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

12 In the Matter of the First Amended Accusation
Against:

Case No. 800-2017-034384

13 **RICHARD ANDREW LANNON, M.D.**
14 350 Parnassus Ave, Ste 909
San Francisco, CA 94117

FIRST AMENDED ACCUSATION

15 Physician's and Surgeon's Certificate
16 No. A 23592,

17 Respondent.

18
19 **PARTIES**

20 1. Christine J. Lally (Complainant) brings this First Amended Accusation solely in her
21 official capacity as the Interim Executive Director of the Medical Board of California,
22 Department of Consumer Affairs (Board).

23 2. On or about November 21, 1969, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 23592 to Richard Andrew Lannon, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on October 31, 2021, unless renewed.

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JURISDICTION

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

5 4. Section 2001.1 of the Code provides that the Board's highest priority shall be public
6 protection.

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

11 6. Section 2234 of the Code, states, in pertinent part:

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

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

17 "(b) Gross negligence.

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

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

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

28 "(d) Incompetence.

1 “(e) The commission of any act involving dishonesty or corruption which is substantially
2 related to the qualifications, functions, or duties of a physician and surgeon. . . .”

3 7. Section 2242 of the Code states:

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

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

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

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

16 “(A) The practitioner had consulted with the registered nurse or licensed vocational nurse
17 who had reviewed the patient’s records.

18 “(B) The practitioner was designated as the practitioner to serve in the absence of the
19 patient’s physician and surgeon or podiatrist, as the case may be.

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

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

26 8. Section 2266 of the Code states:

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

1 9. All of the incidents alleged herein occurred in California.

2 **PERTINENT DRUGS**

3 10. Alprazolam, also known by the trade name Xanax, is a psychotropic triazolo-
4 analogue of the 1,4 benzodiazepine class of central nervous system-active compounds. Xanax is
5 used for the management of anxiety disorders or for the short-term relief of the symptoms of
6 anxiety. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance
7 and narcotic as defined by section 11057, subdivision (d) of the Health and Safety Code. Xanax
8 has a central nervous system (CNS) depressant effect and patients should be cautioned about the
9 simultaneous ingestion of alcohol and other CNS depressant drugs during treatment with Xanax.
10 Addiction-prone individuals (such as drug addicts or alcoholics) should be under careful
11 surveillance when receiving alprazolam because of the predisposition of such patients to
12 habituation and dependence. The usual starting dose of Xanax is 0.25 to 0.5 mg. three times per
13 day.

14 11. Ambien, a trade name for zolpidem tartrate, is a non-benzodiazepine hypnotic of the
15 imidasopyridine class. It is a Schedule IV controlled substance under Health and Safety Code
16 section 11057(d)(32) and is a dangerous drug as defined in Business and Professions Code
17 section 4022. It is indicated for the short-term treatment of insomnia. It is a central nervous
18 system (CNS) depressant and should be used cautiously in combination with other CNS
19 depressants. Any CNS depressant could potentially enhance the CNS depressive effects of
20 Ambien. It should be administered cautiously to patients exhibiting signs or symptoms of
21 depression because of the risk of suicide. Because of the risk of habituation and dependence,
22 individuals with a history of addiction to or abuse of drugs or alcohol should be carefully
23 monitored while receiving Ambien.

24 12. Ativan, a trade name for lorazepam, is a benzodiazepine and central nervous system
25 (CNS) depressant used in the management of anxiety disorder for short-term relief from the
26 symptoms of anxiety or anxiety associated with depressive symptoms. It is a Schedule IV
27 controlled substance as defined by section 11057 of the Health and Safety Code and by section
28 1308.14 of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in

1 Business and Professions Code section 4022. Long-term or excessive use of Ativan can cause
2 dependency. Concomitant use of alcohol or other CNS depressants may have an additive effect.

3 13. Benzodiazepines belong to the group of medicines called central nervous system
4 (CNS) depressants (medicines that slow down the nervous system). Some benzodiazepines are
5 used to relieve anxiety. However, benzodiazepines should not be used to relieve nervousness or
6 tension caused by the stress of everyday life. Some benzodiazepines are used to treat insomnia
7 (trouble in sleeping). However, if used regularly (for example, every day) for insomnia, they
8 usually are not effective for more than a few weeks.

9 14. Diazepam (Valium) is a psychotropic drug for the management of anxiety disorders
10 or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in
11 section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health
12 and Safety Code. Diazepam can produce psychological and physical dependence and it should be
13 prescribed with caution particularly to addiction-prone individuals (such as drug addicts and
14 alcoholics) because of the predisposition of such patients to habituation and dependence. Valium
15 is available in 5 mg. and 10 mg. tablets.

16 15. Estazolam is a benzodiazepine used in the treatment of insomnia symptoms. It is a
17 Schedule IV controlled substance under Health and Safety Code section 11057(d) and is a
18 dangerous drug as defined in Business and Professions Code section 4022.

19 16. Klonopin, a trade name for clonazepam, is an anti-convulsant of the benzodiazepine
20 class of drugs. It is a Schedule IV controlled substance under Health and Safety Code section
21 11057(d)(7) and is a dangerous drug as defined in Business and Professions Code section 4022.
22 It produces CNS depression and should be used with caution with other CNS depressant drugs.
23 Like other benzodiazepines, it can produce psychological and physical dependence. Withdrawal
24 symptoms similar to those noted with barbiturates and alcohol have been noted upon abrupt
25 discontinuance of Klonopin.

26 17. Methadone hydrochloride is a synthetic narcotic analgesic with multiple actions
27 quantitatively similar to those of morphine. It also goes by the trade names Methadose and
28 Dolophine. It is a dangerous drug as defined in section 4022 and a Schedule II controlled

1 substance and narcotic as defined by section 11055, subdivision (c) of the Health and Safety
2 Code. Methadone can produce drug dependence of the morphine type and, therefore, has the
3 potential for being abused. Psychic dependence, physical dependence, and tolerance may develop
4 upon repeated administration of methadone, and it should be prescribed and administered with the
5 same degree of caution appropriate to the use of morphine. Methadone should be used with
6 caution and in reduced dosage in patients who are concurrently receiving other narcotic
7 analgesics.

8 18. Methylphenidate, known by the trade names Ritalin, Concerta, or Adderall, is a
9 central nervous system (CNS) stimulant. It is a Schedule II controlled substance under Health
10 and Safety Code Section 11055 and is a dangerous drug as defined in Business and Professions
11 Code Section 4022. It is used in the treatment of attention deficit disorder (ADD), attention
12 deficit hyperactivity disorder (ADHD) and narcolepsy. It may cause new or worsening psychosis
13 (unusual thoughts or behavior), especially in those with a history of depression, mental illness, or
14 bipolar disorder.

15 19. Neurontin, a trade name for gabapentin, is an anticonvulsant that is used in adults to
16 treat neuropathic pain and seizures. It is a dangerous drug as defined in Business and Professions
17 Code Section 4022.

18 20. Norco is a trade name for hydrocodone bitartrate with acetaminophen. Norco tablets
19 contain 10 mg. of hydrocodone bitartrate and 350 mg. of acetaminophen. Acetaminophen is a
20 non-opiate, non-salicylate analgesic and antipyretic. Hydrocodone bitartrate is semisynthetic
21 narcotic analgesic and a dangerous drug as defined in section 4022 of the Business and
22 Professions Code. Norco is a Schedule II controlled substance and narcotic as defined by section
23 11055, subdivision (e) of the Health and Safety Code.¹ Repeated administration of hydrocodone
24 over a course of several weeks may result in psychic and physical dependence. The usual adult
25 dosage is one tablet every four to six hours as needed for pain. Dosage should be adjusted

26 _____
27 ¹ Effective 10/06/2014, all hydrocodone combination products were re-scheduled as Schedule II
28 controlled substances by the federal Drug Enforcement Agency (“DEA”), section 1308.12
(b)(1)(vi) of Title 21 of the Code of Federal Regulations.

1 according to the severity of the pain and the response of the patient. However, it should be kept
2 in mind that tolerance to hydrocodone can develop with continued use and that the incidence of
3 untoward effects is dose related. The total 24-hour dose should not exceed 6 tablets.

4 21. Paxil, a trade name for paroxetine, is an antidepressant that belongs to a group of
5 drugs called selective serotonin reuptake inhibitors (SSRIs). It is used to treat depression,
6 including major depressive disorder, panic disorder, obsessive-compulsive disorder (OCD), and
7 anxiety disorder. It is a dangerous drug as defined in Business and Professions Code Section
8 4022.

9 22. Phentermine, known by the trade name, Adipex-P, is similar to an amphetamine and
10 stimulates the central nervous system. It is used together with diet and exercise to treat obesity.
11 It is a Schedule IV controlled substance as defined by section 11057 of the Health and Safety
12 Code and is a dangerous drug as defined by Business and Professions Code section 4022.

13 23. Temazepam, known by the trade name Restoril, is a benzodiazepine hypnotic agent
14 indicated for the short-term treatment of insomnia. It is a Schedule IV controlled substance under
15 Health and Safety Code section 11057(d)(29) and is a dangerous drug as defined in Business and
16 Professions Code section 4022. Patients using Restoril should be warned about the possible
17 combined effects if taken concomitantly with alcohol and other CNS depressants.

18 24. Trazodone, known by the trade name Desyrel, is a triazolopyridine derivative anti-
19 depressant medicine that is indicated for treatment of major depressive disorder. It is a dangerous
20 drug as defined in Business and Professions Code section 4022. Trazodone can increase the
21 effects of alcohol or other anti-depressant medications.

22 25. Triazolam, known by the trade name Halcion, is a hypnotic drug indicated for the
23 short-term treatment of insomnia (generally 7-10 days). It is a dangerous drug as defined in
24 section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health
25 and Safety Code. Halcion has central nervous system depressant effects and patients should be
26 cautioned about the concomitant ingestion of alcohol and other CNS depressant drugs during
27 treatment with Halcion tablets. The risk of drug dependence for Halcion is increased in patients
28 with a history of alcoholism or drug abuse. Such dependence-prone individuals should be under

1 careful surveillance when receiving Halcion. The recommended dosage for most adults is 0.25
2 mg. before retiring.

3 26. Trintellix, a trade name for vortioxetine, is an antidepressant that is used to treat
4 major depressive disorder in adults. It is a dangerous drug as defined in Business and Professions
5 Code Section 4022.

6 27. Viibryd, a trade name for vilazodone, is an antidepressant in a group of drugs called
7 selective serotonin reuptake inhibitors (SSRIs). It is used to treat major depressive disorder. It is
8 a dangerous drug as defined in Business and Professions Code Section 4022.

9 28. Zoloft, a trade name for sertraline hydrochloride, is a selective serotonin reuptake
10 inhibitor (SSRI) chemically unrelated to other SSRIs, tricyclic, tetracyclic, or other available
11 antidepressant agents. It is a dangerous drug as defined by section 4022. Zoloft is used for the
12 treatment of depression, obsessive compulsive disorder, and panic disorder. Zoloft causes
13 decreased clearance of diazepam (Valium). It has side effects including nausea, diarrhea,
14 dyspepsia, tremor, dizziness, insomnia and somnolence.

15 **FACTUAL ALLEGATIONS RE: PATIENT 1²**

16 29. In July 1988, Pt. 1, a female born in 1944, first presented to Respondent complaining
17 of severe anxiety, depression, and insomnia. Respondent initially prescribed the benzodiazepines,
18 alprazolam and triazolam.

19 30. Respondent continued to treat and prescribe controlled substances to Pt. 1 for the next
20 twenty-five years.

21 31. On January 27, 2011, Respondent examined Pt. 1, increased the dosing of Zoloft
22 received by the patient, and prescribed three to five diazepam daily. The medical records fail to
23 describe the rationale for increasing the Zoloft dosing, and the notes do not follow any narrative
24 structure.

25 32. Between January 27, 2011 and August 7, 2013, Pt. 1 received diazepam on 32
26 occasions and triazolam on 18 occasions, without examination, each prescribed by Respondent.

27 _____
28 ² The patients are identified herein by numbers, e.g. "Pt. 1", to preserve confidentiality. The patients' names will be provided to Respondent in discovery.

1 33. Between January 27, 2011 and August 7, 2013, Pt. 1 also received Norco 10 mg./325
2 mg. on 29 occasions, and methadone 10 mg. on 22 occasions, prescribed by another physician,
3 G.M., M.D.

4 34. Respondent was aware that Pt. 1 was being prescribed Norco and methadone at that
5 time by another provider, but never contacted or spoke with that provider.

6 35. Respondent stated that refills of existing prescriptions were provided after Pt. 1 called
7 on the telephone and told him that she was stable on the current medication doses. Respondent
8 would then sign and fax to the pharmacies, prescription renewals. Respondent has lost all the
9 prescription renewal faxes and has no other notes regarding the prescription refills.

10 36. On August 7, 2013, Respondent examined Pt. 1, who complained of severe pain and
11 disability. Respondent provided an early refill of diazepam 10 mg., #120, lasting thirty days,
12 along with four refills.

13 37. On October 24, 2013, Pt. 1 expired at her home. The cause of death was determined
14 to be from an acute mixed drug intoxication (methadone and benzodiazepines).

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Patient 1: Unprofessional Conduct: Prescribing/Furnishing Dangerous Drugs Without**
17 **Appropriate Examination and Medical Indication)**

18 38. The allegations of paragraphs 29 through 37 are incorporated by reference as if set
19 out in full. Respondent is subject to disciplinary action under section 2234 [unprofessional
20 conduct], and/or section 2242 [prescribing/furnishing dangerous drugs without appropriate
21 examination and medical indication], in that, as described above, Respondent repeatedly failed to
22 conduct an appropriate examination of Pt. 1 while authorizing refills of dangerous drugs.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Patient 1: Unprofessional Conduct: Gross Negligence/ Repeated Negligent Acts)**

25 39. The allegations of paragraphs 29 through 38 are incorporated by reference as if set
26 out in full. Respondent is subject to disciplinary action under section 2234 [unprofessional
27 conduct, and/or 2234(b) [gross negligence], and/or 2234(c) [repeated negligent acts or
28 omissions], in that, as described above, Respondent repeatedly failed to contact or speak with

1 another provider who Respondent knew was prescribing dangerous drugs to Pt. 1 at the same time
2 that Respondent was treating and providing dangerous drugs to Pt. 1.

3 **THIRD CAUSE FOR DISCIPLINE**

4 **(Patient 1: Failure to Maintain Adequate Medical Records)**

5 40. The allegations of paragraphs 29 through 38 are incorporated by reference as if set
6 out in full. Respondent's license is subject to disciplinary action in that Respondent's failure to
7 maintain adequate and accurate records relating to his medical care and treatment of Pt. 1
8 constitutes unprofessional conduct by application of section 2266.

9 **FACTUAL ALLEGATIONS RE: PATIENT 2**

10 41. In or about 1995, Pt. 2, a female born in 1944, first saw Respondent for out-patient
11 treatment for significant situational stress due to a contentious sexual harassment claim she
12 alleged against her supervisor. Pt. 2 was a clinical and research psychologist. Respondent
13 diagnosed Pt. 2 with Post-Traumatic Stress Disorder (PTSD) due to sexual harassment and legal
14 strain. He also diagnosed her with major depression, anxiety, panic disorder and insomnia. Pt. 2
15 also was diagnosed with musculo-skeletal issues, including chronic pain syndrome with back and
16 shoulder pain.

17 42. In or about 2000, Respondent began to prescribe Wellbutrin to Pt. 2 for her depression
18 and Ativan (lorazepam) for her anxiety, which was later switched in about 1999 to Klonopin
19 (clonazepam). In or about January 2004, Respondent began to prescribe trazodone for sleep. In
20 or about 2010, Respondent added a psychostimulant, phentermine HCl for stimulant
21 augmentation.

22 43. Starting in or about 2010, Pt. 2 was simultaneously treated by Respondent and by an
23 internal medicine physician. The other physician prescribed Tylenol with Codeine (Tylenol No.
24 4.) The other physician also later switched the patient's antidepressant from Wellbutrin to
25 Cymbalta, in addition to prescribing Neurontin or Lyrica for better pain control.

26 44. Over time, Pt. 2 developed fecal and urinary incontinence and continued to manifest
27 memory impairment. Pt. 2 continued drinking alcohol. Pt. 2 also continued to manifest
28

1 confusion with dates, to have difficulty finding words, forgetfulness, and had difficulties with
2 maintaining her balance.

3 45. In or about June 2014 through April 2015, the other physician also prescribed
4 morphine sulfate in addition to the Tylenol No. 4 to Pt. 2.

5 46. An MRI done in 2017 showed brain atrophy consistent with senile dementia. At that
6 time, Pt 2 was described as being confused, foggy, and depressed.

7 47. On or about October 18, 2018, Respondent's chart note of a visit noted that Pt. 2 had
8 more word-finding difficulty since the last visit.

9 48. Pt. 2 cancelled a visit scheduled for October 25, 2018 but Respondent issued
10 prescriptions for: trazodone (plus one refill); #60 phentermine 30 mg. (plus 4 refills); and #90
11 Klonopin 1 mg. (plus 4 refills).

12 49. On or about November 17, 2018, Respondent first obtained a CURES report for Pt. 2.

13 50. On or about January 17, 2019, Respondent noted that Pt. 2 needed the Klonopin
14 "mainly for sleep."

15 51. On or about February 20, 2019, Respondent noted that he discussed with the internal
16 medicine physician the possibility of lowering the dosage of Klonopin. Respondent's concern
17 was that the patient would increase her alcohol consumption. Respondent noted that he was
18 "uncertain how much she is drinking and how reliable she is taking her medications."

19 52. On or about February 21, 2019, Respondent noted reducing the dosage of Klonopin
20 from 3 mg. daily to 2.5 mg. daily.

21 53. May 16, 2019 was the latest chart note in the records for Pt. 2 that Respondent
22 produced to the Board during its investigation. At that time, Respondent appears to have been
23 prescribing a daily dose of 1 mg. Klonopin to Pt. 2.

24 54. Respondent continued to prescribe Klonopin to Pt. 2 through at least July 22, 2019.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Patient 2: Unprofessional Conduct: Gross Negligence and/or Incompetence and/or**
3 **Prescribing Without Appropriate Examination and Medical Indication)**

4 55. The allegations of paragraphs 41 through 54 are incorporated by reference as if set
5 out in full. Respondent is subject to disciplinary action for unprofessional conduct under section
6 2234 subd. (b) and/or subd. (d) [gross negligence, incompetence] and/or section 2242 [furnishing
7 dangerous drugs without appropriate examination and medical indication], in that, as described
8 herein above:

9 a. Respondent repeatedly failed to conduct an appropriate examination of Pt. 2 while
10 authorizing refills of dangerous drugs.

11 b. Respondent prescribed Klonopin for over 20 years to Pt. 2 who was also on opiate
12 medications and regularly drinking alcohol.

13 c. Respondent prescribed a combination of controlled substances long-term, including
14 benzodiazepines, without a thorough and comprehensive assessment of any current or past issues
15 with alcohol and drugs. Respondent failed to diagnose and adequately investigate the patient's
16 history of alcohol abuse and to consider that history in both his prescribing and treatment
17 planning. Such conduct demonstrates an extreme departure from the standard of care (gross
18 negligence) and a lack of knowledge (incompetence) about the diagnosis and treatment of
19 chemical dependency and dual diagnosis patients.

20 d. Respondent failed to consult with or to refer the patient to a chemical dependency
21 specialist or other professionals for assistance with her alcohol use.

22 e. Respondent failed to consider that many of the patient's symptoms of depression,
23 anxiety, and mental difficulties with memory and forgetfulness and difficulties with balance may
24 have been caused, or contributed to, by the combination of the Klonopin and her alcohol
25 consumption.

26 f. Respondent failed to document informing the patient of the risks and benefits of his
27 treatment, particularly the ongoing chronic prescription of Klonopin along with other CNS
28 depressant drugs and opiates, while the patient was also regularly consuming alcohol and also

1 developing cognitive impairment and dementia. Such failure to obtain and to document informed
2 consent demonstrates an extreme departure from the standard of care (gross negligence).

3 g. Respondent failed to document a clinical justification (medical indication) for his
4 long-term prescribing of Klonopin to Pt. 2, particularly when the patient was being concurrently
5 prescribed opiate pain medications by another physician for chronic pain and was regularly
6 consuming alcohol.

7 **FIFTH CAUSE FOR DISCIPLINE**

8 **(Patient 2: Unprofessional Conduct: Repeated Negligent Acts)**

9 56. In the alternative, Respondent Richard Andrew Lannon, M.D. is subject to
10 disciplinary action for unprofessional conduct under section 2234, subd.(c) for repeated negligent
11 acts. The allegations of paragraphs 41 through 55 are incorporated by reference as if set out in
12 full.

13 **SIXTH CAUSE FOR DISCIPLINE**

14 **(Patient 2: Unprofessional Conduct: Failure to Maintain Adequate Medical Records)**

15 57. The allegations of paragraphs 41 through 55 above are incorporated by reference as if
16 set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct
17 under section 2266 in that he failed to maintain adequate and accurate records relating to his
18 medical care and treatment of Pt. 2, with many of his records being illegible, incomplete, and/or
19 inadequate.

20 **FACTUAL ALLEGATIONS RE: PATIENT 3**

21 58. In or about 2000, Pt. 3, a female born in 1941, began to see Respondent for treatment.
22 Respondent diagnosed Pt. 3 with major depression and anxiety with symptoms of loneliness,
23 despair, and emptiness. Respondent was treating Pt. 3 for her depression, anxiety, and insomnia.

24 59. For many years prior to and continuing many years after April 2013, Respondent
25 prescribed to Pt. 3: Wellbutrin, Paxil, Neurontin, methylphenidate, Xanax, and Ambien, in
26 addition to other controlled substances and dangerous drugs.

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1 60. According to Respondent during his interview with the Board’s investigator, Pt. 3
2 moved out of the house and separated from her husband in about 2013. In about 2018, Pt. 3
3 became increasingly distraught, suicidal, and wanted a divorce.

4 61. On or about January 15, 2018, Pt. 3 was seen by an addiction medicine and pain
5 medicine specialist for “severe intractable pain and possible strategies for pain management.”
6 The pain medicine specialist noted that Pt. 3 was accompanied to the visit by her nephew who
7 expressed concerns about her state of mind and degree of despair and reported that Pt. 3 had not
8 been herself for sometime. The specialist also noted that Pt. 3 had a partial resection of her right
9 lung in 2001 and now suffers from COPD. He also noted that the family history is significant for
10 alcohol use disorder in her mother and two sisters and that her childhood was “difficult and
11 abusive.” The patient reported being previously addicted to Percocet and stated that she was not
12 regularly taking any opioid medicine. The specialist, however, reviewed a CURES report that
13 showed prescriptions filled in the last year for 97 tablets of acetaminophen with either oxycodone
14 or hydrocodone and 50 tablets of trazodone. The CURES also indicated Pt. 3 received 240 tablets
15 of sedative-hypnotics (alprazolam, zolpidem, triazolam, temazepam) and 270 tablets of extended
16 release methylphenidate 18 mg. The specialist also noted that Pt. 3 reported that in the past she
17 was treated with and became dependent on OxyContin but tapered off the opioid about six years
18 ago after being on it for months, which she said was challenging. The pain specialist
19 recommended using buprenorphine as an analgesic for neuropathic pain and opioid-induced
20 hyperalgesia but Pt. 3 declined the buprenorphine because she did not want to be on “chronic
21 opiates.”

22 62. On or about September 16, 2018, Respondent noted that Pt. 3 reported experimenting
23 with psychedelic mushrooms. Respondent did not note that he warned the patient about the risks
24 of using psychedelic mushrooms along with her prescription medications.

25 63. From November 5, 2018 through about November 26, 2018, Pt. 3 was psychiatrically
26 hospitalized for suicidal ideation. An evaluation confirmed the diagnosis of moderate to severe
27 major depressive disorder and attention-deficit disorder, along with “severe obstructive sleep
28 apnea.” Her admission summary notes; “She feels that although Dr. Lannon has been attentive

1 and available, he has not been open to very much in the way of alternative treatments in the face
2 of her feeling significantly lost over the last couple of years.” While an inpatient, Pt. 3 was
3 started on 5 mg. of Ambien at night. At discharge, the recommendations included avoidance of
4 alcohol or sedative medications that worsen apnea.

5 64. On or about November 17, 2018, Respondent first obtained a CURES report for Pt. 3.

6 65. In 2018, according to CURES, Respondent issued and Pt. 3 filled the following
7 prescriptions for controlled substances: #285 methylphenidate HCl. 18 mg.; #150 Ambien 10 mg.
8 and #30 Ambien 5 mg.; #150 Xanax 0.5 mg.; #30 Estazolam 2 mg.; #30 Klonopin 0.5 mg; and
9 #30 temazepam 30 mg. Also in 2018, Pt. 3 filled controlled substances prescriptions from other
10 providers.

11 **SEVENTH CAUSE FOR DISCIPLINE**

12 **(Patient 3: Unprofessional Conduct: Gross Negligence and/or Incompetence and/or** 13 **Prescribing without Appropriate Examination and Medical Indication)**

14 66. The allegations of paragraphs 58 through 65 are incorporated by reference as if set
15 out in full. Respondent is subject to disciplinary action for unprofessional conduct under section
16 2234 subd. (b) and/or subd. (d) [gross negligence, incompetence] and/or section 2242 [furnishing
17 dangerous drugs without appropriate examination and medical indication], in that, as described
18 herein above:

19 a. Respondent failed to diagnose and adequately investigate a history of addicted
20 behaviors and to consider this history in both his prescribing and treatment planning for Pt. 3.

21 b. Respondent failed to document a clinical justification (medical indication) for his
22 long-term prescribing of benzodiazepines to Pt. 3, particularly when the patient was being
23 concurrently prescribed addictive controlled substances, including opioids. Such conduct
24 constitutes an extreme departure from the standard of care (gross negligence) and demonstrates a
25 lack of knowledge (incompetence) in the diagnosis and treatment of major depressive disorder
26 and of substance abuse and chemical dependency, about treating dual diagnosis patients, and
27 about psychopharmacology.

28

1 c. Respondent continued to prescribe benzodiazepines to Pt. 3 after she was diagnosed
2 with moderately severe obstructive sleep apnea in November 2018, which conduct constitutes an
3 extreme departure from the standard of care (gross negligence) and demonstrated a lack of
4 knowledge (incompetence).

5 d. Respondent failed to inform and to document that he informed Pt. 3 of the long-term
6 risks and possible side effects of long-term and continual use of benzodiazepines, in conjunction
7 with opiates, such as the possibility of dementia and the increased risks of driving an automobile.

8 e. Respondent's medical records for Pt. 3 are often illegible, incomplete, and
9 inadequate.

10 **EIGHTH CAUSE FOR DISCIPLINE**

11 **(Patient 3: Unprofessional Conduct: Repeated Negligent Acts)**

12 67. In the alternative, Respondent Richard Andrew Lannon, M.D. is subject to
13 disciplinary action for unprofessional conduct under section 2234, subd.(c) for repeated negligent
14 acts. The allegations of paragraphs 58 through 66 are incorporated by reference as if set out in
15 full.

16 **NINTH CAUSE FOR DISCIPLINE**

17 **(Patient 3: Unprofessional Conduct: Failure to Maintain Adequate Medical Records)**

18 68. The allegations of paragraphs 58 through 66 above are incorporated by reference as if
19 set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct
20 under section 2266 in that he failed to maintain adequate and accurate records relating to his
21 medical care and treatment of Pt. 3, with many of his records being illegible, incomplete, and/or
22 inadequate.

23 **TENTH CAUSE FOR DISCIPLINE**

24 **(Patient 1, Patient 2, Patient 3: Unprofessional Conduct: Repeated Negligent Acts)**

25 69. In the alternative, Respondent Richard Andrew Lannon, M.D. is subject to
26 disciplinary action for unprofessional conduct under section 2234, subd.(c) for repeated negligent
27 acts with regards to his treatment of Pt. 1, Pt. 2, and Pt. 3. The allegations of paragraphs 29
28 through 68 are incorporated by reference as if set out in full.

1 **DISCIPLINARY CONSIDERATIONS**

2 70. To determine the degree of discipline, if any, to be imposed on Respondent,
3 Complainant alleges that Respondent has been subject to prior discipline, as follows:

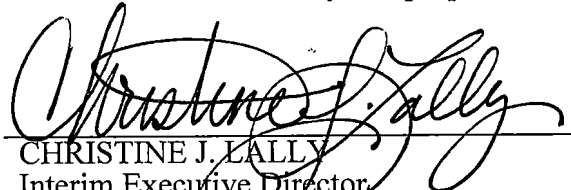
4 A. On December 9, 2002, in a prior disciplinary action entitled "In the Matter of the
5 Accusation filed Against Richard A. Lannon, M.D.," Case No. 03-1999-102369, the Medical
6 Board of California revoked Respondent's Physician's and Surgeon's Certificate No. A 23592,
7 stayed the revocation and placed respondent on probation for two years. That Decision is now
8 final and is incorporated by reference as if fully set forth. Respondent's license was fully restored
9 to clear status following successful completion of probation, effective February 18, 2005.

10
11 **PRAYER**

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

- 14 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 23592,
15 issued to Richard Andrew Lannon, M.D.;
- 16 2. Revoking, suspending or denying approval of Richard Andrew Lannon, M.D.'s
17 authority to supervise physician assistants and advanced practice nurses;
- 18 3. Ordering Richard Andrew Lannon, M.D., if placed on probation, to pay the Board the
19 costs of probation monitoring; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21
22 DATED: APR 02 2020

23 
24 CHRISTINE J. LALLY
25 Interim Executive Director
26 Medical Board of California
27 Department of Consumer Affairs
28 State of California
Complainant

SF2018201985