

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

In the Matter of the Accusation Against:)
)
)
PAUL MICHAEL REMIS, M.D.) **Case No. 03-2010-208608**
)
Physician's and Surgeon's)
Certificate No. A 24123)
)
Respondent)
_____)

DECISION AND ORDER

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

This Decision shall become effective at 5:00 p.m. on September 12, 2014.

IT IS SO ORDERED: August 15, 2014.

MEDICAL BOARD OF CALIFORNIA

By: Dev Gnanadev MD
Dev Gnanadev, M.D., Chair
Panel B

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
3 ESTHER H. LA
Deputy Attorney General
4 State Bar No. 160706
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5636
6 Facsimile: (415) 703-5480
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:
11 **PAUL REMIS, M.D.**
12 **1521 Higuera Street, Suite F**
13 **San Luis Obispo, CA 93401**
14 **Physician's and Surgeon's Certificate No. A**
15 **24123**
16 Respondent.

Case No. 03-2010-208608

OAH No. 2014020294

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
22 Board of California. She brought this action solely in her official capacity and is represented in
23 this matter by Kamala D. Harris, Attorney General of the State of California, by Esther H. La,
24 Deputy Attorney General.

25 2. Respondent Paul Remis, M.D. ("Respondent") is represented in this proceeding by
26 attorney Mark Connely, whose address is: Hall, Heatt & Connely, LLP, 1319 Marsh Street,
27 Second Floor, San Luis Obispo, CA 93401.
28

1 3. On or about March 1, 1971, the Medical Board of California ("Board") issued
2 Physician's and Surgeon's Certificate No. A 24123 to Respondent. The Physician's and Surgeon's
3 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
4 No. 03-2010-208608 and will expire on December 31, 2015, unless renewed.

5 JURISDICTION

6 4. On January 6, 2012, Accusation No. 03-2010-208608 was filed before the Board. On
7 September 4, 2013, a First Amended Accusation ("Amended Accusation") was filed and served
8 on Respondent. Respondent has filed a Notice of Defense contesting the Accusation.

9 5. A copy of Amended Accusation No. 03-2010-208608 is attached as Exhibit A and
10 incorporated herein by reference.

11 ADVISEMENT AND WAIVERS

12 6. Respondent has carefully read, fully discussed with counsel, and understands the
13 charges and allegations in Amended Accusation No. 03-2010-208608. Respondent has also
14 carefully read, fully discussed with counsel, and understands the effects of this Stipulated
15 Settlement and Disciplinary Order.

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

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

25 CULPABILITY

26 9. Respondent admits that, at an administrative hearing, Complainant could establish a
27 *prima facie* case with respect to the charges and allegations contained in Amended Accusation
28 No. 03-2010-208608 and that he has thereby subjected his license to disciplinary action.

1 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
2 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the
3 Disciplinary Order below.

4 **CONTINGENCY**

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

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

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

21 **DISCIPLINARY ORDER**

22 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 24123 issued
23 to Respondent Paul Remis, M.D. (Respondent) is revoked. However, the revocation is stayed and
24 Respondent is placed on probation for five (5) years on the following terms and conditions.

25 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
26 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
27 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
28 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at

1 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
2 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
3 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
4 completion of each course, the Board or its designee may administer an examination to test
5 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
6 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

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

26 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
27 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to
28 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education

1 Program, University of California, San Diego School of Medicine (Program), approved in
2 advance by the Board or its designee. Respondent shall provide the program with any information
3 and documents that the Program may deem pertinent. Respondent shall participate in and
4 successfully complete the classroom component of the course not later than six (6) months after
5 Respondent's initial enrollment. Respondent shall successfully complete any other component of
6 the course within one (1) year of enrollment. The medical record keeping course shall be at
7 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
8 requirements for renewal of licensure.

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

14 Respondent shall submit a certification of successful completion to the Board or its
15 designee not later than 15 calendar days after successfully completing the course, or not later than
16 15 calendar days after the effective date of the Decision, whichever is later.

17 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
18 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
19 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.
20 Respondent shall participate in and successfully complete that program. Respondent shall
21 provide any information and documents that the program may deem pertinent. Respondent shall
22 successfully complete the classroom component of the program not later than six (6) months after
23 Respondent's initial enrollment, and the longitudinal component of the program not later than the
24 time specified by the program, but no later than one (1) year after attending the classroom
25 component. The professionalism program shall be at Respondent's expense and shall be in
26 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

27 A professionalism program taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the program would have
2 been approved by the Board or its designee had the program been taken after the effective date of
3 this Decision.

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

7 5. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the
8 effective date of this Decision, Respondent shall enroll in a professional boundaries program
9 equivalent to the Professional Boundaries Program offered by the Physician Assessment and
10 Clinical Education Program at the University of California, San Diego School of Medicine
11 ("Program"). Respondent, at the Program's discretion, shall undergo and complete the Program's
12 assessment of Respondent's competency, mental health and/or neuropsychological performance,
13 and at minimum, a 24 hour program of interactive education and training in the area of
14 boundaries, which takes into account data obtained from the assessment and from the Decision(s),
15 Accusation(s) and any other information that the Board or its designee deems relevant. The
16 Program shall evaluate Respondent at the end of the training and the Program shall provide any
17 data from the assessment and training as well as the results of the evaluation to the Board or its
18 designee.

19 Failure to complete the entire Program not later than six (6) months after Respondent's
20 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees
21 in writing to a later time for completion. Based on Respondent's performance in and evaluations
22 from the assessment, education, and training, the Program shall advise the Board or its designee
23 of its recommendation(s) for additional education, training, psychotherapy and other measures
24 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with
25 Program recommendations. At the completion of the Program, Respondent shall submit to a final
26 evaluation. The Program shall provide the results of the evaluation to the Board or its designee.
27 The professional boundaries program shall be at Respondent's expense and shall be in addition to
28 the Continuing Medical Education (CME) requirements for renewal of licensure.

1 The Program has the authority to determine whether or not Respondent successfully
2 completed the Program.

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

8 If Respondent fails to complete the Program within the designated time period, Respondent
9 shall cease the practice of medicine within three (3) calendar days after being notified by the
10 Board or its designee that Respondent failed to complete the Program.

11 6. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective
12 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
13 practice and billing monitor, the name and qualifications of one or more licensed physicians and
14 surgeons whose licenses are valid and in good standing, and who are preferably American Board
15 of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
16 personal relationship with Respondent, or other relationship that could reasonably be expected to
17 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
18 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
19 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

20 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
21 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
22 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
23 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
24 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
25 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
26 signed statement for approval by the Board or its designee.

27 Within 60 calendar days of the effective date of this Decision, and continuing throughout
28 probation, Respondent's practice and billing shall be monitored by the approved monitor.

1 Respondent shall make all records available for immediate inspection and copying on the
2 premises by the monitor at all times during business hours and shall retain the records for the
3 entire term of probation.

4 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
5 date of this Decision, Respondent shall receive a notification from the Board or its designee to
6 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
7 shall cease the practice of medicine until a monitor is approved to provide monitoring
8 responsibility.

9 The monitor(s) shall submit a quarterly written report to the Board or its designee which
10 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
11 are within the standards of practice of medicine or billing, and whether Respondent is practicing
12 medicine safely and billing appropriately. It shall be the sole responsibility of Respondent to
13 ensure that the monitor submits the quarterly written reports to the Board or its designee within
14 10 calendar days after the end of the preceding quarter.

15 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
16 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
17 name and qualifications of a replacement monitor who will be assuming that responsibility within
18 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
19 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
20 notification from the Board or its designee to cease the practice of medicine within three (3)
21 calendar days after being so notified Respondent shall cease the practice of medicine until a
22 replacement monitor is approved and assumes monitoring responsibility.

23 In lieu of a monitor, Respondent may participate in a professional enhancement program
24 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
25 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
26 chart review, semi-annual practice assessment, and semi-annual review of professional growth
27 and education. Respondent shall participate in the professional enhancement program at
28 Respondent's expense during the term of probation.

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

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

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

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

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

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

20 11. GENERAL PROBATION REQUIREMENTS.

21 Compliance with Probation Unit

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

24 Address Changes

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

1 and Professions Code section 2021(b).

2 Place of Practice

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

6 License Renewal

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

9 Travel or Residence Outside California

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

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

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

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

1 not be considered as a period of non-practice.

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

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

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

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

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

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

22 16. LICENSE SURRENDER. Following the effective date of this Decision, if
23 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
24 the terms and conditions of probation, Respondent may request to surrender his or her license.
25 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
26 determining whether or not to grant the request, or to take any other action deemed appropriate
27 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
28 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its

1 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
2 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
3 application shall be treated as a petition for reinstatement of a revoked certificate.

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

9 18. PETITIONS FOR MODIFICATION OR REVOCATION OF PROBATION.
10 Respondent agrees that if he ever petitions for early termination or modification of probation, or
11 if the Board ever petitions for revocation of probation, all of the charges and allegations contained
12 in Amended Accusation No. 03-2010-208608 shall be deemed true, correct and fully admitted by
13 respondent for purposes of those proceedings.

14 ACCEPTANCE

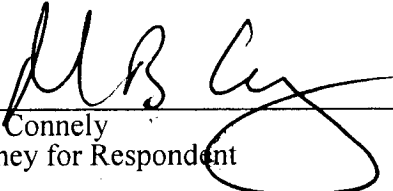
15 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
16 discussed it with my attorney, Mark Connely. I understand the stipulation and the effect it will
17 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
18 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
19 Decision and Order of the Medical Board of California.

20
21 DATED: 6/13/14


22 PAUL REMIS, M.D.
Respondent

23 I have read and fully discussed with Respondent Paul Remis, M.D. the terms and conditions
24 and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve
25 its form and content.

26 DATED: June 13, 2014


27 Mark Connely
Attorney for Respondent

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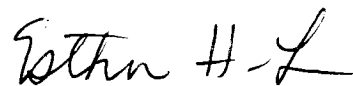
ENDORSEMENT

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

Dated: *June 17, 2014*

Respectfully submitted,

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



ESTHER H. LA
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Amended Accusation No. 03-2010-208608

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
3 ESTHER H. LA
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO SEPTEMBER 4 2013
BY: K. MONTALBANO ANALYST

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

11 In the Matter of the First Amended Accusation
Against:
12
13 **PAUL REMIS, M.D.**
1521 Higuera Street, Suite F
14 San Luis Obispo, CA 93401
15 **Physician's and Surgeon's Certificate**
No. A24123
16 Respondent.

Case No. 03-2010-208608
FIRST AMENDED ACCUSATION

18 Complainant alleges:

19 PARTIES

- 20 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in
21 her official capacity as the Interim Executive Director of the Medical Board of California,
22 Department of Consumer Affairs.
- 23 2. On or about March 1, 1971, the Medical Board of California issued Physician's and
24 Surgeon's Certificate Number A24123 to Paul Remis, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on December 31, 2013, unless renewed.

JURISDICTION

1
2 3. This Accusation is brought before the Medical Board of California (Board),¹
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 2004 of the Code states, in relevant part:

6 "The board shall have the responsibility for the following:

7 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
8 Act.

9 "(b) The administration and hearing of disciplinary actions.

10 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
11 administrative law judge.

12 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
13 disciplinary actions.

14 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
15 certificate holders under the jurisdiction of the board."

16 5. Section 2227 of the Code provides that a licensee who is found guilty under the
17 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
18 one year, placed on probation and required to pay the costs of probation monitoring, or such other
19 action taken in relation to discipline as the Board deems proper.

20 6. Section 2234 of the Code states, in relevant part:

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

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

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

1 depressants. Any central nervous system depressant could potentially enhance the CNS
2 depressive effects of Ambien. It should be administered cautiously to patients exhibiting signs or
3 symptoms of depression because of the risk of suicide. Because of the risk of habituation and
4 dependence, individuals with a history of addiction to or abuse of drugs or alcohol should be
5 carefully monitored while receiving Ambien.

6 11. Cipro is a trade name for ciprofloxacin hydrochloride, a synthetic broad spectrum
7 antimicrobial agent. It is a dangerous drug within the meaning of Business and Professions Code
8 section 4022. Cipro is indicated for the treatment of infections caused by susceptible strains of
9 the designated microorganisms in various conditions including urinary tract infections.

10 12. Cymbalta is a trade name for duloxetine, a selective serotonin and norepinephrine
11 reuptake inhibitor. It is a dangerous drug within the meaning of Business and Professions Code
12 section 4022. Cymbalta is used for treating depression, anxiety disorder and pain associated with
13 diabetic peripheral neuropathy or fibromyalgia.

14 13. Dexedrine is a trade name for dextroamphetamine sulfate, an amphetamine. It is a
15 dangerous drug as defined in Business and Professions Code section 4022 and a schedule II
16 controlled substance as defined by section 11055, subdivision (d) of the Health and Safety Code.

17 14. Effexor is a trade name for venlafaxine hydrochloride and is indicated for the
18 treatment of depression. It is a dangerous drug within the meaning of Business and Professions
19 Code section 4022.

20 15. Klonopin is a trade name for clonazepam, an anticonvulsant of the benzodiazepine
21 class of drugs. It is a dangerous drug as defined in Business and Professions Code section 4022
22 and a schedule IV controlled substance as defined by section 11057 of the Health and Safety
23 Code. It produces central nervous system depression and should be used with caution with other
24 central nervous system depressant drugs. Like other benzodiazapines, it can produce
25 psychological and physical dependence.

26 16. Menest is a trade name for estrogen, a female hormone, which is used to reduce
27 menopause symptoms. It is a dangerous drug within the meaning of Business and Professions
28 Code section 4022.

1 17. Neurontin is a trade name for gabapentin, an anti-convulsive agent and is indicated as
2 adjunctive therapy in the treatment of partial seizures with and without secondary generalization
3 in adults with epilepsy. It is a dangerous drug within the meaning of Business and Professions
4 Code section 4022.

5 18. Norco is a trade name for hydrocodone bitartrate with acetaminophen. Hydrocodone
6 bitartrate is semisynthetic narcotic analgesic and a dangerous drug as defined in Business and
7 Professions Code section 4022. Norco is a Schedule III controlled substance and narcotic as
8 defined by section 11056, subdivision (e) of the Health and Safety Code. Repeated
9 administration of hydrocodone over a course of several weeks may result in psychic and physical
10 dependence.

11 19. Oxycodone is a semisynthetic narcotic analgesic with multiple actions qualitatively
12 similar to those of morphine. It is a dangerous drug as defined in Business and Professions Code
13 section 4022 and a schedule II controlled substance and narcotic as defined by section 11055,
14 subdivision (b)(1) of the Health and Safety Code. Oxycodone can produce drug dependence of
15 the morphine type and, therefore, has the potential for being abused.

16 20. Percodan is a trade name for a combination of oxycodone hydrochloride and aspirin.
17 Percodan is a semisynthetic narcotic analgesic with multiple actions qualitatively similar to those
18 of morphine. It is indicated for the management of pain. It is a dangerous drug as defined in
19 Business and Professions Code section 4022 and a schedule II controlled substance and narcotic
20 as defined by section 11055, subdivision (b)(1)(N), of the Health and Safety Code. Oxycodone
21 can produce drug dependence of the morphine type and, therefore, has the potential for being
22 abused. Repeated administration of Percodan may result in psychic and physical dependence.

23 21. Prednisone is a glucocorticoid (hydrocortisone and cortisone), indicated for the
24 treatment of certain endocrine disorders, rheumatic disorders, collagen diseases, dermatologic
25 diseases, allergic states, ophthalmic diseases, respiratory diseases, hematologic disorders,
26 neoplastic diseases, edematous states, gastrointestinal diseases, and acute exacerbations of
27 multiple sclerosis, tuberculous meningitis, and trichinosis. It is a dangerous drug within the
28 meaning of Business and Professions Code section 4022. Psychic derangements may appear

1 when corticosteroids are used, ranging from euphoria, insomnia, mood swings, personality
2 changes, and severe depression to frank psychotic manifestations. Also, existing emotional
3 instability or psychotic tendencies may be aggravated by corticosteroids.

4 22. Topomax is a trade name for topiramate, an anticonvulsant. It is a dangerous drug as
5 defined by Business and Professions Code section 4022. It is indicated for the treatment of
6 certain seizures in people who have epilepsy.

7 23. Trileptal is a trade name for oxcarbazepine, an anticonvulsant. It is a dangerous drug
8 as defined by Business and Professions Code section 4022. It is indicated for the treatment of
9 seizures. It is also used off-label to treat bipolar disorder.

10 24. Vicodin is a trade name for a combination of hydrocodone bitartrate and
11 acetaminophen. Hydrocodone bitartrate is a semisynthetic narcotic analgesic, a dangerous drug
12 as defined in Business and Professions Code section 4022, and a Schedule III controlled
13 substance and narcotic as defined by section 11056, subdivision (e), of the Health and Safety
14 Code.

15 25. Zoloft is a trade name for sertraline hydrochloride, a selective serotonin reuptake
16 inhibitor (SSRI). It is a dangerous drug as defined by Business and Professions Code section
17 4022. Zoloft is used for the treatment of depression, obsessive compulsive disorder, and panic
18 disorder.

19 FIRST CAUSE FOR DISCIPLINE

20 (Unprofessional Conduct: Gross Negligence and/or Repeated Acts of Negligence
21 and/or Incompetence Re Patient L.L.)

22 26. Respondent is subject to disciplinary action for unprofessional conduct under Code
23 section 2234, including subsections (b) and/or (c) and/or (d) in that respondent was grossly
24 negligent, and/or repeatedly negligent and/or incompetent in his treatment of Patient L.L. The
25 circumstances are as follows:

26 27. On or about February 26, 2003, Patient L.L., a then 44-year old female, began seeing
27 Respondent for psychiatric treatment. Prior to treating L.L., Respondent had provided
28 consultative advice to L.L.'s therapist.

1 28. During her first session with Respondent, L.L. revealed a history of suicide attempts.
2 She reported she was currently taking Zoloft, an antidepressant, and Ambien, a sedative hypnotic.
3 Respondent noted that there was clear evidence of a thought disorder and a mood/energy disorder.

4 29. L.L. then saw Respondent on approximately a weekly basis for the next seven years,
5 between February 26, 2003 and July 14, 2010. Respondent provided psychotherapy and also
6 prescribed various medications to treat both her mental and physical conditions.

7 30. Initially, Respondent prescribed the opiate Vicodin, the antipsychotic Abilify, and the
8 antidepressant Zoloft. Progress notes from July 14, 2003 state that the “unorthodox treatment
9 using [Vicodin] to enhance dopamine is justified” by, among other reasons, L.L.’s “awareness of
10 previous excessive [Vicodin] abuse.” Respondent did not document why he was prescribing
11 Abilify or Zoloft.

12 31. Progress notes from August and September 2003 reveal that L.L. was discontinued on
13 Abilify and was prescribed Effexor, an antidepressant, and Neurontin, an anticonvulsant.
14 Respondent did not document why he was making these medication changes. Respondent did
15 note his agreement to increase L.L.’s Vicodin in exchange for her taking a mood stabilizer.

16 32. In or around March 2004, L.L. was discontinued from Vicodin and Neurontin and
17 was prescribed Topomax, an anticonvulsant. The Respondent’s last record of prescribing
18 Topomax was on or around March 16, 2004. In or around April 2004, L.L. was prescribed
19 Dexedrine, an amphetamine. Respondent did not document why he was making these medication
20 changes.

21 33. Progress notes from August 2004 state that Respondent recommended Ambien to
22 help L.L. sleep. Although there are references to L.L.’s use of Ambien in subsequent progress
23 notes, Respondent never listed Ambien as one of L.L.’s medications in any progress note.
24 Respondent’s records indicate that he prescribed Ambien to L.L. only once on April 9, 2008.

25 34. In or around September 2004, the L.L. fell from a horse and fractured her right femur.
26 Progress notes from December 2004 state that L.L. was mending her leg, was “more focused and
27 appropriate,” and she was using Norco, an opiate, to “help things along.”
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1 35. Progress notes from 2005 show that Respondent was continuing to prescribe Norco,
2 but Respondent did not document why he was prescribing this medication. In multiple emails to
3 Respondent over the next four years, L.L. repeatedly indicated that she was using Norco to get
4 high and that she was addicted to it. For instance, in a March 4, 2005 email, L.L. stated that
5 Norco gave her a “deep feeling of happiness and satisfaction.” In a May 23, 2005 email, L.L.
6 stated that “Norco gives me energy.” In a November 9, 2008 email, L.L. that “I wanted to write
7 last night because I was on a great high.... norco induced....” In an October 6, 2009 email, L.L.
8 stated that “The nerologist [sic] wants me off Norco.... but if I get off Norco,,, [sic] I will never
9 have a happy hour.”

10 36. Respondent continued to prescribe the combination of Dexedrine, Effexor and Norco
11 to L.L. for 2005, 2006, 2007 and most of 2008.

12 37. On or about October 3, 2008, L.L. took eight (8) Ambien pills in an apparent suicide
13 attempt and was admitted to San Luis Obispo County’s Psychiatric Health Facility where she was
14 placed on a “5150” psychiatric hold for 3 days.

15 38. In or around October or November 2008, Respondent prescribed Trileptal, an
16 anticonvulsant, and Cymbalta, an anti-depressant, for L.L. Respondent did not document why he
17 was prescribing these medications.

18 39. In or around December 2008 or January 2009, L.L. was discontinued from Dexedrine
19 and prescribed Klonopin, an anticonvulsant. Respondent did not document why he was making
20 this medication change.

21 40. Respondent’s progress notes from September 17, 2009 state that L.L. was alternating
22 between taking Percodan, an opiate, and Norco, in addition to taking Dexedrine and Cymbalta.

23 41. On or around September 26, 2009, L.L. was again admitted to San Luis Obispo
24 County’s Psychiatric Health Facility after another apparent suicide attempt and placed on
25 psychiatric hold until the next day.

26 42. Although Respondent billed L.L.’s insurance company for 74 office visits between
27 January 2010 and July 2010, Respondent did not document any office visits for January,
28 February, March, April, or May, and he has only one progress note for June. Respondent also has

1 no progress notes for July. However, Respondent noted on August 10, 2010 that L.L.'s last visit
2 with Respondent was on July 14, 2010.

3 43. The medical records show that, in addition to treating L.L. for her mental conditions,
4 Respondent also purported to treat L.L. for certain physical conditions as follows:

5 A. On or about February 16, 2005, Respondent prescribed L.L. a prednisone taper.
6 However, there is no mention in a progress note of any history, physical examination, or
7 diagnosis to explain why this prescription was necessary.

8 B. Beginning as early as April 2006, Respondent prescribed the estrogen Menest
9 to L.L. on a regular basis. However, there is no mention in a progress note of history, physical
10 examination, or diagnosis to explain why this prescription was necessary. There is also no
11 indication that Respondent discussed the risks and benefits of taking estrogen with L.L., who was
12 post- hysterectomy.

13 C. On or about June 16, 2006, Respondent ordered an MRI of L.L.'s cervical
14 spine. However, there is no mention in any progress note during that time period reflecting a
15 history or physical of a cervical condition to warrant an MRI.

16 D. In or around May 2007, Respondent ordered a CT bone density study and
17 mammography. However, Respondent has no progress notes before or after that date which
18 discuss the medical indications for or the results of these studies.

19 E. On or about January 22, 2008, Respondent ordered X-rays of L.L.'s right foot
20 to rule out a fracture. However, there is no indication that Respondent examined L.L.'s foot to
21 determine whether X-ray exposure was medically necessary. The X-rays showed no evidence of
22 a fracture.

23 F. On or about January 27, 2010, Respondent prescribed Cipro, an antimicrobial
24 agent. However, Respondent did not document a history, physical examination, or diagnosis to
25 explain why this prescription was necessary.

26 44. Respondent also performed functions outside his role as a psychiatrist and physician
27 for L.L., including helping her manage her financial affairs. In 2008, L.L.'s husband filed for
28 divorce. Beginning in or around January 2009, L.L. was unable to make the monthly mortgage

1 payments on her ranch. On or about July 13, 2009, L.L. received a notice of default and was
2 threatened with foreclosure. Starting in or around July 2009, Respondent and his staff became
3 extensively involved in L.L.'s financial dealings, as they helped her fill out loan modification
4 applications and advocated on her behalf to fight against a foreclosure. Respondent even
5 obtained L.L.'s authorization to permit her bank to disclose and discuss financial information
6 with Respondent.

7 45. Respondent also encouraged and supported L.L.'s business plan of opening a kennel
8 business so that she could generate enough income to make her mortgage payments. In or around
9 October 2009, L.L. opened a dog kennel, and Respondent boarded his dogs at L.L.'s kennel on at
10 least two occasions.

11 46. At the end of October 2009, Respondent attended a Halloween party at L.L.'s ranch.

12 47. Respondent was interviewed by a Medical Board Senior Investigator on August 24,
13 2011. According to Respondent, L.L.'s diagnosis included Borderline Disorder, Dissociative
14 Disorder, Psychosis, Pain, Bipolar Disorder/Depression, Attention Deficit Disorder, and Bipolar
15 Disorder/Hyponia. During the interview, Respondent stated, among other things, that:

16 A. Respondent saw L.L. once a week during the period he was treating her.

17 B. L.L. made co-payments only when she could.

18 C. Respondent occasionally gave L.L. "recycled" medication, that is, medication
19 previously prescribed for and returned by other patients.

20 D. Respondent talked with L.L.'s family and friends to keep them informed about
21 L.L. and have them share in the responsibility of helping her. Respondent admitted that L.L. told
22 Respondent not to talk to her family and friends, but stated that she verbally agreed that he could
23 talk to them when he advised her he would not be her doctor without that condition.

24 E. Respondent visited L.L.'s ranch a few times, including attending a Halloween
25 party at the ranch.

26 F. Respondent supported L.L.'s idea to start a kennel business "in every which
27 way" as he viewed the kennel as the only viable option to generate enough income to avoid
28

1 foreclosure of her ranch. Respondent referred other patients to work at L.L.'s kennel.

2 Respondent boarded his own dogs at the kennel.

3 G. Respondent worked closely with L.L. and her attorney to fight the foreclosure
4 of L.L.'s ranch. Respondent and his staff helped L.L. fill out forms and write letters, and made
5 calls on her behalf regarding her request for a loan modification.

6 48. Respondent is guilty of unprofessional conduct through gross negligence and/or
7 repeated acts of negligence and/or incompetence, in violation of sections 2234(b) and/or 2234(c)
8 and/or 2234(d), because of the following conduct that constitutes, jointly or separately, an
9 extreme departure from the standard of care:

10 A. Respondent failed to establish and maintain professional boundaries with L.L.,
11 leading to a dual relationship where L.L. became highly dependent on Respondent, including but
12 not limited to: Respondent's extensive involvement L.L.'s financial affairs in order to help her
13 fight foreclosure of her ranch, urging L.L. to open a kennel to create an income stream, boarding
14 his own dogs at the kennel, and socializing with L.L. at her home. Respondent's failure to
15 maintain professional boundaries with L.L. is in itself an extreme departure from the standard for
16 care.

17 B. Respondent inappropriately treated L.L., whose diagnosis included Bipolar
18 Disorder I with psychosis, Borderline Personality Disorder, Dissociative Disorder, and chronic
19 pain, primarily with opiates and stimulants, which by itself constitutes an extreme departure from
20 the standard of care.

21 C. Respondent inappropriately prescribed controlled substances, including
22 Dexedrine, Klonopin, Norco, and Percodan, without maintaining adequate notes reflecting
23 history, examination, diagnosis, treatment plan, and/or discussion of risks and benefits of
24 treatment with L.L..

25 D. Respondent inappropriately prescribed medications for L.L.'s non-psychiatric
26 conditions and ordered X-rays, MRIs, and CT studies without performing an adequate history,
27 physical assessment and diagnosis. When a psychiatrist prescribes for conditions outside his or
28 her specialty, there is a responsibility to perform history and physical examinations at the level of

1 care of a primary care physician treating such a condition. Respondent's failure to treat L.L.'s
2 physical conditions at the level of care of a primary care physician treating such conditions is in
3 itself an extreme departure from the standard of care.

4 E. Respondent inappropriately gave L.L. medications that had been previously in
5 the possession of other patients.

6 SECOND CAUSE FOR DISCIPLINE

7 (Unprofessional Conduct: Failure to Maintain Adequate and Accurate Records re Patient L.L.)

8 49. Paragraphs 27 through 47 are incorporated herein by reference as if fully set forth.

9 50. Respondent is subject to disciplinary action for unprofessional conduct under Code
10 section 2266 in that Respondent failed to maintain adequate and accurate records relating to his
11 treatment of L.L., including failing to maintain any records at all for the time period between
12 January 2010 and May 2010 when he billed L.L.'s insurance company for 57 office visits.

13 THIRD CAUSE FOR DISCIPLINE

14 (Unprofessional Conduct: Violation of Professional Confidence re Patient L.L.)

15 51. Paragraphs 27 through 47 are incorporated herein by reference as if fully set forth.

16 52. Respondent is subject to disciplinary action for unprofessional conduct under Code
17 section 2263 in that he violated L.L.'s confidential relationship by contacting L.L.'s family and
18 friends to inform them of her condition. Although Respondent claims that L.L. verbally agreed
19 that he could make such contacts, Respondent did not document such agreement in writing.

20 According to Respondent's records, L.L. instructed him in writing a number of times not to talk
21 with her family or friends.

22 FOURTH CAUSE FOR DISCIPLINE

23 (Unprofessional Conduct: Dishonesty re Patient L.L.)

24 53. Paragraphs 27 through 47 are incorporated herein by reference as if fully set forth.

25 54. Respondent is subject to disciplinary action for unprofessional conduct under Code
26 section 2234(e) in that he is guilty of committing acts involving dishonesty which are
27 substantially related to his functions and duties as a physician, including billing L.L.'s insurance
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1 company for office visits on dates when he did not see L.L. or provide clinical services, and
2 waiving L.L.'s co-payments. The circumstances are as follows:

3 55. There are numerous bills that show that in 2009 and 2010 Respondent billed L.L.'s
4 insurance company for two, three, four or five office visits during a week. However, this billing
5 is not corroborated by Respondent's progress notes and is inconsistent with Respondent's own
6 admission at the Board interview that he saw L.L. only once a week.

7 56. In 2009, Respondent billed L.L.'s insurance company for 11 office visits in February,
8 but there are progress notes for only two visits. Respondent billed for seven office visits in May,
9 but there are progress notes for only two visits. Moreover, one of those visits was not for a
10 clinical service but for a consultation with an attorney. Respondent billed for 15 office visits in
11 July, but there are progress notes for only three visits. Respondent billed for eight office visits in
12 August, but there are progress notes for only three visits. Respondent billed for 14 office visits in
13 September, but there are progress notes for only four visits. Respondent billed for nine office
14 visits in October, but there are progress notes for only four visits.

15 57. In 2010, Respondent billed L.L.'s insurance company for 11 office visits in January,
16 seven office visits in February, 16 office visits in March, nine office visits in April, 14 office
17 visits in May, 13 office visits in June, and four office visits in July. However, Respondent has no
18 progress notes for any office visits from January 2010 through May 2010. Respondent's only
19 progress note for June is dated June 30, 2010. There are no progress notes for July 2010, but on
20 August 10, 2010, Respondent stated that L.L.'s last visit with Respondent was on July 14, 2010.

21 58. Respondent waived L.L.'s co-payments when she could not pay them.

22 FIFTH CAUSE FOR DISCIPLINE

23 (Unprofessional Conduct: Dishonesty re Patient A.J.)

24 59. Respondent is subject to disciplinary action for unprofessional conduct under Code
25 section 2234(e) in that he is guilty of committing acts involving dishonesty which are
26 substantially related to his functions and duties as a physician, including billing Patient A.J.'s
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1 insurance company² for office visits on dates when he did not see A.J. or provide clinical
2 services. The circumstances are as follows:

3 60. On or about December 1, 2003, Respondent began treating Patient A.J., then a minor
4 female, who was suffering from severe anorexia and depression. Respondent continued to
5 provide psychiatric care for A.J. until August 4, 2011.

6 61. Respondent's billing records for A.J. go back to 2008³. In 2008, Respondent billed
7 A.J.'s insurance for 63 therapy sessions. However, there are no progress notes to corroborate 16
8 of those sessions.

9 62. In 2009, Respondent billed A.J.'s insurance for 43 therapy sessions. However, there
10 are no progress notes to corroborate eight of those sessions.

11 63. In 2010, Respondent billed A.J.'s insurance for 34 therapy sessions. However, there
12 are no progress notes to corroborate ten of those sessions.

13 64. In 2011, Respondent billed A.J.'s insurance for 24 sessions. However, but there is no
14 progress note to corroborate one of those sessions.

15 PRAYER

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

18 1. Revoking or suspending Physician's and Surgeon's Certificate Number A24123,
19 issued to Paul Remis, M.D.;

20 2. Revoking, suspending or denying approval of Paul Remis, M.D.'s authority to
21 supervise physician assistants, pursuant to section 3527 of the Code;

22 3. Ordering Paul Remis, M.D., if placed on probation, to pay the Medical Board of
23 California the costs of probation monitoring; and

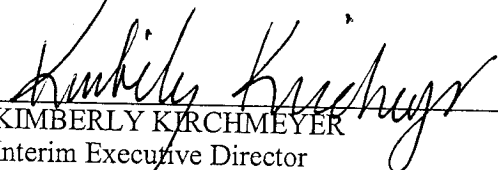
24
25
26 ² A.J. was insured through two separate policies requiring Respondent to bill to two
27 separate insurance policies.

28 ³ Respondent has progress notes for A.J. going back to 2004, but he has not produced any
billing records earlier than 2008.

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

DATED: September 4, 2013


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

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