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**FILED**  
**STATE OF CALIFORNIA**  
**MEDICAL BOARD OF CALIFORNIA**  
**SACRAMENTO AUGUST 21 2018**  
BY: *[Signature]* **ANALYST**

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

13 In the Matter of the Accusation Against:

Case No. 800-2016-027559

14 **J. Eduardo Guzman, M.D.**  
15 **420 N Montebello Blvd. #204**  
**Montebello, Ca 90640**

**A C C U S A T I O N**

16 Physician's and Surgeon's Certificate  
17 No. A 38124,

18 Respondent.

19  
20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
23 capacity as the Executive Director of the Medical Board of California (Board).

24 2. On or about March 8, 1982, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. A 38124 to J. Eduardo Guzman, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on June 30, 2019, unless renewed.

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**JURISDICTION**

1  
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       A.    Section 2227 of the Code provides in part that the Board may revoke, suspend for a  
6 period not to exceed one year, or place on probation, the license of any licensee who has been  
7 found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

8       B.    Section 2229 of the Code states that the protection of the public shall be the highest  
9 priority for the Board in exercising their disciplinary authority. While attempts to rehabilitate a  
10 licensee should be made when possible, Section 2229(c) states that when rehabilitation and  
11 protection are inconsistent, protection shall be paramount.

12       C.    Section 2234 of the Code, states in part:

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

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

18       “(b) Gross negligence.

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

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

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

1 “(d) Incompetence.”

2 D. Section 725 of the Code states in part:

3 “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering  
4 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated  
5 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of  
6 the community of licensees is unprofessional conduct for a physician and surgeon...”

7 E. Section 11165.1 of the California Health and Safety Code states in part:

8 “(a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer, furnish,  
9 or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section  
10 11150 shall, before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration  
11 (DEA) registration, whichever occurs later, submit an application developed by the Department  
12 of Justice to obtain approval to access information online regarding the controlled substance  
13 history of a patient that is stored on the Internet and maintained within the Department of Justice,  
14 and, upon approval, the department shall release to that practitioner the electronic history of  
15 controlled substances dispensed to an individual under his or her care based on data contained in  
16 the CURES Prescription Drug Monitoring Program (PDMP).”

17 **PERTINENT DRUGS**

18 4. **Adderall**, a trade name for mixed salts of a single-entity amphetamine product  
19 (dextroamphetamine sulphate, dextroamphetamine saccharate, amphetamine sulfate,  
20 amphetamine aspartate), is a dangerous drug as defined in Business and Professions Code section  
21 4022 and a schedule II controlled substance as defined by section 11055 of the Health and Safety  
22 Code. Adderall is indicated for Attention Deficit Disorder with Hyperactivity and Narcolepsy for  
23 Deficit Disorder with Hyperactivity, only in rare cases will it be necessary to exceed a total of 40  
24 mg per day. For Narcolepsy, the usual dose is 5 mg to 60 mg per day in divided doses depending  
25 on individual patient response.

26 5. **Ambien**, a Schedule IV controlled substance, is a sedative primarily used to treat  
27 insomnia. It is an addictive substance and users should avoid alcohol as serious interactions may  
28 occur.



1           10. On or about August 19, 2014, Patient A, a then 35-year old female, was first seen by  
2 Respondent after being referred by her primary care physician for medication management. She  
3 presented to Respondent with Adderall 90 mg/day.

4           11. Respondent renewed the Adderall prescription monthly until on or about December 2,  
5 2014, at which time Patient A reported that she was having difficulty with her school work and  
6 also voiced concern about being overweight. During this visit, Respondent added Phentermine 30  
7 mg/day, which was subsequently increased to 45 mg/day on or about December 23, 2014, then  
8 lowered back to 30 mg/day on or about April 28, 2015.

9           12. On or about March 17, 2015, Patient A requested an early refill for Adderall,  
10 claiming the medication had been lost. Respondent wrote the prescription. On or about June 9,  
11 2015, Respondent discontinued Phentermine as it had been ineffective.

12           13. On or about March 8, 2016, Patient A again reported losing her prescription of  
13 Adderall. Respondent wrote an early refill of Adderall just two weeks after the previous  
14 prescription. On or about March 18, 2016, Respondent wrote another prescription for Adderall,  
15 and restarted Phentermine at 150 mg/day for weight loss. It appears yet another prescription for  
16 Adderall was written just several days later on or about March 22, 2016.

17           14. On or about September 22, 2016, Patient A reported to Respondent that her  
18 prescriptions had possibly been stolen while she was moving to Santa Barbara. Respondent wrote  
19 an early refill for Adderall and Patient A indicated she would provide him with the police report  
20 from the incident.

21           15. On or about May 25, 2017, Patient A reported another lost prescription for Adderall,  
22 indicating it was destroyed by her pet bird. Respondent wrote another early refill prescription for  
23 Adderall.

24           16. CURES reports for Patient A indicate that she was taking on average 138 mg/day of  
25 Adderall and 68 mg/day of Phentermine between August 2017 and January 2018. In 2016,  
26 Patient A averaged taking 160 mg/day of Adderall, followed by an average of 116 mg/day of  
27 Adderall in 2017. The reports indicate Patient A was filling prescriptions only written by  
28 Respondent, and that she filled prescriptions at two (2) different pharmacies.





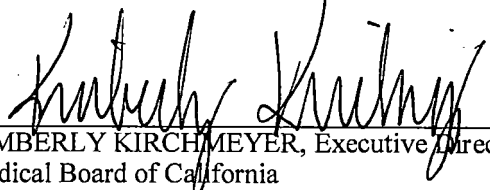
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**PRAYER**

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 38124, issued to J. Eduardo Guzman, M.D.;
2. Revoking, suspending or denying approval of J. Eduardo Guzman, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering J. Eduardo Guzman, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: August 21, 2018

  
KIMBERLY KIRCHMEYER, Executive Director  
Medical Board of California  
State of California  
*Complainant*

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