at one point; he was using  
26 Oxycontin 80 mg, six times a day. R.T. said that his past general practitioner had maintained him  
27 on Methadone for two years. R.T. stated that "I have pain and I have dependence." Respondent  
28 did not obtain prior medical records from R.T.'s past practitioner. Respondent did not perform a

1 physical examination. There is no documentation as to date, time, duration for any of the  
2 conditions mentioned by R.T. Respondent did not get a rating for pain or make any notation  
3 regarding signs and symptoms of a chronic pain condition. Respondent did not describe the risk  
4 and benefits of the medications he prescribed to patient. Respondent then received Methadone  
5 10 mg, quantity 450 (30 day supply) without adequate documentation as to dose or duration for  
6 this narcotic. The patient was recommended to take 150 mgs of Methadone a day.

7 21. On or about March 19, 2009, R.T. returned for another visit. R.T. told Respondent  
8 he has been unable to sleep. R.T. told Respondent that he had taken 165 mgs of Methadone plus  
9 Clonazepam, with no indication as how R.T. obtained the Clonazepam. Respondent then  
10 prescribed Alprazolam 2 mgs, 50 quantity and Pristiq 50 mgs, 30 day quantity at this visit.  
11 Respondent did not document any plan of treatment for R.T. with respect to his psychiatric or  
12 addiction problems.

13 22. R.T. was going to be incarcerated at the Sacramento County Jail due to a pending  
14 court case. Respondent wrote a letter dated March 19, 2009, addressed to the Medical Staff of  
15 Sacramento County Jail. In the letter Respondent states that R.T. has been receiving outpatient  
16 psychiatric diagnoses and treatment from his office since March 5, 2009. His diagnoses include  
17 "polydrug dependence and abuse as well as mood disorder, NOS." Respondent adds that R.T. is  
18 well stabilized and on a current regiment of Methadone 150 mgs per day, Pristiq 50 mgs per day,  
19 and Alprazolam 4 to 6 mgs per day. Respondent also informed the medical staff about the suicide  
20 attempt which occurred during R.T.'s last incarceration in the county jail back in 2008.

21 23. During the same point in time, March 20, 2009, in an office visit, Respondent got  
22 past medication history from R.T. and R.T.S (R.T.'s father). R.T. told Respondent that he had  
23 been treated with a combination of Methadone and Duragesic in the past (Duragesic 100 mgs,  
24 every 48 to 72 hrs.). Respondent then prescribed Duragesic 100 mgs, 10 quantity for R.T.'s  
25 chronic pain in addition to his earlier prescription for Methadone and, Alprazolam on March 19,  
26 2009. Respondent indicated that he was "just continuing" what the patient had been on in the  
27 past.

28 ///

1           24.     On or about April 6 and 16, 2009, Respondent prescribed Duragesic 100 mg, 10  
2 quantity, Methadone 10 mg, 450 quantity and Alprazolam, 130 quantity.

3           25.     On or about April 20, 2009, Respondent saw R.T. for another office visit.  
4 Respondent instructed R.T. and R.T.S. to contact pain management specialist Dr. J.H. R.T.S.  
5 subsequently informed Respondent that Dr. J.H. was not taking in new patients. Respondent did  
6 not contact any other specialists nor contact Dr. J.H. until sometime in January 2011.

7           26.     On or about April 24, 2009, Respondent increased the Methadone prescription to  
8 10 mg, 720 quantity, which was increased from 450, on the previous prescription. Respondent  
9 also prescribed Duragesic 100 mg, 20 quantity. No rationale was documented for the increase in  
10 the quantity.

11          27.     On or about April 24, 2009, R.T. was going to be incarcerated at the Sacramento  
12 County Jail as part of the resolution of his pending court case. R.T. attempted to check himself  
13 into jail, but was denied because he was heavily medicated. R.T. returned the next day and turned  
14 himself in to the Rio Consumes Correctional Center. Respondent sent a letter dated April 24,  
15 2009, to Dr. S, the Medical Director at the Sacramento County Jail, stating that R.T. was being  
16 treated by him for opioid dependency, chronic pain, and mood instability. Respondent discussed  
17 the patient with Dr. S., and reiterated to Dr. S that Methadone was prescribed for maintenance  
18 and not for pain. Respondent assured Dr. S that he was only prescribing the Methadone as a  
19 "bridge" until R.T. could find a specialist. Respondent listed R.T.'s medication as Methadone  
20 150 mgs per day, Duragesic 100 mgs per 72 hrs, Alprazolam 1 mg twice a day, Pristiq 50 mgs per  
21 day.

22          28.     On or about May 29, 2009, R.T. indicated to Respondent that he wanted  
23 Methadone, Duragesic and Alprazolam. Respondent indicated that he is not willing to renew the  
24 Duragesic or Alprazolam. Respondent continued to prescribe Methadone 10 mgs at 720 quantity,  
25 and Clonazepam 2 mg at 30 quantity.

26          29.     On or about July 2, 2009, Respondent wrote to a psychologist indicating that R.T.  
27 needed comprehensive psychological testing. He described R.T. as having a history of  
28 "polysubstance dependence and other self destructive behaviors." Respondent did not follow up

1 on the referral.

2 30. Respondent increased R.T.'s prescription for Methadone to 200 mgs a day for 30  
3 days due to an increase in pain.

4 31. R.T. did not show up for his August 20 and 27 appointments. In a letter dated  
5 August 27, 2009, Respondent wrote R.T. denying R.T.'s request for an early refill. Respondent  
6 also stated that after surgery, he was going to put R.T.'s Methadone back to 150 mgs per day.

7 32. In a letter dated December 9, 2009, R.T.S wrote to Respondent that R.T.'s pending  
8 court case has been resolved. As part of the resolution, R.T. was required to be incarcerated for  
9 three months. R.T.S. requested Respondent to contact Sacramento Jail Medical Department to  
10 give them the necessary background and to let them know what prescriptions R.T. is taking.

11 33. In a letter dated December 10, 2009, Respondent wrote the Medical Department of  
12 the Sacramento County Jail, informing them that R.T. has received psychiatric treatment from  
13 Respondent on a once a week basis, beginning February 11, 2009. Respondent indicated that  
14 R.T. was on, "an outpatient medication regimen of Methadone 200 mgs, q.d., Clonazepam 4 mgs  
15 h.s. and 2 mgs q.d., and Pristiq 50 mgs q.d." He added that, "prior medication trials with atypical  
16 antipsychotics and mood stabilizers had not been effective." He stated that R.T.'s diagnosis is  
17 "opioid dependence and mood disorder NOS." He also indicated that R.T.'s past psychiatric  
18 history includes a serious suicide attempt during a prior incarceration. He elaborated that the  
19 suicide attempt occurred during R.T.'s withdrawal when all psychotropics and opioids were  
20 discontinued.

21 34. In a letter dated December 17, 2009, Respondent wrote R.T.S. indicating that R.T.  
22 had been released earlier and that he is providing R.T. with a 30 day early refill because R.T.  
23 reported that his medicine was not returned to him when he was released from jail.

24 35. In a letter dated February 24, 2010, Dr. G.L. wrote to Respondent indicating that it  
25 has been a week since the surgery to remove the screws from the left heel. Dr. G.L. wrote that  
26 "his pain has been okay." Respondent continued to prescribe Methadone and Clonazepam.

27 36. On or about May 14, 2010, R.T.S. wrote Respondent stating that R.T. is currently  
28 serving the last three months of his sentence. R.T.S. requested that Respondent again write the

1 Sacramento Jail Medical Department to give them the necessary background on R.T. and let them  
2 know his current prescriptions.

3 37. In a letter dated May 14, 2010, Respondent wrote the Sacramento Jail Department  
4 a virtually identical letter to the letter he sent the same department beforehand on December 10,  
5 2009, informing them that R.T. has received psychiatric treatment from Respondent on a once a  
6 week basis, beginning February 11, 2009; that R.T. was on "an outpatient medication regimen of  
7 Methadone 200 mgs, q.d., Clonazepam 4 mgs h.s. and 2 mgs q.d., and Pristiq 50 mgs q.d." He  
8 added that, "prior medication trials with atypical antipsychotics and mood stabilizers had not been  
9 effective;" that R.T.'s diagnosis is "opioid dependence and mood disorder NOS." R.T.'s past  
10 psychiatric history includes a serious suicide attempt during a prior incarceration when all  
11 psychotropics and opioids were discontinued.

12 38. On or about May 17, 2010, R.T. again returned to the county jail to turn himself in.  
13 R.T. was still receiving Methadone and Clonazepam from Respondent, almost a year after  
14 Respondent had assured Dr. S that he was only prescribing the controlled substances as a  
15 "bridge." Dr. S interviewed R.T., and R.T. denied chronic pain as the reason he was getting  
16 Methadone.

17 39. While R.T. was in jail, detoxifying from the drugs, he again jumped from the  
18 second story of the catwalk of the county jail and broke bones in his feet.

19 40. R.T. was released from jail on or about July 1, 2010. Sometime thereafter,  
20 Respondent added Duragesic 100 mg, 11 quantity and Dilaudid 4 mgs, 150 quantity, to R.T.'s  
21 drug regimen. No documentation exist to support the use of these narcotics for either addiction  
22 medicine or pain purposes.

23 41. On or about July 16, 2010, R.T. indicated to Respondent that he is supposed to be  
24 taking 8 mg of Dilaudid, every 6 hours. This number did not match Respondent's initial  
25 prescription for Dilaudid which was 4 mgs.

26 42. In an E-mail dated July 23, 2010, R.T. again reiterated that the correct Dilaudid  
27 dose is 8 mg, and not 4 mg. R.T. also indicated that he needed to switch back to Alprazolam as  
28 well.



1           43.     Respondent continued to prescribe Methadone, Clonazepam, and Alprazolam. On  
2 or about July 23, 2010, Respondent prescribed 90 Dilaudid at 8 mg.

3           44.     In an E-mail dated August 1, 2010, R.T. wrote that he forgot to have "his patch  
4 and Methadone refilled," and that he did not refill his "Dilaudid prescription until 2 days ago."  
5 He indicated that to make up the difference, he had to take more than the "scribed of my Mdone".  
6 He states further that he does not have enough "patches or Dones to last until my next apt." He  
7 requested Respondent to write out more prescriptions. R.T. indicated that he sat down with his  
8 father, R.T.S., and they both came up with what they indicated was the correct amount of  
9 medication. R.T. wrote, "4 boxes of Duragesic 100 mcg, 600 Methadone 10, 150 Alprazolam 2  
10 mg, 150 Dilaudid 8 mg."

11          45.     On or about August 6, 2010, Respondent prescribed, "10 mg Methadone 600  
12 quantity, 8 mg Dilaudid 90 quantity, 100 mg Duragesic 12 quantity." This was followed by a  
13 prescription on August 13, 2010, for "2 Xanax XR [Alprazolam] 30 and 4 mg Dilaudid 84  
14 quantity." Respondent noted in his patient notes in all caps the words "NO MORE EARLY  
15 REFILLS".

16          46.     From March 5, 2009 throughout December 2010, Respondent prescribed a  
17 monthly regimen of Methadone, Alprazolam, Clonazepam, and Pristiq to R.T. Respondent  
18 prescribed Duragesic on March, April 2009 and July through December 2010. Respondent added  
19 Dilaudid to R.T.'s prescription from July 2010 throughout December.

20          47.     Respondent's actions constitute gross negligence and subject him to discipline  
21 within the meaning of Section 2234(b) in that:

22           a.     Respondent prescribed controlled substances when there was no medical  
23 indication for such treatment.

24           b.     Respondent failed to address R.T.'s drug misuse or diversion.

25           c.     Respondent did not perform random urine toxicology, to send the patient to  
26 outside 12 step programs or even suggest inpatient residential rehabilitative services.

27           d.     Respondent based his prescriptions for controlled substances on requests from his  
28 patient R.T. and/or his father R.T.S.

1 e. Respondent continued R.T. on Benzodiazepines at high doses without suggesting  
2 detoxification from these agents and without any checks and balance systems to prevent abuse.

3 f. Respondent failed to consider and/or document use of other non-addictive  
4 medications and its effectiveness in treating pain.

5 g. Respondent relied on information from R.T. and R.T.S. regarding patient's prior  
6 dosage for Methadone instead of verifying past dosage with patient's prior physician.

7 h. Respondent did not conduct an adequate medical history and physical examination  
8 which includes an assessment of pain, physical and psychological functioning, substance abuse  
9 history, history of prior pain treatment, history of underlying or coexistent diseases or conditions,  
10 and clear documentation of the medical indication for the use of a controlled substance.

11 i. Respondent failed to maintain medical records which documented the pain  
12 treatments, descriptions and indication of pain levels, and rationale for providing continued use of  
13 controlled substances.

14 j. Respondent failed to make a clearly delineated treatment plan that charts,  
15 examines, and details a plan for improvement of physical, psychological and psychosocial  
16 functioning, and how pharmacologic and rehabilitation therapies will be tailored towards this end.

17 k. Respondent failed to obtain written consent "pain agreement" to document  
18 patient's understanding of the treatment plan, and how said medications will be employed for  
19 pain relief. The risk of providing high dose opioids and Benzodiazepines were not discussed.

20 l. Respondent failed to chart progress notes which assess use and continuation/  
21 modification of the controlled substances in this plan on a monthly, quarterly, or semiannual basis  
22 to demonstrate improvement or lack thereof in the patient's condition.

23 m. Respondent did not follow through with required consultations with pain  
24 specialists where there is the presence of intractable pain or there has been limited progress on the  
25 patient's part in reducing overall opiate load.

26 ///

27 ///

28 ///

1 **SECOND CAUSE FOR DISCIPLINE**

2 (Repeated Negligent Acts)  
3 (Bus. & Prof. Code § 2234(c))

4 48. Complainant realleges paragraphs 16 through 50, and its subdivisions, inclusive  
5 above, incorporated by reference as if fully set forth.

6 49. Respondent is subject to disciplinary action under Business and Professions Code  
7 section 2234 (c), for his repeated acts of negligence in his care and treatment of patient R.T.,  
8 which include, but are not limited to the conduct alleged in paragraph 50 (a) through (m) above.

9 **THIRD CAUSE FOR DISCIPLINE**

10 (Excessive Prescribing)  
11 (Bus. & Prof. Code § 725)

12 50. Complainant realleges paragraphs 16 through 50, and its subdivisions, inclusive  
13 above, incorporated by reference as if fully set forth.

14 51. Respondent's physician's and surgeon's certificate is subject to disciplinary action  
15 under Business and Professions Code section 725, in that he engaged in repeated acts of clearly  
16 excessive prescribing, furnishing, dispensing, or administering of drugs relating to his care and  
17 treatment of Patient R.T. Respondent excessively prescribed the following drugs without any  
18 clinical indication:

DATE	DRUG	QTY	MGMS
March 5, 2009	Alprazolam	50	2
March 13, 2009	Methadone	450	10
March 19, 2009	Alprazolam	50	2
	Pristiq	30	50
March 20, 2009	Duragesic	10	100
April 6, 2009	Duragesic	10	100
	Methadone	50	10
	Alprazolam	130	.5
April 16, 2009	Pristiq	30	50
	Alprazolam	140	1
April 24, 2009	Duragesic	20	100
	Methadone	720	10
May 27, 2009	Pristiq	30	50
	Methadone	720	10
June 1, 2009	Buspan	180	10
June 8, 2009	Lorazepam	60	1
June 22, 2009	Pristiq	30	50
	Clonazepam	30	2
June 26, 2009	Clonazepam	60	1
June 28, 2009	Methadone	720	10

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

DATE	DRUG	QTY	MGMS
June 29, 2009	Clonazepam	75	2
July 10, 2009	Zyprexa	30	5
July 17, 2009	Cialis	10	20
	Clonazepam	90	2
August 3, 2009	Methadone	600	10
August 16, 2009	Clonazepam	90	2
September 3, 2009	Methodone	600	10
September 15, 2009	Clonazepam	90	2
October 1, 2009	Pristiq	30	50
October 2, 2009	Methadone	600	10
October 14, 2009	Clonazepam	45	2
October 28, 2009	Clonazepam	45	2
November 1, 2009	Methadone	600	10
November 19, 2009	Clonazepam	45	2
November 20, 2009	Clonazepam	90	2
December 1, 2009	Methadone	600	10
December 17, 2009	Methadone	600	10
December 18, 2009	Clonazepam	90	2
January 16, 2010	Clonazepam	90	2
	Methadone	600	10
February 19, 2010	Methadone	600	10
	Clonazepam	90	2
March 19, 2010	Methodone	600	10
March 21, 2010	Clonazepam	90	2
April 1, 2010	Cialis	30	20
	Clonazepam	90	2
April 18, 2010	Methadone	600	10
May 13, 2010	Clonazepam	90	2
May 17, 2010	Methadone	600	10
July 9, 2010	Duragesic	11	100
	Dilaudid	150	4
	Clonazepam	90	2
July 16, 2010	Methodone	600	10
July 23, 2010	Dilaudid	90	8
July 23, 2010	Alprazolam	120	2
August 6, 2010	Methadone	600	10
	Dilaudid	90	8
	Duragesic	12	100
August 13, 2010	Alprazolam	30	2
	Dilaudid	84	4
September 2, 2010	Methadone	600	10
	Duragesic	10	100
September 9, 2010	Dilaudid	180	4
	Clonazepam	90	2
September 24, 2010	Dilaudid	90	8
October 1, 2010	Methadone	600	10
	Duragesic	10	100
October 7, 2010	Clonazepam	90	2
October 8, 2010	Actiq	50	800
October 22, 2010	Clonazepam	90	2
	Dilaudid	90	8

DATE	DRUG	QTY	MGMS
October 29, 2010	Duragesic	10	100
	Methadone	600	10
November 22, 2010	Clonazepam	60	2
	Methadone	600	10
	Dilaudid	90	8
December 3, 2010	Clonazepam	60	2
December 10, 2010	Duragesic	10	100
	Truzodone	30	100
December 20, 2010	Methadone	600	10
	Dilaudid	90	8
December 27, 2010	Clonazepam	90	2

**FOURTH CAUSE FOR DISCIPLINE**  
(Prescribing Controlled Drugs to an Addict)  
(Bus. & Prof. Code §2241)

52. Complainant realleges paragraphs 19 through 50, and its subdivisions, inclusive above, incorporated by reference as if fully set forth.

53. Respondent is subject to disciplinary action under sections 2241 of the Code and in that he prescribed controlled substances to a known addict.

**FIFTH CAUSE FOR DISCIPLINE**

(Prescribing Dangerous Drugs Without Prior Examination and Medical Indication)  
(Bus. & Prof. Code §2242)

54. Complainant realleges paragraphs 19 through 50, and its subdivisions, inclusive above, incorporated by reference as if fully set forth.

55. Respondent is subject to disciplinary action under sections 2242 of the Code and in that he prescribed dangerous drugs without prior examination and/or medical indication.

**SIXTH CAUSE FOR DISCIPLINE**

(Record Keeping)  
(Bus. & Prof. § 2266))

56. Complainant realleges paragraphs 19 through 50, and its subdivisions, inclusive above, incorporated by reference as if fully set forth

57. Respondent is subject to disciplinary action under section 2266, in that he failed to maintain adequate and accurate records relating to his care and treatment of patient R.T.

///

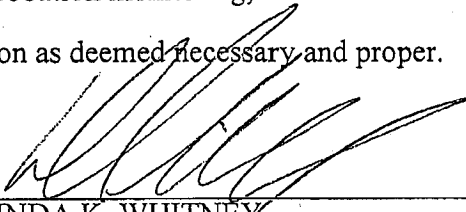
///

**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 C33728, issued to Charles Aubrey Eubanks, M.D.
2. Revoking, suspending or denying approval of, Charles Aubrey Eubanks, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. If Respondent is placed on probation, ordering, Charles Aubrey Eubanks, M.D. to pay the Medical Board of California the costs of probation monitoring;
4. Taking such other and further action as deemed necessary and proper.

DATED: January 23, 2012



---

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

SA2011102362  
10758727.doc