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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO June 7 20 18  
BY K. Voong ANALYST

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. 800-2015-014602

13 JACK JYH-PERNG WU, M.D.  
28720 Roadside Drive, Suite 399  
Agoura Hills, California 91301-3316

**ACCUSATION**

14 Physician's and Surgeon's Certificate  
No. A93228,

15 Respondent.

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17  
18 Complainant alleges:

19 **PARTIES**

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

23 2. On November 2, 2005, the Board issued Physician's and Surgeon's Certificate  
24 number A93228 to Jack Jyh-Perng Wu, M.D. ("Respondent"). That license was in full force and  
25 effect at all times relevant to the charges brought here and will expire on November 30, 2019,  
26 unless renewed.

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1 **JURISDICTION**

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

5 4. Section 2004 of the Code states:

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 "(f) Approving undergraduate and graduate medical education programs.

17 "(g) Approving clinical clerkship and special programs and hospitals for the programs in  
18 subdivision (f).

19 "(h) Issuing licenses and certificates under the board's jurisdiction.

20 "(i) Administering the board's continuing medical education program."

21 5. Section 2234 of the Code states:

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

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

27 "(b) Gross negligence.

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

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

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

11           “...”

12           6. Section 2227 of the Code states:

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

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

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

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

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

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

26           “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical  
27 review or advisory conferences, professional competency examinations, continuing education  
28 activities, and cost reimbursement associated therewith that are agreed to with the board and

1 successfully completed by the licensee, or other matters made confidential or privileged by  
2 existing law, is deemed public, and shall be made available to the public by the board pursuant to  
3 Section 803.1.”

4 7. Section 2266 of the Code states:

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

7 8. Section 801.01 of the Code states:

8 “The Legislature finds and declares that the filing of reports with the applicable state  
9 agencies required under this section is essential for the protection of the public. It is the intent of  
10 the Legislature that the reporting requirements set forth in this section be interpreted broadly in  
11 order to expand reporting obligations.

12 “(a) A complete report shall be sent to the Medical Board of California, the Osteopathic  
13 Medical Board of California, the California Board of Podiatric Medicine, or the Physician  
14 Assistant Board with respect to a licensee of the board as to the following:

15 “(1) A settlement over thirty thousand dollars (\$30,000) or arbitration award of any amount  
16 or a civil judgment of any amount, whether or not vacated by a settlement after entry of the  
17 judgment, that was not reversed on appeal, of a claim or action for damages for death or personal  
18 injury caused by the licensee's alleged negligence, error, or omission in practice, or by his or her  
19 rendering of unauthorized professional services.

20 “(2) A settlement over thirty thousand dollars (\$30,000), if the settlement is based on the  
21 licensee's alleged negligence, error, or omission in practice, or on the licensee's rendering of  
22 unauthorized professional services, and a party to the settlement is a corporation, medical group,  
23 partnership, or other corporate entity in which the licensee has an ownership interest or that  
24 employs or contracts with the licensee.

25 “(b) The report shall be sent by the following:

26 “...

27 “(2) The licensee, or his or her counsel, if the licensee does not possess professional  
28 liability insurance.

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“... ”

“(c) The entity, person, or licensee obligated to report pursuant to subdivision (b) shall send the complete report if the judgment, settlement agreement, or arbitration award is entered against or paid by the employer of the licensee and not entered against or paid by the licensee.

“Employer,” as used in this paragraph, means a professional corporation, a group practice, a health care facility or clinic licensed or exempt from licensure under the Health and Safety Code, a licensed health care service plan, a medical care foundation, an educational institution, a professional institution, a professional school or college, a general law corporation, a public entity, or a nonprofit organization that employs, retains, or contracts with a licensee referred to in this section. Nothing in this paragraph shall be construed to authorize the employment of, or contracting with, any licensee in violation of Section 2400.

“(d) The report shall be sent to the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board as appropriate, within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto, within 30 days after service of the arbitration award on the parties, or within 30 days after the date of entry of the civil judgment.

“... ”

“(f) Failure to substantially comply with this section is a public offense punishable by a fine of not less than five hundred dollars (\$500) and not more than five thousand dollars (\$5,000).

“... ”

“(k) For purposes of this section, “licensee” means a licensee of the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board.”

9. Section 822 of the Code states:

“If a licensing agency determines that its licentiate’s ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

“(a) Revoking the licentiate’s certificate or license.



1           12. Section 2238 of the Code states:

2           “A violation of any federal statute or federal regulation or any of the statutes or regulations  
3 of this state regulating dangerous drugs or controlled substances constitutes unprofessional  
4 conduct.”

5           13. Section 2242 of the Code states:

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

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

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

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

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

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

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

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1 14. Code section 4021 states:

2 “‘Controlled substance’ means any substance listed in chapter 2 (commencing with Section  
3 11053) of Division 10 of the Health and Safety Code.”

4 15. Code section 4022 provides:

5 “‘Dangerous drug’ or ‘dangerous device’ means any drug or device unsafe for self-use in  
6 humans or animals, and includes the following:

7 “(a) Any drug that bears the legend: ‘Caution: federal law prohibits dispensing without  
8 prescription,’ ‘Rx only’ or words of similar import.

9 “(b) Any device that bears the statement: ‘Caution: federal law restricts this device to sale  
10 by or on the order of a \_\_\_\_\_,’ ‘Rx only,’ or words of similar import, the blank to be filled  
11 in with the designation of the practitioner licensed to use or order use of the device.

12 “(c) Any other drug or device that by federal or state law can be lawfully dispensed only on  
13 prescription or furnished pursuant to Section 4006.”

14 16. Health and Safety Code section 11153 states in pertinent part:

15 “(a) A prescription for a controlled substance shall only be issued for a legitimate medical  
16 purpose by an individual practitioner acting in the usual course of his or her professional  
17 practice...

18 “(b) Any person who knowingly violates this section shall be punished by imprisonment  
19 in the state prison or in a county jail not exceeding one year, or by a fine not exceeding twenty  
20 thousand (\$20,000), or by both that fine and imprisonment...”

21 17. Health and Safety Code section 11157 states:

22 “No person shall issue a prescription that is false or fictitious in any respect.”

23 18. Health and Safety Code section 11173, subdivision (a), states:

24 “No person shall obtain or attempt to obtain controlled substances, or procure or attempt to  
25 procure the administration of or prescription for controlled substances by (1) fraud, deceit,  
26 misrepresentation, or subterfuge; or (2) by the concealment of a material fact.”

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1 19. Health and Safety Code section 11175 states:

2 "No person shall obtain or possess a prescription that does not comply with his division, nor  
3 shall any person obtain a controlled substance by means of a prescription which does not comply  
4 with this division or possess a controlled substance obtained by such a prescription."

5 **DRUGS INVOLVED**

6 20. Lorazepam is a Schedule IV controlled substance as defined by section 11057,  
7 subdivision (d)(16), of the Health and Safety Code and is a dangerous drug as defined in Section  
8 4022 of the Code.

9 21. Hydromorphone, also known as Dilaudid, is a Schedule II controlled substance as  
10 defined by section 11055, subdivision (a)(1)(J), of the Health and Safety Code and is a dangerous  
11 drug as defined in Section 4022 of the Code.

12 22. Oxycodone is a Schedule II controlled substance as defined by section 11055,  
13 subdivision (a)(1)(M), of the Health and Safety Code and is a dangerous drug as defined in  
14 Section 4022 of the Code.

15 **FACTUAL ALLEGATIONS**

16 23. Respondent is a psychiatrist. He met J.M.<sup>1</sup> in approximately 2008 or 2009 while they  
17 both worked at UCLA. Respondent was the medical director for the Adult Eating Disorder  
18 Program and a psychiatrist in the UCLA Partial Hospitalization Program. J.M. worked at UCLA  
19 Adult Psychiatry as a clinical liaison/assistant. At that time, Respondent and J.M.'s interactions  
20 were limited to the workplace and both characterized their relationship as "being friends".

21 24. Respondent left his positions at UCLA in August 2010 and began a private outpatient  
22 psychiatry practice.

23 25. J.M. and her mother were invited to and attended Respondent's wedding in 2010.

24 26. J.M. left her position at UCLA in 2011.

25 27. Respondent and J.M. remained in contact following their respective departures from  
26 UCLA. In January 2013, Respondent began visiting J.M. at her home. J.M. and her mother  
27 reported to Respondent that J.M. had been having debilitating chest pains since 2011.

28 <sup>1</sup> Initials are used to protect privacy interests.

1           28. On August 12, 2013, J.M. executed Health Information Release forms on  
2 Respondent's office based practice letterhead providing consent and authorization for Respondent  
3 to obtain her medical information from cardiologist, Dr. H.H. and cardiologist, Dr. N.B.M.

4           29. Respondent agreed to become involved in J.M.'s medical care and treatment, by  
5 speaking with her providers and reviewing her medical records to assist in determining the  
6 etiology of her complaints. Respondent stated that the authorizations were executed so that Drs.  
7 H.H. and N.B.M. would speak with him regarding J.M.'s cardiac condition.<sup>2</sup> Drs. H.H. and  
8 N.B.M. did not provide him with J.M.'s medical records. Respondent reviewed J.M.'s medical  
9 records that she had at her home and made copies of portions of those records for his file on J.M.  
10 Respondent spoke on the phone on one occasion with Dr. H.H. and on one occasion with Dr.  
11 N.B.M.'s nurse practitioner. Respondent told them both that he was a psychiatrist and a friend of  
12 J.M. He asked their thoughts and opinions regarding her cardiac condition.

13           30. On August 12, 2013, Respondent prescribed 45 tablets of Lorazepam, 1 milligram, to  
14 J.M.

15           31. On August 23, 2013, Respondent prescribed 15 tablets of Dilaudid, 4 milligrams, to  
16 J.M.

17           32. On February 15, 2014, Respondent prescribed 11 tablets of Sertraline HCL, 50  
18 milligrams, to J.M.

19           33. On February 16, 2014, Respondent prescribed 24 tablets of Dilaudid, 4 milligrams, to  
20 J.M. The pharmacist filling the prescription noted that Respondent dropped this prescription off  
21 at the pharmacy himself and that J.M. had not previously filled prescriptions at this location.

22           34. On March 19, 2014, Respondent prescribed 40 tablets of Hydromorphone, 4  
23 milligrams, to J.M.

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27 <sup>2</sup> Respondent advised Board representatives that he was "temporarily" J.M.'s treating physician in  
28 August 2013 when she asked him for his opinion regarding her chest pain. Respondent has also stated that  
he did not consider himself J.M.'s treating physician when he had her execute the medical information  
release authorizations.

1           35. In April 2014, J.M. underwent bladder surgery at UCLA-Santa Monica Hospital.  
2 Respondent was not part of J.M.'s medical team. Once J.M. was discharged home, Respondent  
3 stayed with J.M. at her home to watch over her while J.M.'s mother was at work.

4           36. On April 19, 2014, Respondent prescribed 24 tablets of Dilaudid, 4 milligrams, to  
5 J.M.

6           37. On April 24, 2014, Respondent prescribed 30 tablets of Oxycodone, 5 milligrams, to  
7 J.M.

8           38. On April 29, 2014, Respondent prescribed 45 tablets of Oxycodone, 10 milligrams, to  
9 J.M.

10          39. On May 10, 2014, Respondent prescribed 60 tablets of Oxycodone, 5 milligrams, to  
11 J.M.

12          40. Respondent advised Board representatives that the controlled substance prescriptions  
13 that he issued following J.M.'s bladder surgery were at J.M. and her mother's request for J.M.'s  
14 post-operative surgical pain. He explained: "I wrote it because I know how bad her pain is, and a  
15 lot of providers do not believe how bad her pain can be."

16          41. Respondent did not speak with J.M.'s surgeon or primary care physician nor did he  
17 perform a CURES review before prescribing pain medications for J.M.<sup>3</sup> He did not make notes  
18 of any examination nor record any pain scale when he was prescribing to J.M. He also did not  
19 instruct J.M. to inform her surgeon or primary care physician that he had prescribed controlled  
20 substances for her.

21          42. Respondent told his wife that he was in love/infatuated with J.M. In August 2014,  
22 Respondent's wife filed for divorce. On August 11, 2014, following Respondent's arrest for  
23 alleged domestic battery, his wife sought a restraining order requesting that he be removed from  
24 the family home.

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27 <sup>3</sup> CURES is the Controlled Substance Utilization Review and Evaluation System which stores  
28 Schedule II, III and IV controlled substance prescription information reported as dispensed in California.  
Prescribers authorized to prescribe, order, administer, furnish, or dispense Schedule II, III, or IV controlled  
substances, and pharmacists, may access CURES data for patient care purposes.

1           43. Respondent moved out of the family home and Respondent stayed with J.M. and her  
2 mother for approximately one-week. Respondent slept in J.M.'s bed with her on two of the nights  
3 that he stayed at J.M.'s home. J.M. indicated that one evening during that week she fell asleep  
4 while Respondent and she were lying on her bed discussing his current family situation. She  
5 woke up with Respondent lying next to her and facing her with his leg positioned over her body.  
6 On another occasion that week, J.M. had agreed to spend the evening with Respondent but then  
7 chose to go out to dinner with friends, at which time Respondent became angry that she had  
8 changed her plans and refused to let her leave. J.M. complained to her mother that she no longer  
9 felt comfortable with Respondent staying with them and J.M.'s mother then asked him to leave.

10           44. On November 18, 2014, Respondent prescribed 35 tablets of Dilaudid, 4 milligrams,  
11 to J.M.

12           45. From March 2013 to December 2014, Respondent provided financial help to J.M. and  
13 her mother, totaling approximately \$88,000.

14           46. In December 2014, J.M. began to recollect memories of her time spent with  
15 Respondent in 2013 and 2014. She recalled physical intimacy, including Respondent kissing her  
16 while sitting on the couch in the living room, waking up to Respondent brushing the outside of  
17 her underwear under her sweatpants, waking up to Respondent touching one of her breasts on the  
18 outside of the shirt and lying on the kitchen floor without clothes with Respondent's face above  
19 her.

20           47. Respondent initially reported to Board representatives that his relationship with J.M.  
21 was platonic. He stated that he kissed her on the forehead a couple of times while saying  
22 goodbye but never attempted anything else of a romantic nature physically towards her. He also  
23 stated that he kissed J.M. on the lips twice. He denied having sexual intercourse with her. He did  
24 state, however, that in later 2014, he thought maybe that the friendship was growing more into a  
25 love interest.

26           48. Respondent committed extreme departures from the standard of care with respect to  
27 his involvement with J.M. More specifically, Respondent excessively prescribed controlled  
28 substances to J.M. without a medical basis, without examination and without knowledge of

1 concurrent treatments and prescribing of her treating physicians. Further, Respondent prescribed  
2 highly addicting opioids without taking a sufficient history to determine the presence of opioid  
3 misuse. It appears that Respondent has minimized his behaviors with J.M. suggesting a serious  
4 lack of self-awareness. Respondent's behavior suggests that he is in severe denial or is  
5 attempting to minimize his personal psychological problems, both of which raise serious doubt  
6 regarding Respondent's ability to safely function as a physician without harming the public.

7 49. The Board requested that Respondent submit to voluntary mental and physical  
8 examinations.

9 50. On April 24, 2018, a mental evaluation was performed by psychiatrist, A.L.S., M.D.  
10 Following his evaluation, Dr. S concluded that Respondent is unable to practice medicine  
11 reasonably and safely without concurrent intensive monitoring, oversight and supervision.

12 a. Dr. S opined that Respondent lacks insight and judgment to safely practice  
13 medicine without supervision. Dr. S formed the opinion that Respondent failed to realize his  
14 egregious series of errors and only after intense prodding was he finally able to acknowledge that  
15 he was ill-suited to make the medical interventions he made.

16 b. Dr. S opined that Respondent lacks the ability to recognize the need for  
17 supervision and counsel, both on a chronic and emergent basis, and the inability to recognize the  
18 need for supervision and counsel makes him unsafe to practice medicine without oversight and  
19 monitoring. Further, Dr. S opined that Respondent's belief that he could trust J.M.'s mother to  
20 pick up on signs and symptoms of a major catastrophic event in J.M.'s medical condition is the  
21 kind of error in reasoning that can endanger patient health, safety and welfare.

22 51. On March 29, 2018, the Board received Respondent's Report of Settlement in excess  
23 of \$30,000 reporting that on April 28, 2015, J.M. filed a civil lawsuit against Respondent, Los  
24 Angeles Superior Court Case No. BC580094. That lawsuit alleged causes of action for  
25 negligence; violation of Civil Code section 51.9 (sexual harassment); sexual assault and battery;  
26 and intentional infliction of emotional distress. Following the settlement of the action, a Notice  
27 of Entry of Dismissal was filed with the Court on May 15, 2017.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 (Mental Illness and/or Physical Illness Affecting Competency)

3 52. By reason of the facts set forth above in paragraphs 23 through 50, Respondent's  
4 license is subject to disciplinary action pursuant to section 822 of the Code as a result of mental  
5 illness and/or physical illness affecting Respondent's competency. The circumstances are as  
6 follows:

7 a. Respondent is unable to practice medicine reasonably and safely without  
8 concurrent intensive monitoring, oversight and supervision.

9 b. Respondent lacks insight and judgment to safely practice medicine without  
10 supervision. Respondent failed to realize his egregious series of error with respect to J.M. and  
11 only after intense prodding was Respondent finally able to acknowledge that he was ill-suited to  
12 make the medical interventions he made regarding J.M.

13 c. Respondent lacks the ability to recognize the need for supervision and counsel,  
14 both on a chronic and emergent basis, and the inability to recognize the need for supervision and  
15 counsel makes him unsafe to practice medicine without oversight and monitoring. Respondent's  
16 belief that he could trust J.M.'s mother to pick up on signs and symptoms of a major catastrophic  
17 event in J.M.'s medical condition is the kind of error in reasoning that can endanger patient  
18 health, safety and welfare.

19 53. Respondent's acts and/or omissions set forth in paragraphs 23 through 50 above,  
20 whether proven individually, jointly, or in any combination thereof, constitute mental illness  
21 and/or physical illness affecting Respondent's competency in violation of section 822 of the  
22 Code. Therefore, cause for discipline exists.

23 **SECOND CAUSE FOR DISCIPLINE**

24 (Gross Negligence in Excessively Prescribing Controlled Substances to J.M.)

25 54. Respondent is subject to disciplinary action under Code sections 2234, subdivision  
26 (b), and 725, in that he engaged in gross negligence by excessively prescribing controlled  
27 substances to J.M. Complainant refers to and, by this reference, incorporates herein, paragraphs  
28 23 through 50, above, as though fully set forth herein. The circumstances are as follows:

1 a. The standard of medical practice in California requires that physicians only  
2 prescribe controlled medications or provide other treatments in the context of a professional  
3 physician – patient relationship. The standard of medical practice in California further requires  
4 that the physician make a good faith effort to obtain sufficient information necessary to establish  
5 whether or not the patient suffers from an illness or disorder requiring treatment prior to proving  
6 any form of treatment.

7 b. The standard of medical practice in California requires that physicians  
8 prescribing controlled medications have a medical basis, including evidence that the abusable  
9 medications are medically indicated, that there are not safer treatments, an awareness of the  
10 patient's history of substance use, or a knowledge of other providers also simultaneously  
11 prescribing controlled substances.

12 c. The standard of medical practice in California for a practitioner prescribing  
13 controlled substances requires that the practitioner document the assessment of the indications,  
14 benefits, risks, alternatives (and offer of alternatives), adverse effects, effectiveness, and/or  
15 precautions regarding the safe prescribing of controlled substances.

16 d. Respondent prescribed controlled substances to J.M. outside of the professional  
17 physician – patient relationship.

18 e. Respondent prescribed controlled substances to J.M. without performing any  
19 examination.

20 f. Respondent prescribed controlled substances to J.M. without taking a sufficient  
21 history to determine the presence of opioid misuse.

22 g. Respondent prescribed controlled substances to J.M. without knowledge of  
23 concurrent treatments and prescribing of her treating physicians.

24 h. Respondent failed to maintain documentation of his prescriptions for controlled  
25 substances for J.M.

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1 55. Respondent's acts and/or omissions as set forth in paragraphs 23 through 50, above,  
2 whether proven individually, jointly, or in any combination thereof, constitute gross negligence  
3 pursuant to sections 2234, subdivision (b), and 725 of the Code. Therefore cause for discipline  
4 exists.

5 **THIRD CAUSE FOR DISCIPLINE**

6 **(Repeated Negligent Acts)**

7 56. Respondent is subject to disciplinary action under section 2234, subdivision (c), in  
8 that he engaged in repeated acts of negligence by excessively prescribing controlled substances to  
9 J.M. Complainant refers to and, by this reference, incorporates herein, paragraphs 23 through 55,  
10 above, as though fully set forth herein. The circumstances are as follows:

11 a. Respondent prescribed controlled substances to J.M. outside of the professional  
12 physician – patient relationship.

13 b. Respondent prescribed controlled substances to J.M. without performing any  
14 examination.

15 c. Respondent prescribed controlled substances to J.M. without taking a sufficient  
16 history to determine the presence of opioid misuse.

17 d. Respondent prescribed controlled substances to J.M. without knowledge of  
18 concurrent treatments and prescribing of her treating physicians.

19 e. Respondent failed to maintain documentation of his prescriptions for controlled  
20 substances for J.M.

21 57. Respondent's acts and/or omissions as set forth in paragraphs 23 through 55, above,  
22 whether proven individually, jointly, or in any combination thereof, constitute repeated negligent  
23 acts pursuant to section 2234, subdivision (c), of the Code. Therefore cause for discipline exists.

24 **FOURTH CAUSE FOR DISCIPLINE**

25 **(Violation of Drug Statutes)**

26 58. By reason of the facts set forth above in paragraphs 23 through 50, Respondent's  
27 license is subject to disciplinary action pursuant to section 2238 of the Code for violating drug  
28 statutes.



1           59. Respondent's acts and/or omissions set forth in paragraphs 23 through 50, above,  
2 whether proven individually, jointly, or in any combination thereof, constitute drug statute  
3 violations in violation of section 2238. Therefore, cause for discipline exists.

4   **FIFTH CAUSE FOR DISCIPLINE**

5   (Prescribing, Dispensing, or Furnishing Dangerous Drugs Without  
6   an Appropriate Prior Examination and Medical Indication)

7           60. By reason of the facts set forth above in paragraphs 23 through 50, Respondent's  
8 license is subject to disciplinary action pursuant to section 2242, subdivision (a), of the Code for  
9 prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an  
10 appropriate prior examination and medical indication.

11           61. Respondent's acts and/or omissions set forth in paragraphs 23 through 50 above,  
12 whether proven individually, jointly, or in any combination thereof, constitute prescribing,  
13 dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior  
14 examination and medical indication in violation of section 2242, subdivision (a), of the Code.  
15 Therefore, cause for discipline exists.

16   **SIXTH CAUSE FOR DISCIPLINE**

17   (Failing to Maintain Adequate and Accurate Medical Records)

18           62. By reason of the facts set forth above in paragraphs 23 through 50, Respondent's  
19 license is subject to disciplinary action pursuant to section 2266 of the Code for failing to  
20 maintain adequate and accurate medical records.

21           63. Respondent's acts and/or omissions set forth in paragraphs 23 through 50 above,  
22 whether proven individually, jointly, or in any combination thereof, constitute failing to maintain  
23 adequate and accurate medical records in violation of section 2266 of the Code. Therefore, cause  
24 for discipline exists.

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1 **SEVENTH CAUSE FOR DISCIPLINE**

2 (Unprofessional Conduct)

3 64. By reason of the facts set forth above in paragraphs 23 through 63, Respondent's  
4 license is subject to disciplinary action pursuant to section 2234 of the Code for engaging in  
5 unprofessional conduct.

6 65. Respondent's acts and/or omissions set forth in paragraphs 23 through 63 above,  
7 whether proven individually, jointly, or in any combination thereof, constitute unprofessional  
8 conduct in violation of section 2234 of the Code. Therefore, cause for discipline exists.

9 **EIGHTH CAUSE FOR DISCIPLINE**

10 (Failure to Timely Report Settlement)

11 66. By reason of the facts set forth above in paragraph 51, Respondent's license is subject  
12 to disciplinary action pursuant to sections 801.01 and 2234 of the Code for failing to timely report  
13 the settlement of the lawsuit filed against him by J.M.

14 67. Respondent's acts and/or omissions set forth in paragraph 51 above, whether proven  
15 individually, jointly, or in any combination thereof, constitute unprofessional conduct in violation  
16 of sections 801.01 and 2234 of the Code. Therefore, cause for discipline exists.

17 **PRAYER**

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

- 20 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 93228,  
21 issued to Jack Jyh-Perng Wu, M.D.;
- 22 2. Revoking, suspending or denying approval of Jack Jyh-Perng Wu, M.D.'s authority to  
23 supervise physician assistants and advanced practice nurses;
- 24 3. Ordering Jack Jyh-Perng Wu, M.D., if placed on probation, to pay the Board the costs  
25 of probation monitoring; and

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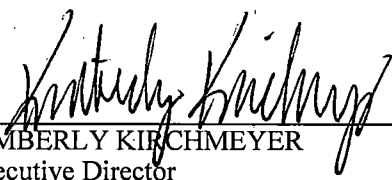
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4. Taking such other and further action as deemed necessary and proper.

DATED: June 7, 2018

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

LA2018501044