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9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
12

13 In the Matter of the Accusation Against:

Case No. 800-2017-033668

14 ERIC MICHAEL JACOBSON, M.D.
15 Behavioral Health Services
576 Hartnell Street, Suite 300
16 Monterey, California 93940

A C C U S A T I O N

17 Physician's and Surgeon's Certificate G 36315,
18 Respondent.

19
20 **PARTIES**

21 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity
22 as the Interim Executive Director of the Medical Board of California (Board).

23 2. On April 24, 1978, the Board issued Physician's and Surgeon's Certificate Number G
24 36315 to Eric Michael Jacobson, M.D. (Respondent). That license was in full force and effect at
25 all times relevant to the charges brought herein and will expire on April 30, 2022, unless renewed.

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JURISDICTION

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

4. Section 22 of the Code provides that “Board” as used in any provisions of this Code, refers to the board in which the administration of the provision is vested, and unless otherwise expressly provided, shall include “committee,” “department,” “division,” “examining committee,” and “agency.”

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

6. Section 2004 of the Code provides, in pertinent part: The board shall have the responsibility for the following:

- (a) The enforcement of the disciplinary . . . provisions of the Medical Practice Act.
- (b) The administration and hearing of disciplinary actions.
- (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
- (d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
- (e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.
- (f) . . . (i).

7. Section 2220 of the Code provides that the Board may take action against all persons guilty of violating this chapter and shall enforce and administer this article as to physician and surgeon certificate holders, and have all the powers granted in this chapter for these purposes including, investigating complaints from the public that a physician and surgeon may be guilty of unprofessional conduct.

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1 11. On or about September 24, 2013, Patient A, a then 52-year old female, was admitted
2 to Community Hospital of the Monterey Peninsula (CHOMP) complaining of severe anxiety and
3 depression, stating she just wanted to die and did not know how she would do it, “maybe
4 overdose,” or cut her wrists. At the time of her admission, she was taking Norco,² Remeron,³
5 Klonopin,⁴ and was started on Seroquel.⁵ She acknowledged she was unable “to contract not to
6 overtake her medications” and sometimes took up to 8 Norco a day, which was more than
7 prescribed. She had been taking Klonopin for years but did not feel it was helping her anymore
8 and was willing to decrease it. She reported that the day before her admission, she “took 6
9 Klonopin [more than prescribed] just because I had so much anxiety I couldn’t even take a
10 shower” or get out of bed, although she had been sleeping 12-16 hours a day. She reported a
11 history of alcohol abuse and a prior conviction for driving under the influence of alcohol years
12 earlier. She also had a DUI for driving under the influence of her prescription medications in
13 2010 and was afraid to drive again, fearful she might be arrested as she had been driving on her
14 medications for years. She reported having racing thoughts of killing herself by taking all of her
15 medications and not wanting to wake up. At that time, her prescribed Klonopin dosage was 1 mg

16 ² Norco, a Schedule II Controlled Substance, is the brand name for the narcotic drug
17 containing a combination of acetaminophen and hydrocodone (an opiate) used to relieve
18 moderate to moderately severe pain. Acetaminophen is a less potent pain reliever that increases
19 the effects of hydrocodone. Other brand names of this medication are Hycet, Lorcet, Lortab
20 10/325, Lortab 5/325, Lortab 7.5/325, Lortab Elixir, Verdrocet, and Xodol.

21 ³ Remeron is the brand name for the generic drug mirtazapine, which is an antidepressant
22 and is generally used to treat major depressive disorder. It is still not fully understood the way
23 mirtazapine works. However, it is thought to positively affect communication between nerve cells
24 in the central nervous system and/or restore chemical balance in the brain.

25 ⁴ Klonopin, a Schedule IV Controlled Substance, is the brand name for the generic drug
26 clonazepam, which is a benzodiazepine that affects chemicals in the brain that may be unbalanced
27 to treat seizures, certain types of anxiety disorders, and is used to treat panic disorder (including
28 agoraphobia - an irrational and often disabling fear of being out in public) in adults. There is a
warning associated with the use of benzodiazepines with opioid drugs that have led to slowed or
trouble breathing and death, and advises to get medical help right away if one feels very sleepy or
dizzy, has slow, shallow, or trouble breathing, or passes out.

⁵ Seroquel is the brand name for the generic drug quetiapine, which is an antipsychotic
medicine that works by changing the actions of chemicals in the brain, and is used to treat
schizophrenia in adults and children who are at least 13 years old and bipolar disorder (manic
depression) in adults and children who are at least 10 years old.

1 three times a day, although she admitted taking more than prescribed and did not want to do it
2 anymore, was reduced to 0.5 mg two times a day with an additional 0.5 mg as needed for anxiety.
3 She was noted to have psychomotor retardation⁶ and was diagnosed with recurrent severe
4 depression.

5 12. She was hospitalized at CHOMP until October 4, 2013. During that time, she
6 reported a previous hospitalization for pneumonia and probable methadone overdose, had a
7 history of heroin use many years earlier and had abused methadone and Percocet in the past. She
8 was noted to have a history of polysubstance abuse and benzodiazepine dependence, and was
9 diagnosed with bipolar disorder⁷ type II. Cymbalta⁸ was added for her depression, and the
10 Klonopin was subsequently increased to 1 mg in the morning and 0.5 mg in the afternoon, with an
11 additional 0.5 mg as needed for anxiety. Her plan, upon discharge, was to be admitted to
12 CHOMP for partial hospitalization, and she would be followed by Respondent on a weekly basis.

13 13. On or about October 7, 2013, Patient A was admitted to CHOMP for partial
14 hospitalization for outpatient treatment and told a therapist that she had a history of drug and
15 alcohol abuse and nearly died of a heart attack the last time she overdosed.

16 14. On or about October 9, 2013, the patient told a nurse that she is dependent upon
17 opiates for headaches and benzodiazepines for anxiety and fears. However, they were not helping
18 her to get better. She was hoping to get onto safer medications and decrease her risk of
19 dependency and addiction.

20 15. On or about October 10, 2013, the patient was seen by Respondent who noted she had

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22 ⁶ Psychomotor retardation is a generalized slowing of physical and emotional reaction,
such as that seen in major depression and in catatonic schizophrenia.

23 ⁷ Bipolar disorder, formerly known as manic depression, is a mood disorder that causes
24 radical emotional changes and mood swings, from manic, restless highs to depressive, listless
lows. Most bipolar individuals experience alternating episodes of mania and depression.

25 ⁸ Cymbalta is the brand name for the generic drug duloxetine, which is a selective
26 serotonin and norepinephrine reuptake inhibitor antidepressant (SSNRI) that affects chemicals in
27 the brain that may be unbalanced in people with depression. Cymbalta is used to treat major
depressive disorder in adults and to treat general anxiety disorder in adults and children who are
28 at least 7 years old. It can also be used in adults to treat fibromyalgia (a chronic pain disorder), or
chronic muscle or joint pain (such as low back pain and osteoarthritis pain), and to treat pain
caused by nerve damage in adults with diabetes (diabetic neuropathy).

1 a recent driving under the influence case involving her prescription medications and was afraid
2 she would be caught again. He reported she takes “opiate analgesics and benzodiazepines, which
3 are concerning” and that her benzodiazepine dose had been considerably lowered during her
4 hospitalization. She was not requesting to increase it. He noted she was taking 1 mg of
5 clonazepam in the morning – about 2.5 mg daily in divided doses, which was an increase from
6 her discharge dosage. Respondent noted that she was disabled; however, he failed to document
7 any other information regarding her disability. He increased the Cymbalta to determine if it
8 exacerbates or decreases her anxiety, and discontinued mirtazapine 45 mg at bedtime; however,
9 he failed to document the reason this medication was to be discontinued.

10 16. Respondent next saw the patient on or about October 16, 2013, and included 45 mg of
11 mirtazapine at bedtime; however, he had planned to discontinue this medication on the prior visit
12 according to his documented plan. He further noted that the patient takes a total of about 3 mg of
13 clonazepam a day, which was an increase from the prior visit and the hospital discharge dosage.
14 He decreased Cymbalta with the intent to probably discontinue it.

15 17. On or about October 21, 2013, the patient told a nurse that she had been hospitalized
16 three times – once for cutting her wrists, and twice for overdoses.

17 18. On or about October 25, 2013, the patient saw Respondent, who again included 45
18 mg of mirtazapine at bedtime as part of her medications; however, his plan was to discontinue
19 this medication on October 10. Her anxiety level was the same despite the increase and more
20 consistent dosing of clonazepam and noted that the “initial increase in clonazepam was helpful
21 for her, but she lost that effect fairly quickly” and she did not feel any better. Respondent,
22 however, failed to consider how the chronic benzodiazepine prescription in a known patient with
23 a past history of alcoholism and drug addiction were actually complicating her difficulties and
24 that the rebound anxiety could well have been a consequence of her long term benzodiazepine
25 addiction. Respondent discontinued the Cymbalta on this visit.

26 19. On or about October 28, 2013, Respondent saw the patient and again included 45 mg
27 of mirtazapine at bedtime; however, he had planned to discontinue this medication on the October
28 10 visit according to his documented plan.

1 20. On or about November 6, 2013, Respondent saw the patient and noted she was taking
2 1.5 mg of clonazepam twice a day and further documented that the patient's medications included
3 45 mg of mirtazapine at bedtime, which was to have been discontinued by Respondent in
4 October.⁹

5 21. The patient saw Respondent again on or about November 15, 2013, who reported her
6 anxiety was 90% better. His plan was to add 50 mg of topiramate¹⁰ at bedtime as a prophylactic
7 medicine for her migraine headaches, to be titrated up to 150 mg with weekly increments, and he
8 would see her when she was discharged from partial hospitalization.

9 22. On or about November 20, 2013, Respondent saw the patient who was discharged
10 from her partial hospitalization at CHOMP. His plan was to follow her medically upon discharge,
11 and her medications were to remain the same, which included 3 mg of clonazepam daily and
12 Norco; however, he failed to include the recent prescription for topiramate, which he had added
13 on the prior visit, and failed to document the patient's responses to that medication.

14 23. On or about November 22, 2013, Respondent saw the patient at her first regularly
15 scheduled outpatient visit who reported that her anxiety "is gone" and that she continued to do
16 quite well after her discharge. He listed her medications; however, he failed to include the
17 prescription for topiramate and failed to document the patient's responses to that medication.

18 24. On or about December 10, 2013, Respondent saw the patient noting it was her first
19 regularly scheduled outpatient visit; however, the prior visit was the patient's first documented
20 outpatient visit.

21 25. Respondent saw the patient on or about January 15, 2014, and again noted this was

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23 ⁹ Respondent's subsequent progress notes continued to include this medication as one of
24 the patient's medications, so it is unclear if was ever discontinued by Respondent on October 10,
2013, as indicated in his treatment plan.

25 ¹⁰ Topiramate, also known by the brand names Qudexy XR Sprinkle, Topamax, Topamax
26 Sprinkle, Trokendi XR, and Topiragena, is a seizure medicine, also called an anticonvulsant, and
27 is used to treat certain types of seizures in adults and children who are at least 2 years old. Some
28 brands of topiramate are also used to prevent migraine headaches in adults and teenagers who are
at least 12 years old. These medicines will only prevent migraine headaches or reduce the number
of attacks, but will not treat a headache that has already begun.

1 her first regularly scheduled outpatient visit, which had actually occurred almost two months
2 earlier. Her primary complaint was anxiety and that she had been quite sick with nausea, general
3 sedation, and dysphoria¹¹ after she failed to follow the prescribed titration schedule of the
4 topiramate, and did not want to restart it. He planned to resume the 50 mg of topiramate at
5 bedtime for a week, and try to increase up to 100 mg, but no further.

6 26. On or about February 13, 2014, Respondent saw the patient and noted he saw the
7 patient "today as her first regularly scheduled outpatient visit" even though that had occurred
8 three months earlier. She reported "daytime tiredness and fatigue with sleepiness and no energy
9 to keep up with things" and that "she wakes up feeling fatigued." He documented that the
10 patient's medications included 1.5 mg of clonazepam two times daily, and 50 mg of topiramate at
11 bedtime and titrating up to 200 mg at bedtime; however, he had decreased the topiramate titration
12 to 100 mg on the prior visit. He further considered decreasing mirtazapine; however, he planned
13 to discontinue this medication in October 2013 and failed to document why there was a
14 discrepancy in the records.

15 27. On or about March 27, 2014, Respondent saw the patient and noted she was taking 1
16 mg of clonazepam twice a day; however, she had been taking 1.5 mg twice a day at the last visit.
17 On this visit, he planned to decreased clonazepam to 1 mg in the morning and 1.5 mg at bedtime
18 for two weeks, and if there was no increase in her anxiety, he would reduce it to 1 mg twice a
19 day.

20 28. On or about April 24, 2014, Respondent saw the patient again who was experiencing
21 a lot of anxiety and stated that "her family thinks she sleeps too much during the day."
22 Respondent, however, failed to correlate patient and family reports and clinical observations of
23 excessive sedation in the patient who was taking benzodiazepines along with opiates and other
24 psychiatric medications. His plan was to increase her clonazepam to 1.5 mg twice a day or 1 mg
25 three times a day.

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27 ¹¹ Dysphoria is defined as a mood of general dissatisfaction, restlessness, depression, and
28 anxiety; a feeling of unpleasantness or discomfort.

1 29. On or about June 5, 2014, the patient saw Respondent who reported she was not
2 doing well, was crying all the time, and felt very depressed, and was still taking 3 mg of
3 clonazepam a day along with Norco as well as her other medications. He added venlafaxine XR¹²
4 to her medications.

5 30. On or about August 20, 2014, the patient saw Respondent and told him she was very
6 depressed and very anxious. She had tremors that are persistent and worsen at times when she
7 was more nervous. She was taking 3 mg of the benzodiazepine clonazepam while taking two
8 pills of Norco at a time 1-3 times a day.¹³ She told Respondent that her “children tell her that she
9 is overmedicated and that this is a problem” and reported that she “fell in the kitchen. She got up
10 at night quickly, went to the kitchen, and fell.” She was very worried, very anxious, and very
11 apprehensive. Respondent, however, failed to correlate patient and family reports and clinical
12 observations of excessive sedation in the patient who was taking benzodiazepines along with
13 opiates and other psychiatric medications. He thought this was probably a syncopal¹⁴ episode and
14 added 5 mg of aripiprazole¹⁵ to her medications. He further failed to consider how the chronic
15 benzodiazepine prescription in a patient with a known history of alcoholism and drug addiction
16 were actually complicating her difficulties and that the rebound anxiety could well have been a
17 consequence of her long term benzodiazepine addiction.

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19 ¹² Venlafaxine XR, is the generic name of the brand name drug Effexor XR, is a selective
20 serotonin and norepinephrine reuptake inhibitor (SNRIs), is an antidepressant that affects
21 chemicals in the brain that may be unbalanced in people with depression and is used to treat
major depressive disorder, anxiety, and panic disorder. The XR stands for extra release tablets or
capsules.

22 ¹³ Throughout Respondent’s care and treatment of the patient up to this point, she had
23 been taking the opiate Norco and the benzodiazepine clonazepam, which can lead to slowed or
trouble breathing and death. One should get medical help right away if they feel very sleepy or
dizzy, have slow, shallow, or trouble breathing, or passes out.

24 ¹⁴ Syncopal means relating to syncope, which is a transient (and usually sudden) loss of
25 consciousness, accompanied by an inability to maintain an upright posture.

26 ¹⁵ Aripiprazole is the generic name of the brand name drug Abilify, which is an
27 antipsychotic medicine that is used to treat the symptoms of psychotic conditions such as
schizophrenia and bipolar I disorder (manic depression) and is also used together with other
28 medicines to treat major depressive disorder in adults.

1 31. On or about September 25, 2014, Respondent saw the patient again who reported that
2 she is sluggish during the day and "feels very sluggish and tired, particular in the mornings, and it
3 seems like a hangover from her drugs." Respondent noted that the patient would let him know in
4 5 to 6 days how she is doing; however, there is no progress note or entries regarding any phone
5 call from the patient in the chart.

6 32. According to the patient's Controlled Substance Utilization Review & Evaluation
7 System (CURES)¹⁶ report, on October 13, 2014, she filled a prescription for 120 tabs of 350 mg
8 carisporodol¹⁷ from provider DMK, and 90 tabs of 1 mg of clonazepam from different provider
9 NBR two days later. On October 21, she filled a prescription for 180 tabs of Norco from provider
10 DMK. On October 29, 2014, the patient filled a prescription for 180 tabs of 0.5 mg of
11 clonazepam from Respondent even though she had filled 90 tabs of 1 mg of clonazepam from
12 provider NBR's prescription 14-days earlier.

13 33. Respondent saw the patient on or about October 31, 2014, and made some minor
14 changes to her medications; however, he failed to include carisporodol in the patient's
15 medications list, which she filled on October 13, 2014.

16 34. In November 2014, she filled prescriptions for the 120 tablets of carisporodol and 180
17 tablets of Norco from provider DMK.

18 35. On December 5, 2014, the patient filled prescriptions for 90 tabs of 1 mg of
19 clonazepam from Respondent, 120 tabs of carisporodol, and 240 tabs of Norco from provider
20 DMK on other dates that month, and another 180 tabs of 0.5 mg of clonazepam from Respondent
21 on December 19.

22 _____
23 ¹⁶ CURES is a database of Schedule II, III and IV controlled substance prescriptions
24 dispensed in California serving the public health, regulatory oversight agencies, and law
enforcement. CURES 2.0 is committed to reducing prescription drug abuse and diversion without
affecting legitimate medical practice or patient care.

25 ¹⁷ Carisporodol is the generic name for the Schedule IV Controlled Substance also known
26 by the brand name drugs Soma and Vanadom, which is a muscle relaxer that blocks pain
27 sensations between the nerves and the brain. It is used together with rest and physical therapy to
28 treat skeletal muscle conditions such as pain or injury and should only be used for short periods
(up to two or three weeks) because there is no evidence of its effectiveness in long term use, and
most skeletal muscle injuries are generally of short duration.

1 36. On January 6, 2015, the patient filled another prescription for 90 tabs of clonazepam
2 from Respondent, and 120 tabs of carisporodol from provider DMK. She further filled 120 tabs
3 of Norco, and another 240 tabs of Norco from provider DMK later that month.

4 37. On or about February 5, 2015, Respondent saw the patient again who was still taking
5 two tabs of Norco 1-2 times a day while taking up to 3 mg of clonazepam. He noted she had
6 some skin lesions of her face, which were red and raised, and looked as if they had been picked
7 on. He made no changes to her medications.

8 38. On or about February 6, 2015, Respondent reportedly received a fax from
9 UnitedHealthcare alerting him that the patient had filled a prescription for clonazepam from
10 another physician while obtaining them from him from July through October 2014; however,
11 Respondent failed to document this in the patient's chart or in the next progress note, and there is
12 no copy of this fax in the patient's certified records. Respondent further failed to run a CURES
13 report to determine what controlled substances the patient had been receiving from other
14 providers, and failed to have or document any discussion with the patient regarding what other
15 prescriptions she was obtaining from other providers.

16 39. In February 2015, the patient filled prescriptions for 120 tabs of carisporodol and 240
17 tabs of Norco from provider DMK.

18 40. In March 2015, the patient filled prescriptions for 90 tabs of clonazepam from
19 Respondent, and 120 tabs of carisporodol and 240 tabs of Norco from provider DMK.

20 41. In April 2015, the patient filled prescriptions for 90 tabs of clonazepam from
21 Respondent, 120 tabs of 30 mg oxycodone hydrochloride,¹⁸ 120 tabs of carisoprodol, and 240
22 tabs of Norco from provider DMK.

23 42. On or about May 6, 2015, Respondent saw the patient, noting he last saw her on
24 December 5, 2014; however, according to the progress notes, he had seen the patient on February

25 ¹⁸ Oxycodone Hydrochloride (HCL) is the generic name for the Schedule II controlled
26 substance also known by the brand names Oxaydo, OxyContin, Oxyfast, Roxicodone, RoxyBond,
27 Xtampza ER, which is an opioid pain medication sometimes called a narcotic used to treat
28 moderate to severe pain. The extended-release form of oxycodone is for around-the-clock
treatment of pain and should not be used on an as-needed basis for pain. This drug has a high
potential for abuse which may lead to severe psychological or physical dependence.

1 5, 2015. Respondent lists the patient's medications; however, it does not include carisoprodol or
2 the opiate oxycodone HCL. He noted that the patient did not have a primary care physician or a
3 therapist, and she relies on him to talk about things.

4 43. In May 2015, the patient filled prescriptions for 90 tabs of clonazepam from
5 Respondent, 120 tabs of carisporodol, 180 tabs of 15 mg of oxycodone HCL, and 240 tabs of
6 Norco from provider DMK.

7 44. In June 2015, the patient filled prescriptions for 90 tabs of clonazepam from
8 Respondent, 120 tabs of carisporodol, and 150 tabs of oxycodone HCL from provider DMK.

9 45. On or about June 17, 2015, Respondent saw the patient noting he last saw her on
10 December 5, 2014; however, according to the progress notes, he had seen her in February and
11 May 2015. During this visit, Respondent noted that the patient was "already impaired cognitively
12 and feels sluggish during the day" and lists her medications; however, the list does not include the
13 oxycodone or carisoprodol even though she filled the carisoprodol the day before, and filled a
14 prescription for 180 tabs of oxycodone on May 21, 2015. Respondent failed to explore the
15 patient's drug addiction, alcohol abuse disorder, make any comments about rehabilitation or
16 participation in a twelve-step program. The patient reported that one of her sons was using her
17 heroin, which she had used in the past; however, Respondent failed to explore whether the patient
18 might be using recreational or illicit drugs or any other substances she may have been taking.

19 46. In July 2015, the patient filled prescriptions for 90 tabs of clonazepam from
20 Respondent, 240 tabs of Norco, 120 tabs of oxycodone HCL, 120 tabs of carisporodol, another
21 240 tabs of Norco from provider DMK, and another 90 tabs of 1 mg of clonazepam from a
22 different provider MAB.

23 47. In August 2015, the patient filled prescriptions for 120 tabs of oxycodone HCL, 120
24 tabs of carisporodol, 240 tabs of Norco from provider DMK, and 90 tabs of clonazepam from
25 provider MAB.

26 48. In September 2015, the patient filled prescriptions for 120 tabs of oxycodone HCL,
27 120 tabs of carisporodol, 240 tabs of Norco from provider DMK, and 90 tabs of clonazepam from
28 provider MAB.

1 49. In October 2015, the patient filled prescriptions for 120 tabs of oxycodone HCL, 120
2 tabs of carisoprodol, 240 tabs of Norco from provider DMK, and 90 tabs of clonazepam from
3 provider MAB.

4 50. On and through September 1, 2015, and November 3, 2015, Respondent saw the
5 patient and made minor adjustments to her medications including adding a prescription for
6 metformin¹⁹ for off label metabolic syndrome and weight loss associated with medications and
7 lifestyle. Respondent listed the patient's current medications; however, the list does not include
8 oxycodone or carisoprodol that had been prescribed by another provider.²⁰

9 51. In November 2015, the patient filled prescriptions for 120 tabs of oxycodone HCL,
10 120 tabs of carisoprodol, 240 tabs of Norco from provider DMK, another 20 tabs of Norco from a
11 physician's assistant, and 90 tabs of clonazepam from Respondent.

12 52. In December 2015, the patient filled prescriptions for 90 tabs of 30 mg of oxycodone
13 HCL and 240 tabs of Norco from provider DMK.

14 53. On or about January 8, 2016, the patient saw Respondent again who reported that she
15 had fractured her left ankle around Thanksgiving when she fell and tripped over something;
16 however, he failed to document any additional information about how or why she fell and if it
17 was related to sedation from her medications. In addition, he failed to correlate patient and
18 family reports and clinical observations of excessive sedation in the patient who was taking
19 benzodiazepines along with opiates and other psychiatric medications.

20 54. In January 2016, the patient filled prescriptions for 90 tabs of 30 mg oxycodone HCL,
21 120 tabs of carisoprodol, 240 tabs of Norco from provider DMK, and 90 tabs of clonazepam from
22 Respondent.

23
24 ¹⁹ Metformin is the generic name for the brand name drugs Fortamet, Glucophage,
25 Glucophage XR, Glumetza, and Riomet, which is an oral diabetes medicine that helps control
26 blood sugar levels and is used together with diet and exercise to improve blood sugar control in
27 adults with type 2 diabetes mellitus. However, it is not for treating type 1 diabetes.

28 ²⁰ In fact, Respondent never included the opiate oxycodone HCL as part of the patient's
medications throughout the rest of his treatment of her up to the last progress note the Board
obtained dated May 30, 2018. He also failed to include the controlled substance carisoprodol in
the patient's medications up to the last refill of this prescription on January 12, 2016.

1 55. In February 2016, the patient filled a prescription for 90 tabs of clonazepam from
2 Respondent, and 90 tabs of 30 mg of oxycodone HCL from provider DMK.

3 56. In March 2016, the patient filled prescriptions for 240 tabs of Norco, and 90 tabs of
4 30 mg oxycodone HCL from provider DMK.

5 57. On or about March 16, 2016, Respondent saw the patient who was still taking Norco
6 two tablets 1 to 2 times a day as needed, 1 mg of clonazepam in the morning and an additional 1-
7 2 mg daily for what the patient calls "panic attacks." He noted that the patient showed some signs
8 of psychomotor slowing and was anhedonic.²¹

9 58. In April 2016, the patient filled prescriptions for 90 tabs of clonazepam from
10 Respondent, 180 tabs of Norco, and 90 tabs of 30 mg of oxycodone HCL from provider DMK.

11 59. In May 2016, the patient filled prescriptions for 90 tabs of clonazepam from
12 Respondent, 180 tabs of Norco, and 90 tabs of 30 mg of oxycodone HCL from provider DMK.

13 60. In June 2016, the patient filled prescriptions for 120 tabs of Norco and 90 tabs of 30
14 mg of oxycodone HCL from provider DMK.

15 61. On or about June 20, 2016, the patient saw Respondent again, who stated she felt very
16 depressed and does not feel like doing anything. She reported that she was sleeping well at night,
17 but was staying in bed until 3 p.m., not sleeping. Respondent noted that the patient had
18 psychomotor retardation, was hypersomnolent,²² and had vegetative and retarded features of
19 depression. Even though the patient had been noted to have psychomotor retardation on several
20 visits, he felt it was "more of a cognitive slowing than a physical slowing;" however, he did state
21 that at the time the patient appeared to be a little bit overly intoxicated, sluggish and stumbles
22 around a little bit. She had not been taking the aripiprazole for two weeks due to insurance
23 coverage issues, so part of Respondent's plan was to replace that with a trial of lithium

24 ²¹ Anhedonic relates or refers to anhedonia, which is defined as a loss of the capacity to
25 experience pleasure and the inability to gain pleasure from normally pleasurable experiences.
26 Anhedonia is a core clinical feature of depression, schizophrenia, and some other mental
illnesses.

27 ²² Hypersomnolent is excessive sleeping or sleepiness, as in any of a group of sleep
28 disorders.

1 carbonate.²³

2 62. In July 2016, the patient filled prescriptions for 120 tabs of Norco, 90 tabs of 30 mg
3 of oxycodone HCL from provider DMK, and 90 tabs of 1 mg of clonazepam from Respondent.

4 63. In August 2016, the patient filled prescriptions for 120 tabs of Norco and 90 tabs of
5 30 mg of oxycodone HCL from provider DMK, and 120 tabs of 1 mg clonazepam from
6 Respondent.

7 64. On or about August 29, 2016, Respondent saw the patient and noted she was last seen
8 on July 7, 2016, by a nurse practitioner in his absence; however, there is no progress note in the
9 patient's chart documenting that visit. Respondent noted that the patient "really feels no better
10 with the medication", was inactive, avoiding social contact and her sleep was impaired. She was
11 still taking clonazepam 1 mg in the morning and 1-2 mg for "overwhelming anxiety." He,
12 however, failed to consider how the chronic benzodiazepine prescription in this patient were
13 actually complicating her difficulties and that the rebound anxiety and insomnia could have been
14 a consequence of her long-term benzodiazepine addiction. He added 40 mg of Latuda²⁴ to her
15 medications, and increased the dosage to 80 mg with all other medications to remain the same.

16 65. In September 2016, the patient filled prescriptions for 120 tabs of Norco and 90 tabs
17 of 30 mg of oxycodone HCL from provider DMK, and 32 tabs²⁵ of 1 mg of clonazepam from
18 Respondent.

19 66. On or about September 21, 2016, Respondent saw the patient who stated that "she
20

21 ²³ Lithium carbonate is a medication that is used to treat manic-depressive disorder
22 (bipolar disorder) and works to stabilize the mood and reduce extremes in behavior by restoring
23 the balance of certain natural substances (neurotransmitters) in the brain. Some of the benefits of
24 continued use of this medication include decreasing how often manic episodes occur and
decreasing the symptoms of manic episodes such as exaggerated feelings of well-being, feelings
that others wish to harm you, irritability, anxiousness, rapid/loud speech, and aggressive/hostile
behaviors.

25 ²⁴ Latuda is the brand name for the generic drug lurasidone, which is an antipsychotic
26 medicine that works by changing the effects of chemicals in the brain. It is used to treat
27 schizophrenia in adults and teenagers who are at least 13 years old. It is also used to treat episodes
of depression associated with bipolar disorder (bipolar depression) in adults and children who are
at least 10 years old.

28 ²⁵ The patient had filled a 30-day prescription for 120 tabs of 1 mg of clonazepam from
Respondent on August 29, 2016.

1 feels a little physically shaky;" however, he failed to determine why the patient was feeling
2 physically shaky and if it was a response to her medications or something else. He further failed
3 to document why the patient required an additional eight-day early supply of the benzodiazepine
4 clonazepam when she had filled a supply of 120 tabs of 1 mg tablets on August 29, 2016.

5 67. In October 2016, the patient filled prescriptions for 120 tabs of Norco and 90 tabs of
6 30 mg of oxycodone HCL from provider DMK, and 32 tabs of clonazepam from Respondent.

7 68. In November 2016, the patient filled prescriptions for 120 tabs of 1 mg clonazepam
8 from Respondent, 120 tabs of Norco, and 90 tabs of 30 mg oxycodone HCL from provider DMK.

9 69. In December 2016, the patient filled prescriptions for 120 tabs of 1 mg of clonazepam
10 from Respondent.

11 70. In January 2017, the patient filled prescriptions for 120 tabs of Norco and 90 tabs of
12 30 mg of oxycodone HCL from provider DMK, and 120 tabs of 1 mg of clonazepam from
13 Respondent.

14 71. On or about January 6, 2017, Respondent saw the patient and noted she was last seen
15 on November 29, 2016; however, there is no progress note in the patient's chart for that visit. On
16 this visit, the patient reported high levels of anxiety and excessive daytime sleepiness and fatigue
17 despite sleeping 10-12 hours a night. He, however, failed to consider how the chronic
18 benzodiazepine prescription in this patient with a known past history of alcoholism and drug
19 addiction were actually complicating her difficulties and that her rebound anxiety could well have
20 been a consequence of her long term benzodiazepine addiction. She reported that she snores at
21 night and inquired about possibly having sleep apnea,²⁶ but had never had a sleep study; however,
22 Respondent failed to refer her for a consultation for a sleep study to determine if she had sleep
23 apnea. He again noted that her "medications do not appear to be working well" and his
24 assessment was that the patient's medications were currently ineffective. He started her on a trial

25 _____
26 ²⁶ Sleep apnea is a condition in which breathing stops for more than ten seconds during
27 sleep and is a major, though often unrecognized, cause of daytime sleepiness. It can have serious
28 negative effects on a person's quality of life and is thought to be considerably underdiagnosed in
the United States.

1 of 1 mg of Rexulti²⁷ at bedtime, decreased the Latuda with the intention to discontinue it, fully
2 discontinued venlafaxine XR, and increased the mirtazapine from 15 mg to 30 mg at bedtime as
3 an antidepressant; however, he had planned to discontinue this medication in October 2013.

4 72. In February 2017, the patient filled prescriptions for 120 tabs of Norco and 90 tabs of
5 30 mg of oxycodone HCL from provider DMK, and 120 tabs of clonazepam from Respondent.

6 73. On or about February 23, 2017, the patient saw Respondent again who listed
7 venlafaxine XR 75 mg as part of the patient's current medications; however, Respondent had
8 planned to fully discontinue this medication on the prior visit. Respondent reported that the
9 patient "is not doing well, maybe worse. She cries all the time" and is "very depressed." He
10 increased the mirtazapine to 45 mg at bedtime and added 100 mg of trazodone²⁸ at bedtime with
11 potential to increase it to 300 mg as needed.

12 74. In March 2017, the patient filled prescriptions for 120 tabs of Norco and 90 tabs of 30
13 mg of oxycodone HCL from provider DMK, and 120 tabs of clonazepam from Respondent.

14 75. On or about March 16, 2017, the patient saw Respondent, who was not doing well
15 and has been more depressed and is not getting out of the house very often. He noted that she is
16 "not responsive to [her] current medication regimen" and failed to note that the patient's current
17 medications included 300 mg of trazodone, which he had added on the prior visit. He increased
18 the mirtazapine to 60 mg at bedtime. He discontinued Rexulti for a trial of 1.5 mg of Vraylar²⁹ for
19 a week to increase to 3 mg.

20
21 ²⁷ Rexulti is the brand name of the generic drug brexpiprazole, which is an antipsychotic
22 medication that works by changing the actions of chemicals in the brain. It is used to treat the
23 symptoms of schizophrenia and is also used together with other medications to treat major
24 depressive disorder in adults.

25 ²⁸ Trazodone is the generic name of the brand name drugs Desyrel, Desyrel Dividose, and
26 Oleptro, which is an antidepressant that belongs to a group of drugs called selective serotonin
27 reuptake inhibitors (SSRIs) that works by helping to restore the balance of a certain natural
28 chemical (serotonin) in the brain that may be unbalanced in people with depression. It is used to
treat major depressive disorder and may help to improve one's mood, appetite, and energy level
as well as decrease anxiety and insomnia related to depression.

²⁹ Vraylar is the brand name for the generic drug cariprazine, which is an antipsychotic
medication that affects chemicals in the brain and is used to treat schizophrenia in adults and is
also used to treat manic or mixed episodes in adults with bipolar disorder type I.

1 76. In April 2017, the patient filled prescriptions for 120 tabs of Norco and 90 tabs of 30
2 mg of oxycodone HCL from provider DMK.

3 77. On or about April 19, 2017, Respondent saw the patient and noted she was last seen
4 on November 29, 2016; however, according to the progress notes, Respondent had seen the
5 patient in January, February and March 2017, and there is no progress note for the November
6 visit in the patient's chart. Respondent listed venlafaxine XR 75 mg as part of the patient's
7 current medications; however, he had planned to fully discontinue this medication in January.
8 Respondent's progress note for this visit is identical to the progress note from February, including
9 his plan, and he failed to include trazodone in the patient's current medications, which he had
10 added during the February visit.

11 78. In May 2017, the patient filled prescriptions for 120 tabs of Norco and 90 tabs of 30
12 mg of oxycodone HCL from provider DMK, and 60 tabs of 5 mg diazepam³⁰ from Respondent.

13 79. On or about May 11, 2017, the patient saw Respondent, who noted she was last seen
14 on April 2, 2017; however, she had actually been seen on April 19, 2017, according to the
15 patient's chart. The patient reported she has taken up to 6 mg of clonazepam a day, more than the
16 prescribed and maximum dosage³¹ a day, and "claims compliance with all medications" despite
17 taking more clonazepam than prescribed. He further noted that the patient had taken 5 mg of
18 diazepam and "got fairly quick relief from that drug"; however, it is unclear where the patient
19 obtained this medication as Respondent's plan for this visit was to discontinue clonazepam for a
20 trial of diazepam. Respondent further listed venlafaxine XR 75 mg as part of the patient's current
21 medications and his plan to increase it to 150 mg in the morning; however, he had planned to
22 fully discontinue this medication in January according to his documented plan. Additionally,
23 Respondent failed to include trazodone to the list of the patient's current medications even though
24 he had added it to her medication regimen in February 2017.

25 ³⁰ Diazepam is the generic name for the brand name of valium, which is a benzodiazepine,
26 which affects chemicals in the brain that may be unbalanced in people with anxiety and is used to
27 treat anxiety disorders, alcohol withdrawal symptoms, or muscle spasms and is sometimes used
with other medications to treat seizures.

28 ³¹ The Physician's Desk Reference (PDR) specifies that 4 mg of the benzodiazepine
clonazepam is the maximum dosage per day for treatment of panic disorder.

1 80. On or about May 17, 2017, Respondent claims the patient sent him an e-mail stating
2 that her new regimen had not helped her tremors and shaking, and she felt dizzy all the time.
3 Respondent claims he replied that she may be experiencing withdrawals from Klonopin
4 (clorazepam) and that she should increase the valium (diazepam) to 5 mg three times a day;
5 however, there are no e-mails contained in the certified records provided to the Board.

6 81. On or about May 31, 2017, Respondent saw the patient who reported that she was not
7 doing well, was very depressed and was dizzy upon rising. He noted that “the patient’s
8 medications, particularly trazodone, may be contributing to her dizziness” as well as her low
9 blood pressure, and had significant psychomotor retardation and was as bad or worse than the last
10 time he saw her. Respondent, however, failed to consider how the chronic benzodiazepine
11 prescription and opiate use were actually complicating her difficulties and that her dizziness could
12 have been a consequence of the use of benzodiazepines and opiates. His plan was to increase the
13 venlafaxine XR to 150 mg every morning; however, he had planned to fully discontinue this
14 medication in January according to his documented plan. He also documented that the patient’s
15 current medications included clonazepam, which he planned to discontinue for a trial of diazepam
16 at the prior visit, and he failed to document the patient’s further response to the trial of diazepam
17 from the prior visit.

18 82. In June 2017, the patient filled prescriptions for 120 tabs of Norco and 90 tabs of 30
19 mg of oxycodone HCL from provider DMK, and 60 tabs of 0.5 mg of diazepam and 120 tabs of 1
20 mg of clonazepam from Respondent; however, his plan at the last visit was to discontinue the
21 clonazepam for a trial of diazepam.

22 83. In July 2017, the patient filled prescriptions for 120 tabs of 30 mg oxycodone HCL,
23 120 tabs Norco from provider DMK and 120 tabs of 1 mg clonazepam from Respondent.

24 84. Respondent claims that the patient's mother e-mailed him on July 26, 2017, that the
25 valium was not working well. The patient wanted to go back on clonazepam instead, and that he
26 responded that he would call in a prescription to the pharmacy and that she should stop taking the
27 valium and restart clonazepam 1 mg twice a day; however, there is no e-mail in the certified
28 records the Board obtained.

1 85. In August 2017, the patient filled prescriptions for 120 tabs of tabs of 30 mg of
2 oxycodone HCL from provider DMK, and 120 tabs of clonazepam and 30 tabs of 20 mg of
3 methyphenidate hydrochloride³² from Respondent.

4 86. On or about August 29, 2017, the patient saw Respondent again, who noted that on
5 June 26, 2017, the patient was seen by a nurse practitioner in his absence; however, there is no
6 progress note in the patient's chart for that visit. Respondent further noted that the patient had
7 sent him an e-mail last week about her condition; however, there is no e-mail included in the
8 patient's chart obtained by the Board. He further documented that the patient's current
9 medications included clonazepam, which he planned to discontinue for a trial of diazepam at the
10 May visit, and he failed to explain the discrepancy in his progress note. The patient asked about
11 stimulants and discussed augmenting her medications. His plan was to add 20 mg of
12 methyphenidate HCL extended-release in the morning for the patient's refractory depression.

13 87. In September 2017, the patient filled prescriptions for 120 tabs of 30 mg of
14 oxycodone HCL from provider DMK, and 120 tabs of clonazepam from Respondent.³³

15 88. On or about October 3, 2017, Respondent saw the patient again and noted her current
16 medications included clonazepam, which he planned to discontinue for a trial of diazepam at the
17 May visit, and 300 mg of venlafaxine XR every morning which he had fully planned to
18 discontinue in January according to his documented plan. Respondent's plan on this visit was to
19 discontinue Ritalin, as it was not effective, and to add 10 mg of doxepin³⁴ at bedtime for sleep.

20 _____
21 ³² Methyphenidate hydrochloride (HCL) is the generic name for the Schedule II controlled
22 substance brand name drugs Adhansia XR, Aptensio XR, Concerta, Cotempla XR-ODT, Jornay
23 PM, Metadate CD, Metadate ER, Methylin, QuilliChew ER, Quillivant XR, Relexxii, Ritalin,
24 Ritalin LA, which is a central nervous system stimulant and affects chemicals in the brain and
nerves that contribute to hyperactivity and impulse control and is used to treat attention deficit
disorder (ADD), attention deficit hyperactivity disorder (ADHD), and narcolepsy and may also be
used for purposes not listed in this medication guide.

25 ³³ This is the last month that the patient's CURES report covers that the Board obtained in
the course of the investigation.

26 ³⁴ Doxepin also known as sinequan or other generic names, is a tricyclic antidepressant
27 that affects chemicals in the brain that may be unbalanced to treat depression or anxiety and is
28 used to treat symptoms of depression and/or anxiety associated with alcoholism, psychiatric
conditions, or manic-depressive conditions.

1 89. On or about November 6, 2017, Respondent saw the patient and documented her
2 current medications included clonazepam, which he planned to discontinue for a trial of diazepam
3 in May, and 300 mg of venlafaxine XR every morning which he had planned to fully discontinue
4 this medication in January, according to his documented plan.

5 90. Respondent claims that the patient's mother e-mailed him on November 8, 2017,
6 stating that the patient's doctor (DMK) who had been prescribing the patient the opioids Norco,
7 cardisopodol and oxycodone HCL, "asked if you could state in her files that 'clonazepam and
8 opioids for her the benefits outweigh the risks.'" There is no e-mail in the certified patient
9 records provided to the Board. He asserts this was the first time the patient mentioned this
10 provider; however, if he had run a CURES report on the patient when he was notified in February
11 2016 that the patient had filled prescriptions for Klonopin from another provider while receiving
12 the same medication from him, he would have seen that this physician had been prescribing large
13 quantities of opiates and other controlled substances to the patient. Additionally, Respondent was
14 aware on several occasions that the patient was taking more benzodiazepines than prescribed, but
15 failed to run a CURES report at those times to determine if the patient was receiving additional
16 medications from other providers.

17 91. On or about January 11, 2018, Respondent saw the patient again and documented that
18 her current medications included clonazepam and 300 mg of venlafaxine XR every morning, both
19 of which he had previously planned to discontinue; however, he failed to document an
20 explanation for the discrepancies. He also included that the patient was taking 1 mg of
21 varenicline³⁵ twice daily; however, this medication was not listed as one of the patient's current
22 medications on the last five visits.

23 92. On or about May 30, 2018, Respondent saw the patient who was not doing well due
24 to multiple stressors in her life and "really does not want any more medications" and "takes quite
25 a few." Respondent made no changes to her medications and gave her a referral to a therapist.

26 _____
27 ³⁵ Varenicline is the generic name of the brand name drug known as Chantix, which is a
28 prescription medication used to treat smoking addiction. This medication is the first approved
nicotinic receptor partial agonist.

1 93. Apparently, Respondent continued to see the patient in October 2018, and was not
2 doing well, but was not forthcoming why she had failed to see him in the intervening time. He
3 saw her again in November.

4 94. She reportedly saw him again in December 2018, was anxious and depressed and
5 reported some confusion over her medication dosage as she had started Saphris³⁶ and when the
6 dosage was increased, she was taking more than prescribed. She again reported having trouble
7 taking more clonazepam than was prescribed. His plan was to reconsider reducing it after the
8 holidays; however, he failed to consider that this was suggestive of tolerance and addiction as
9 well as rebound anxiety.

10 95. He reportedly saw her again in February and March 2019.

11 96. On or about April 18, 2019, the patient saw Respondent again and reported stopping
12 all of her medication 4 -5 days before because she did not feel they were working. She reported,
13 once again, that she been taking up to 6 mg of clonazepam a day, more than prescribed and the
14 maximum daily dose allowed, and the abrupt cessation had caused withdrawal symptoms. She
15 was shaky, crying, anxious, dysphoric, and depressed. He continued the prescription for
16 clonazepam and she missed her next scheduled appointment.

17 97. On or about May 2, 2019, Respondent saw the patient who was still anxious and had
18 troubled sleeping. He added Zoloft³⁷ for her anxiety and appears to have continued her other
19 medications, including the clonazepam.

20 98. On May 30, 2019, the patient saw Respondent and noted she was still anxious and
21 had trouble sleeping. He prescribed her another medication and asked that she report on its

22 _____
23 ³⁶ Saphris is the brand name for the generic drug asenapine, which is an antipsychotic
24 medication and works by changing the actions of chemicals in the brain. Sublingual tablets are
25 used to treat schizophrenia in adults, and bipolar I disorder in adults and children who are at least
10 years old and may be used alone. In adults, it may be used in conjunction with lithium or
valproate.

26 ³⁷ Zoloft is the brand name for the generic drug sertraline, which is an antidepressant
27 belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs), and affects
28 chemicals in the brain that may be unbalanced in people with depression, panic, anxiety, or
obsessive-compulsive symptoms. It is used to treat depression, obsessive-compulsive disorder,
panic disorder, anxiety disorders, post-traumatic stress disorder (PTSD), and premenstrual
dysphoric disorder (PMDD).

1 effectiveness in one week; however, it does not appear that the patient did this or if she did it was
2 not documented in the patient's chart.

3 99. On or about July 19, 2019, the patient was admitted to the CHOMP inpatient unit for
4 severe depression and alcohol abuse leading to an inability to care for herself. She was actively
5 suicidal and had quit eating and started drinking alcohol due to significant life stressors. She was
6 subsequently discharged on August 4, 2019, and was seen by Respondent a few days later.

7 100. Respondent reportedly saw the patient again on September 4, 2019, and she was
8 depressed, anxious, and having trouble coping. When he reviewed her medications, it was clear
9 the patient had not been taking her medications as prescribed.

10 101. Throughout the time Respondent treated the patient she was taking opiates while he
11 prescribed the benzodiazepine clonazepam. The long-term use of benzodiazepines can lead to
12 dose escalation and worsening of the underlying condition. When asked if he had any concerns
13 that the patient was taking opiates and benzodiazepines at the same time, Respondent stated that
14 he had "concerns in general combining opiates with benzodiazepines" but the patient was on a
15 relatively low dose of clonazepam and "she never experienced or evidenced any sedation or drug
16 interaction." Respondent, however, had documented that the patient's children were concerned
17 that she was overmedicated, had shown signs of psychomotor retardation, dizziness, was
18 hypersomnolent, had vegetative and retarded features of depression, was fatigued frequently and
19 had excessive daytime sleepiness. He had also documented that at times the patient appeared to
20 be a little bit overly intoxicated, sluggish and stumbles around a little bit, among other things.
21 Further, Respondent was well aware that the patient had been combining benzodiazepines with
22 opiates throughout his care and treatment often taking more than prescribed.

23 102. When Respondent was asked if he was familiar with DMK and his general
24 prescribing practices, he acknowledged that he was aware DMK prescribed excessive quantities
25 of opiates.

26 103. Respondent's acts and omissions constitute gross negligence in his care and treatment
27 to Patient A when he:

28 A. Continued long-term prescriptions of the benzodiazepine clonazepam to the patient

1 with a known history of alcohol and substance abuse, and had admitted to taking more than
2 prescribed;

3 B. Prescribed the benzodiazepine clonazepam to a patient who is also taking opiates and
4 had a known history of alcohol and substance abuse;

5 C. Failed to correlate patient and family reports and clinical observations of excessive
6 sedation while prescribing the benzodiazepine clonazepam in conjunctions with other psychiatric
7 medications in a patient who was also taking opiates; and

8 D. Failed to adequately diagnose and investigate the patient's history of alcohol and
9 substance abuse and include this in both his prescribing and treatment plans.

10 **SECOND CAUSE FOR DISCIPLINE**

11 (Repeated Negligent Acts)

12 104. Respondent Eric Michael Jacobson, M.D. is subject to disciplinary action under
13 section 2234, subdivision (c), in that he committed acts and omissions constituting repeated
14 negligent acts in his care and treatment of Patient A. The circumstances are as follows:

15 105. Paragraphs 11 through 102, above, inclusive are incorporated by reference as if fully
16 set forth herein.

17 106. Respondent committed acts and omissions constituting repeated negligent acts in his
18 care and treatment to Patient A when he:

19 A. Continued long-term prescriptions of the benzodiazepine clonazepam to the patient
20 with a known history of alcohol and substance abuse, and had admitted to taking more than
21 prescribed;

22 B. Prescribed the benzodiazepine clonazepam to a patient who is also taking opiates and
23 had a known history of alcohol and substance abuse;

24 C. Failed to correlate patient and family reports and clinical observations of excessive
25 sedation while prescribing the benzodiazepine clonazepam in conjunctions with other psychiatric
26 medications in a patient who was also taking opiates; and

27 D. Failed to adequately diagnose and investigate the patient's history of alcohol and
28 substance abuse and include this in both his prescribing and treatment plans.

1 **THIRD CAUSE FOR DISCIPLINE**

2 (Failure to Maintain Adequate and Accurate Records)

3 107. Respondent Eric Michael Jacobson, M.D. is subject to disciplinary action under
4 section 2266, in that he failed to maintain adequate and accurate records in his care and treatment
5 of Patient A. The circumstances are as follows:

6 108. Paragraphs 11 through 102, above, inclusively are incorporated by reference as if
7 fully set forth herein.

8
9 **DISCIPLINARY CONSIDERATIONS**

10 109. To determine the degree of discipline, if any, to be imposed on Respondent Eric
11 Michael Jacobson, M.D., Complainant alleges that in a prior disciplinary action entitled *In the*
12 *Matter of the Accusation Against Eric Michael Jacobson, M.D.*, Case Number 800-2014-009435,
13 Respondent's license was publically reprimanded, effective May 9, 2018, for repeated negligent
14 acts and failure to maintain adequate and accurate records in his care and treatment of a single
15 patient. That decision is now final and is incorporated by reference as if fully set forth herein.

16
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 G 36315,
21 issued to Eric Michael Jacobson, M.D.;
- 22 2. Revoking, suspending or denying approval of his authority to supervise physician
23 assistants and advanced practice nurses;
- 24 3. If placed on probation, ordering him to pay the Board the costs of probation
25 monitoring; and

26 //

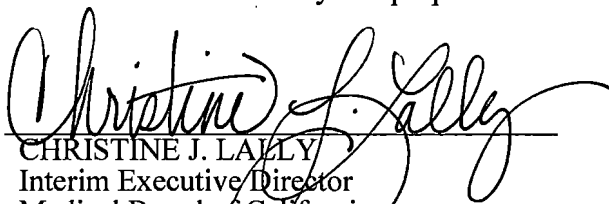
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4. Taking such other and further action as deemed necessary and proper.

DATED: JUN 01 2020



CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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