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

In the Matter of the First Amended Accusation Against: Richard Andrew Lannon, M.D. Physician's and Surgeon's Certificate No. A 23592 Respondent.	Case No. 800-2017-034384

DECISION

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

This Decision shall become effective at 5:00 p.m. on April 14, 2021.

IT IS SO ORDERED: March 15, 2021.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **RICHARD ANDREW LANNON, M.D.** 350 Parnassus Ave Ste 909 San Francisco, CA 94117 Physician's and Surgeon's Certificate No. A 23592 Respondent.	Case No. 800-2017-034384 OAH No. 2020 080269 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Lynne K. Dombrowski, Deputy Attorney General.

2. Respondent Richard Andrew Lannon, M.D. (Respondent) is represented in this proceeding by attorney Dexter B. Louie, Esq., whose address is: Hassard Bonnington LLP, 275 Battery St., Suite 1600, San Francisco, CA 94111-3370; email: dbl@hassard.com.

3. On or about November 21, 1969, the Board issued Physician's and Surgeon's Certificate No. A 23592 to Richard Andrew Lannon, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2017-034384, and will expire on October 31, 2021, unless renewed.

JURISDICTION

4. The First Amended Accusation No. 800-2017-034384 was filed before the Board on April 2, 2020, and is currently pending against Respondent. The initial Accusation and all other statutorily required documents were filed before the Board and properly served on Respondent on January 8, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of First Amended Accusation No. 800-2017-034384 is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2017-034384. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2017-034384, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

12. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1, serves to protect the public interest.

CONTINGENCY

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2017-

034384 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 23592 issued to Respondent Richard Andrew Lannon, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. PATIENT DISCLOSURE. Before a patient's first visit following the effective date of this order and while the Respondent is on probation, the Respondent must provide all patients, or patient's guardian or health care surrogate, with a separate disclosure that includes the Respondent's probation status, the length of the probation, the probation end date, all practice restrictions placed on the respondent by the board, the board's telephone number, and an explanation of how the patient can find further information on the Respondent's probation on the Respondent's profile page on the board's website. Respondent shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure. Respondent shall not be required to provide a disclosure if any of the following applies: (1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities; (3) Respondent is not known to the patient until immediately prior to the start of the visit; (4) Respondent does not have a direct treatment relationship with the patient.

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2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at the areas of psycho-pharmacology and neuroscience, correcting any areas of deficient practice or knowledge, and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

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

The monitor shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine and whether Respondent is practicing medicine

safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

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

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

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

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years. Periods of non-practice will not apply to the reduction of the probationary term. Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the

responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

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

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

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

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California and delivered to the Board or its designee no later than January 31 of each calendar year.

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2017-034384 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 11-17-2020

RICHARD ANDREW LANNON, M.D.
Respondent

I have read and fully discussed with Respondent Richard Andrew Lannon, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11-18-2020

DEXTER B. LOUIE, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 11/19/2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General

Lynne K. Dombrowski

LYNNE K. DOMBROWSKI
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2017-034384

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

In the Matter of the First Amended Accusation Against: **RICHARD ANDREW LANNON, M.D.** 350 Parnassus Ave, Ste 909 San Francisco, CA 94117 Physician's and Surgeon's Certificate No. A 23592, Respondent.	Case No. 800-2017-034384 **FIRST AMENDED ACCUSATION**

PARTIES

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

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

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JURISDICTION

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

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

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her 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 2234 of the Code, states, in pertinent part:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

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

7. Section 2242 of the Code states:

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

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

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

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

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

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

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

"(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code."

8. Section 2266 of the Code states:

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

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

PERTINENT DRUGS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FACTUAL ALLEGATIONS RE: PATIENT 1[2]

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

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

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

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

[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.

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

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

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

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

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

FIRST CAUSE FOR DISCIPLINE

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

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

SECOND CAUSE FOR DISCIPLINE

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

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

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

THIRD CAUSE FOR DISCIPLINE

(Patient 1: Failure to Maintain Adequate Medical Records)

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

FACTUAL ALLEGATIONS RE: PATIENT 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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FOURTH CAUSE FOR DISCIPLINE

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

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

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

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

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

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

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

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

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

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

FIFTH CAUSE FOR DISCIPLINE

(Patient 2: Unprofessional Conduct: Repeated Negligent Acts)

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

SIXTH CAUSE FOR DISCIPLINE

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

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

FACTUAL ALLEGATIONS RE: PATIENT 3

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

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

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

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

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

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

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

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

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

SEVENTH CAUSE FOR DISCIPLINE

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

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

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

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

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

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

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

EIGHTH CAUSE FOR DISCIPLINE

(Patient 3: Unprofessional Conduct: Repeated Negligent Acts)

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

NINTH CAUSE FOR DISCIPLINE

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

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

TENTH CAUSE FOR DISCIPLINE

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

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

DISCIPLINARY CONSIDERATIONS

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

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

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 23592, issued to Richard Andrew Lannon, M.D.;

2. Revoking, suspending or denying approval of Richard Andrew Lannon, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Richard Andrew Lannon, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: APR 0 2 2020

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

SF2018201985