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

In the Matter of the First Amended Accusation Against:	
Edgar Castillo-Armas, M.D.	**Case No. 800-2018-047699**
Physician's & Surgeon's Certificate No. A 40267	
Respondent.	

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 September 16, 2022.

IT IS SO ORDERED: August 19, 2022.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **EDGAR CASTILLO-ARMAS, M.D.** **30 Riverpark Place West #310** **Fresno, CA 93720** **Physician's and Surgeon's Certificate No. A 40267** Respondent.	Case No. 800-2018-047699 OAH No. 2021090574 **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 Rob Bonta, Attorney General of the State of California, by Michael C. Brummel, Deputy Attorney General.

2. Respondent Edgar Castillo-Armas, M.D. (Respondent) is represented in this proceeding by attorney Michael F. Ball, whose address is: 7647 North Fresno Street Fresno, CA 93720-8912.

3. On or about August 1, 1983, the Board issued Physician's and Surgeon's Certificate No. A 40267 to Edgar Castillo-Armas, 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. 800-2018-047699, and will expire on September 30, 2022, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2018-047699 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent. The First Amended Accusation was deemed controverted pursuant to Government Code Section 11507 in light of the fact that Respondent timely filed his Notice of Defense contesting the original Accusation No. 800-2018-047699.

5. A copy of the First Amended Accusation No. 800-2018-047699 is attached as Exhibit A and 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. 800-2018-047699. 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.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2018-047699, 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 or factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges. Respondent agrees that if in any future case he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in First Amended Accusation No. 800-2018-047699 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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 imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

12. 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.

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13. 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.

14. 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. G 49911 issued to Respondent Edgar Castillo-Armas, M.D. is Publicly Reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's medical record-keeping related to the treatment of three patients as set forth in First Amended Accusation No. 800-2018-047699, is as follows:

This Public Reprimand is issued pursuant to Code section 2227, subdivision (a)(4) as a result of the allegations set forth in the First Amended Accusation, relating to medical record-keeping.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, 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. The educational program(s) or course(s) shall be aimed at 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.

2. 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 First Amended 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.

3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices 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 prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the First Amended 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. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

5. 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. 800-2018-047699 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 licensee.

6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena enforcement, as applicable, in the amount of $5,708.75 (five thousand seven hundred eight dollars and seventy-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Michael F. Ball. 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: _____

EDGAR CASTILLO-ARMAS, M.D.
Respondent

I have read and fully discussed with Respondent Edgar Castillo-Armas, 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: _____

MICHAEL F. BALL
Attorney for Respondent

ENDORSEMENT

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

DATED: February 25, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Michael F. Ball. 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: 02-25-2022 Edgar Castillo-Armas

EDGAR CASTILLO-ARMAS, M.D.
Respondent

I have read and fully discussed with Respondent Edgar Castillo-Armas, 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: 2/25/22 Michael F Ball

MICHAEL F. BALL
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-047699

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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **Edgar Castillo-Armas, M.D.** **30 Riverpark Place West #310** **Fresno, CA 93720** **Physician's and Surgeon's Certificate No. A 40267,** Respondent.	Case No. 800-2018-047699 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about August 1, 1983, the Medical Board issued Physician's and Surgeon's Certificate No. A 40267 to Edgar Castillo-Armas, 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 September 30, 2022, unless renewed.

JURISDICTION

3. This First Amended Accusation, which supersedes the Accusation filed on July 23, 2021, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2234 of the Code, states:

> 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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> (f) Any action or conduct that would have warranted the denial of a certificate.
>
> (g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

5. 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.

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COST RECOVERY

6. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.[1]

DEFINITIONS

7. Alprazolam (Xanax®) is in the class of benzodiazepine medications. It affects chemicals in the brain that may be unbalanced in people with anxiety. Xanax is used to treat anxiety disorders, panic disorders, and anxiety caused by depression. Xanax has the potential for abuse. Xanax is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

8. Aripiprazole (Abilify) is an antipsychotic medicine that is used to treat the symptoms of psychotic conditions such as schizophrenia, bipolar disorder, and major depressive disorder. It is a dangerous drug pursuant to Business and Professions Code section 4022.

9. Benzodiazepines are a class of agents that work on the central nervous system, acting on select receptors in the brain that inhibit or reduce the activity of nerve cells within the brain. Valium, diazepam, alprazolam, and temazepam are all examples of benzodiazepines. All benzodiazepines are Schedule IV controlled substances and have the potential for abuse, addiction, and diversion.

10. Controlled Substance Utilization Review and Evaluation System 2.0 (CURES) is a database of Schedule II, III, and IV controlled substance prescriptions dispensed in California serving the public health, regulatory and oversight agencies and law enforcement. CURES 2.0 is

[1] As of November 18, 2021, Section 125.3 of the Code has been amended to remove subsection (k), which precluded the Board from collecting costs. The Board may collect investigation, prosecution, and other costs incurred for a disciplinary proceeding against a licensee beginning January 1, 2022.

committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

11. Klonopin® (clonazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders. Concomitant use of Klonopin® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Klonopin®, as drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

12. Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

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13. Hydroxyzine reduces activity in the central nervous system. It is used as a sedative to treat anxiety and tension. Hydroxyzine is a dangerous drug within the meaning of Business and Professions Code section 4022.

14. Latuda (lurasidone) is an antipsychotic medicine that is used to treat schizophrenia and depression associated in bipolar disorder. Latuda is a dangerous drug as defined in Business and Professions Code section 4022.

15. Mirtazapine is an antidepressant used to treat major depressive disorder in adults. It is a dangerous drug within the meaning of Business and Professions Code section 4022.

16. MS Contin® (morphine sulfate), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 39.) The Federal Drug Administration has issued a black box warning for MS Contin® which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also cautions about the risks associated with concomitant use of MS Contin® with benzodiazepines or other central nervous system (CNS) depressants.

17. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodon®, Xtampza ER®) is a white odorless crystalline powder derived from an opium alkaloid. It is a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of oxycodone include anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations, and a dangerous drug as defined in Business and Professions Code section 4022. When properly prescribed and indicated, oxycodone is used for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative

treatment options are inadequate. Respiratory depression is the chief hazard from all opioid agonist preparations. The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2 of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers, and alcohol. The Drug Enforcement Administration (DEA) has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.)

18. Rexulti (brexpiprazole) is an antipsychotic medication that is used to treat the symptoms of schizophrenia and major depressive disorder. Rexulti is a dangerous drug as defined in Business and Professions Code section 4022.

19. Zoloft (sertraline) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors. Zoloft affects chemicals in the brain that may be unbalanced in people with depression, panic, anxiety, or obsessive-compulsive symptoms. Zoloft is a dangerous drug as defined in business and Professions Code section 4022.

20. Temazepam (Restoril) is a benzodiazepine medication that affects chemicals in the brain that may be unbalanced in people with sleep problems. Temazepam is used to treat insomnia symptoms and has the potential for abuse. Temazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

21. Zolpidem (Ambien) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code Section 4022. It is a sedative used to treat insomnia and has potential for abuse.

CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

22. Respondent has subjected his Physician's and Surgeon's Certificate No. A 40267 to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code,

in that he committed repeated negligent acts in the care and treatment of Patient A[2], Patient B, and Patient C, as more particularly alleged hereafter:

PATIENT A

23. On or about November 20, 2015, Patient A presented to Respondent for care with a self-reported history of anxiety and depression. Respondent did not document a narrative history of presenting illness (HPI) or a narrative clinical assessment in the record. The provider note only states that the patient reported anxiety, depression and no medication side effects. In the treatment section of the record, it states that Patient A has "depressive disorder, not elsewhere classified." Respondent prescribed her hydroxyzine 25 mg twice daily, clonazepam 1 mg twice daily, zolpidem 5 mg at bedtime as needed, and sertraline 200 mg daily.

24. On or about December 9, 2015, Patient A presented to Respondent for refills of her medications. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The HPI only states that the patient reported anxiety, depression and no medication side effects.

25. On or about January 6, 2016, Patient A returned to Respondent for a follow up appointment. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The HPI only states that Patient A is doing well, wants Xanax, and wants to stop taking clonazepam. Respondent starts Alprazolam 0.5 mg twice daily, and discontinues the clonazepam, sertraline and zolpidem. Respondent did not document any discussion of the risks or benefits of the switch to alprazolam, or available alternatives to alprazolam including other serotonin uptake inhibitors. Respondent did not document any plan or contingency in case of complications, and did not schedule a follow up for Patient A for another two months, despite switching her medication to alprazolam. Patient A received a prescription for hydrocodone from another provider, on or about January 4, 2016. Patient A continued to receive regular prescriptions for hydrocodone from other providers, although Respondent did not make any note of this until Patient A raised it as a concern in September of 2019.

[2] Patients are identified by letter to protect their privacy.

26. On or about March 2, 2016, Patient A returned to Respondent. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The HPI only states that Patient A is doing "poorly and having anxiety attacks." Respondent increased her alprazolam to 1 mg three times daily, and prescribed mirtazapine 15 mg nightly. Respondent did not document any assessment of the potential risks of increasing the alprazolam, and did not document any justification for starting mirtazapine instead of an SRI. .

27. On or about May 31, 2016, Patient A presented to Respondent for refills of her medications. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The HPI only states that Patient A was in the hospital for "3 days due to decompensation of her anxiety."

28. On or about November 8, 2016, Patient A presented to Respondent for refills of her medications. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The HPI only states that she is "doing well overall" with no side effects from medications. Respondent lists sertraline 25 mg daily on Patient A's medication list without explanation, despite discontinuing the prescription earlier on January 6, 2016.

29. During the period of on or about January 1, 2016 through December 31, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/4/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
1/4/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.
1/6/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	Respondent
2/2/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	Respondent
2/4/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
2/4/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.
3/2/2016	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
3/4/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
3/4/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.
4/3/2016	ALPRAZOLAM	TAB	1 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
4/3/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
4/3/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.
4/29/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	J.T.
5/2/2016	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
5/28/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
5/31/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.
6/3/2016	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
6/24/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
6/28/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.
7/2/2016	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
7/25/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	J.T.
7/27/2016	TRAMADOL HCL	TAB	50 MG	90	30	J.T.
8/3/2016	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
8/22/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
8/25/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.
9/3/2016	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
9/23/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
9/23/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.
10/13/2016	ALPRAZOLAM	TAB	1 MG	45	15	Respondent
10/17/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	22	H.M.
11/8/2016	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
11/8/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.S.
11/21/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.
12/4/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	20	H.M.
12/17/2016	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
12/31/2016	TRAMADOL HCL	TAB	50 MG	90	30	H.M.

30. On or about January 31, 2017, Patient A presented to Respondent for a three month medication management appointment. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The HPI only states that she is very sad because her sister died the week prior. On or about July 18, 2017, Respondent prescribed Patient A hydrocodone / APAP 10/325 every six hours as needed. Respondent did not

document any assessment of the potential risk of continuing to prescribe alprazolam 1 mg three times daily in addition to opiates.

31. On or about July 18, 2017, Patient A returned to Respondent for a "3 Month MED MGT" appointment. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The HPI only states that she had no complaints, no side effects, and was eating and sleeping well.

32. On or about October 10, 2017, Patient A returned to Respondent for a "3 Month MED MGT" appointment. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The HPI only states that she was doing well overall, eating and sleeping well.

33. During the period of on or about January 1, 2017 through December 31, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/4/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
1/20/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
2/2/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	F.A.
2/21/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
3/2/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	F.M.
3/29/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
3/31/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
4/25/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
4/28/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	F.A.
5/30/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
5/31/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
6/28/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
6/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
7/27/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
7/28/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	F.A.
8/28/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
8/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	H.M.
9/28/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
9/28/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
10/27/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
10/28/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
11/26/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
11/29/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	F.A.
12/26/2017	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
12/28/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	A.T.

34. On or about January 16, 2018, Patient A returned to Respondent for a "3 Month MED MGT" appointment. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The HPI only states that she had no complaints, no side effects, and was eating and sleeping well. Respondent removed generalized anxiety as an assessment diagnosis, leaving only major depressive disorder.

35. On or about April 10, 2018, Patient A returned to Respondent for a "3 Month MED MGT" appointment. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. The provider note only states that Patient A was doing well, with no medication side effects, and was sad due to the 7 year anniversary of the death of her son.

36. On or about July 3, 2018, Patient A presented to Respondent with a treatment plan that stated "continue current medications." Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record.

37. On or about September 25, 2018, Patient A presented to Respondent with a chief complaint that she was "doing well overall," had no medication side effects, and was eating and sleeping well. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record.

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38. On or about November 20, 2018, Patient A presented to Respondent with a chief complaint that stated she was doing well, had no medication side effects, and suffered from anxiety and depression. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record. Respondent decreased Patient A's alprazolam to 1 mg twice daily, and switched the sertraline to citalopram 20 mg daily without any documented explanation. Despite the change in Patient A's medications, the section of the medication records titled "General Treatment Plan" states that she should continue her current medications.

39. During the period of on or about January 1, 2018 through December 31, 2018, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/26/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
1/27/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
2/24/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
2/27/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
3/24/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
3/27/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
4/21/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
4/25/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
5/24/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	F.A.
5/25/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
6/22/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
6/22/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	C.O.
7/21/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	F.A.
7/23/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
8/20/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
8/21/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
9/19/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent
9/20/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
10/17/2018	ALPRAZOLAM	TAB	1 MG	90	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
10/19/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	60	15	L.Y.
11/3/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	60	15	R.T.
11/15/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
11/15/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.
12/14/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
12/14/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	L.Y.

40. On or about January 15, 2019, Patient A presented to Respondent as "doing well" with no complaints of any medication side effects. The treatment plan was to continue current medications. Respondent did not document a narrative history of presenting illness or a narrative clinical assessment in the record.

41. On or about April 9, 2019, Patient A presented to Respondent for refills of her medications. Patient A reported sadness due to the anniversary month of the passing of her son. Patient A's medications at this visit no longer included Aspirin, atorvastatin, clopidogrel, gabapentin, or Lisinopril. Respondent did not document any explanation for the change in Patient A's current medication list. Despite the change in Patient A's medications, the "General Treatment Plan" states that Patient A should continue taking her current medication.

42. On or about July 16, 2019, Patient A presented to Respondent with no complaints. Respondent diagnosed her with moderately severe recurrent depression, and refilled her prescriptions.

43. On or about September 10, 2019, Patient A presented to Respondent with a history of presenting illness stating that Patient A's pain physician "wants clarification about the reason for the use of Xanax." This is the first note in the available records for Patient A with any reference to her concurrent treatment by a pain management physician, even though Patient A had been receiving hydrocodone from various providers. Patient A's CURES reports show that she had been receiving hydrocodone from other providers at least since January 4, 2016. The Interval History / HPI section of the medical record states that Patient A's pain management physician has

requested clarification regarding her need of Xanax, due to concerns about the interaction with her prescription for hydrocodone. Respondent discontinued alprazolam, but did not include any assessment or documentation of a plan for Patient A to taper her prescription of alprazolam. The timing is unclear, because Respondent did not document any plan to discontinue or taper the alprazolam in the medical records. Respondent states that he discontinued the alprazolam successfully, but the records reflect that this was only done following an inquiry from Patient A's pain management physician. Respondent states that he called Patient A's pain management physician and discussed her management, but there is no documentation of the phone call in the medical record.

44. On or about September 30, 2019, Patient A's insurance company sent respondent a six page fax intended to alert him to the danger of polypharmacy. The notice explained that Patient A was concurrently taking at least 10 different drugs from multiple prescribing physicians, and identified the drugs, amounts, quantities, pharmacy and prescribing physicians related to each prescription for the past several months.

45. On or about October 8, 2019, Patient A returned to Respondent for refills of her medications. Respondent removed alprazolam from the medication list.

46. Respondent did not document review of Patient A's CURES prior to prescribing or refilling Patient A's alprazolam at any time during his treatment of Patient A. Respondent failed to document a narrative interval history in the subjective portion of the progress notes in many of Patient A's visits. From November 20, 2016 through January 16, 2018, the records include a provider note, which later transitioned into a "chief complaint," which Respondent stated was actually documented by the nursing staff. Despite four progress notes on July 16 through October 8, 2019, Respondent failed to document any interval history in the progress notes for Patient A. At nearly every visit, Respondent failed to document any narrative clinical assessment in the progress notes. On July 3, 2018, Respondent began listing the general treatment plan as "continue current medications," despite changing the medications on November 20, 2018, and April 9, 2019.

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47. During the period of on or about January 1, 2019 through December 31, 2019 Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/11/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
1/11/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	30	T.M.

Patient A Departures

48. Respondent failed to document Patient A's interval history/history of presenting illness at each visit. Every visit in which Respondent failed to adequately and accurately document an interval history constitutes a departure from the standard of care. These departures include, but are not limited to the following visits:

- 11/20/2015
- 12/9/2015
- 1/6/2016
- 3/2/2016
- 5/31/2016
- 11/8/2016
- 1/31/2017
- 7/18/2017
- 10/10/2017
- 01/16/2018
- 04/10/2018
- 7/3/2018
- 9/25/2018
- 11/20/2018
- 1/15/2019
- 04/09/2019

49. Respondent failed to document reasonable assessments for Patient A that address the diagnosis at each visit. Every visit in which Respondent failed to adequately and accurately

document a reasonable assessment for Patient A constitutes a separate departure from the standard of care. These departures include, but are not limited to the visits on the following dates, each of which constitute a separate and distinct departure from the standard of care:

- 11/20/2015
- 12/9/2015
- 1/6/2016
- 3/2/2016
- 5/31/2016
- 11/8/2016
- 1/31/2017
- 7/18/2017
- 10/10/2017
- 01/16/2018
- 04/10/2018
- 7/3/2018
- 9/25/2018
- 11/20/2018
- 1/15/2019
- 04/09/2019
- 7/16/2019
- 9/10/2019
- 10/08/2019

50. Respondent switched Patient A to alprazolam with a follow up not scheduled until two months later absent any documented plan or contingency in case of a complication, which constitutes a departure from the standard of care.

51. Respondent departed from the standard of care on March 2, 2016, when he increased her prescription of alprazolam from 0.5 mg twice daily to 1 mg three times daily, without any documentation of an assessment or discussion of potential risks.

52. Respondent departed from the standard of care on July 18, 2017 when he prescribed hydrocodone/APAP absent any documentation of a discussion of the potential drug interactions with Patient A.

53. Respondent departed from the standard of care on September 10, 2019, when he discontinued alprazolam, absent any assessment or documentation of a plan for Patient A to taper her prescription of alprazolam.

PATIENT B

54. On or about March 29, 2016, Patient B first presented to Respondent for treatment based upon the records available for review. Patient B reported no side effects or complaints, and Respondent diagnosed Patient B with bipolar depression and insomnia. Respondent prescribed Patient B temazepam 15 mg 1-2 tabs as needed for sleep #60, aripiprazole 10 mg twice daily, trazadone 300 mg at bedtime, and scheduled a follow up in two months. Patient B's prescription for aripiprazole 10 mg twice daily continued at each visit during the entire treatment period reviewed. Respondent prescribed Patient B temazepam 15 mg one or two tabs as needed for sleep, with #60 per month throughout the treatment period. Patient B returned to Respondent for refills of his medications on June 7, August 30, and November 22, 2016. Patient A continued to receive regular prescriptions for hydrocodone throughout 2016, but Respondent did not document this in the medical records. Respondent did not document an interval history for Patient B in the medical records related to these visits.

55. During the period of on or about January 1, 2016 through December 31, 2016, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
1/27/2016	TEMAZEPAM	CAP	15 MG	60	E.T.
3/22/2016	TEMAZEPAM	CAP	30 MG	30	Respondent
4/4/2016	ACETAMINOPHEN-CODEINE PHOSPHATE	TAB	300 MG-30 MG	20	A.M., DDS
4/20/2016	TEMAZEPAM	CAP	30 MG	30	Respondent
5/16/2016	TEMAZEPAM	CAP	30 MG	30	Respondent
6/13/2016	TEMAZEPAM	CAP	30 MG	30	Respondent
7/11/2016	TEMAZEPAM	CAP	30 MG	30	Respondent
8/8/2016	TEMAZEPAM	CAP	30 MG	30	Respondent
9/2/2016	TEMAZEPAM	CAP	30 MG	45	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
9/2/2016	TEMAZEPAM	CAP	30 MG	30	Respondent
10/5/2016	TEMAZEPAM	CAP	30 MG	30	Respondent
10/8/2016	TRAMADOL HCL	TAB	50 MG	12	J.D.
10/10/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	24	T.S.
10/15/2016	TEMAZEPAM	CAP	30 MG	45	Respondent
11/3/2016	TEMAZEPAM	CAP	30 MG	45	Respondent
11/12/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	20	D.F.
11/22/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	90	G.D., M.D.
11/22/2016	TEMAZEPAM	CAP	15 MG	60	Respondent
12/19/2016	TEMAZEPAM	CAP	15 MG	60	Respondent
12/19/2016	TEMAZEPAM	CAP	15 MG	60	Respondent
12/23/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	90	G.D., M.D.
12/23/2016	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	90	G.D., M.D.

56. On or about February 14, 2017, Patient B presented to Respondent for refills, with no complaints. Patient B began receiving hydrocodone/APAP 5/325 EVERY 6-8 hours from another provider. Respondent continued to prescribe temazepam along with the opiates that Patient B was now receiving from another provider. Respondent did not document any discussion of the risks of concurrently taking opiate and benzodiazepines with Patient B. Patient B returned to Respondent for refills of his medications on May 16, August 8, November 21, 2017, and February 14, 2018. Respondent did not document an interval history for Patient B in the medical records related to these visits.

57. During the period of on or about January 1, 2017 through December 31, 2017, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
1/16/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
1/24/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	90	G.D., M.D.
2/13/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
2/24/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
3/8/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
3/28/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
4/5/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
4/25/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
5/1/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
5/26/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
5/31/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
6/27/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
6/29/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
7/25/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
7/26/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
8/23/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
8/25/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
9/18/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
9/26/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
10/14/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
10/24/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
11/10/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
11/21/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
12/7/2017	TEMAZEPAM	CAP	15 MG	60	Respondent
12/22/2017	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.

58. On or about May 8, 2018, Patient B presented to Respondent for treatment. Respondent changed the prescription for trazodone 300 mg at bedtime to 100 mg three times daily. The social history section of the record states that Patient B reported drinking beer 1-2 times per month, which was repeated in the social history of each subsequent visit. Respondent did not document any discussion of the risks of using alcohol concurrently with temazepam, despite the notation that Patient B regularly consumes alcohol 1-2 times per month. The interval history states that Patient B is doing well, with no complaints. Patient B returned to Respondent for refills of his medications on May 18, 2018. Respondent did not document an interval history for Patient B in the medical records related to these visits.

59. On or about August 7, 2018, Patient B presented to Respondent for treatment. Respondent changed Patient B's diagnosis to unspecified mood disorder, schizoaffective disorder depressed type, bipolar 2 disorder, and major depressive disorder. Patient B returned to Respondent for refills of his medications on October 30, 2018, and January 22, 2019. Respondent did not document an interval history for Patient B in the medical records related to these visits.

60. During the period of on or about January 1, 2018 through December 31, 2018, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
1/4/2018	TEMAZEPAM	CAP	15 MG	50	Respondent
1/23/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
1/23/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
2/20/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
2/20/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
4/13/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
4/13/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
5/12/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
5/18/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
6/9/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
6/15/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
7/7/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
7/13/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
8/7/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
8/10/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
10/2/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
10/5/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
10/30/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
11/3/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
11/28/2018	TEMAZEPAM	CAP	15 MG	60	Respondent
12/4/2018	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
12/24/2018	TEMAZEPAM	CAP	15 MG	60	Respondent

61. On or about April 16, 2019, Patient B presented to Respondent for refills. The interval history states that Patient B is doing well overall and working.

62. On or about July 16, 2019, Patient B presented to Respondent for treatment. The chief complaint states that Patient B underwent emergency back surgery due to a fall. The interval history states that Patient B fell, broke a disc, and was taken to the hospital for emergency back surgery. Respondent did not document any discussion with Patient B regarding the potential that the temazepam may have contributed to his recent fall. Respondent made no change in the temazepam following Patient B's fall.

63. On or about October 15, 2019, Patient B presented to Respondent for the final time based upon the records available for review. Respondent did not document an interval history for Patient B in the medical records related to the visit.

64. Respondent failed to include any narrative interval history in the subjective portions of Patient B's medical record at almost every visit. From March 29, 2016 through February 13, 2018, the records reflect a "provider note." On May 8, 2018, the "provider note" was replaced by a "chief complaint." Respondent stated that the nursing staff documents the chief complaint into the patient medical record. Respondent failed to document a narrative interval history at nearly every documented patient encounter with Patient B.

65. During the period of on or about January 1, 2019 through December 31, 2019, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
1/4/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
1/22/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
2/5/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
2/19/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
3/5/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
3/19/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
4/3/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
4/16/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
5/1/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
5/14/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
5/31/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
6/13/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
6/26/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	15	B.C.
6/28/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
7/16/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
7/16/2019	TRAMADOL HCL	TAB	50 MG	30	G.D., M.D.
7/26/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
7/26/2019	TRAMADOL HCL	TAB	50 MG	30	G.D., M.D.
8/15/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
8/20/2019	TRAMADOL HCL	TAB	50 MG	30	G.D., M.D.
8/23/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
9/11/2019	TRAMADOL HCL	TAB	50 MG	30	G.D., M.D.
9/14/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
9/21/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
10/1/2019	TRAMADOL HCL	TAB	50 MG	30	G.D., M.D.
10/12/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
10/15/2019	TRAMADOL HCL	TAB	50 MG	30	G.D., M.D.
10/19/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
11/7/2019	TRAMADOL HCL	TAB	50 MG	30	G.D., M.D.
11/11/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
11/16/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
12/6/2019	TRAMADOL HCL	TAB	50 MG	30	G.D., M.D.
12/10/2019	TEMAZEPAM	CAP	15 MG	60	Respondent
12/14/2019	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.

66. During the period of on or about January 1, 2020 through December 31, 2020, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
1/23/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
1/23/2020	TRAMADOL HCL	TAB	50 MG	30	G.D., M.D.
2/4/2020	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
2/20/2020	TEMAZEPAM	CAP	15 MG	60	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
3/3/2020	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
3/18/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
4/3/2020	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
4/15/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
5/1/2020	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
5/9/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
5/29/2020	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
6/6/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
6/26/2020	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
7/2/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
7/24/2020	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
7/30/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
8/25/2020	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	120	G.D., M.D.
8/28/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
9/22/2020	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	60	G.D., M.D.
9/24/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
10/21/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
11/3/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	300 MG-5 MG	10	K.W.
11/18/2020	TEMAZEPAM	CAP	15 MG	60	Respondent
12/17/2020	TEMAZEPAM	CAP	15 MG	60	Respondent

67. During the period of on or about January 1, 2021 through June 8, 2021, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
1/14/2021	TEMAZEPAM	CAP	15 MG	60	Respondent
2/12/2021	TEMAZEPAM	CAP	15 MG	60	Respondent
5/10/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	30	A.M.
5/21/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	28	G.D., M.D.
5/25/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	28	A.M.
6/1/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	30	A.M.

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Patient B Departures

68. Respondent failed to document Patient B's interval history/history of presenting illness at each visit. Every visit in which Respondent failed to adequately and accurately document an interval history constitutes a departure from the standard of care. These departures include, but are not limited to the following visits:

- 3/29/2016
- 6/7/2016
- 8/30/2016
- 11/22/2016
- 2/14/2017
- 5/16/2017
- 8/8/2017
- 11/21/2017
- 2/13/2018
- 5/18/2018
- 8/7/2018
- 10/30/2018
- 1/22/2019
- 10/15/2019

69. Respondent failed to document the risk of drug interactions between temazepam and opioids, which constitutes a departure from the standard of care.

70. Respondent failed to document any discussion of the risk of using alcohol while taking temazepam with Patient B, which constitutes a departure from the standard of care.

71. Respondent failed to document any discussion of the potential for temazepam to contribute to Patient B's risk of falling, which constitutes a departure from the standard of care.

Patient C

72. On or about February 17, 2016, Patient C presented to Respondent for the first time in the records provided for review. The progress note states that Patient C is returning to the clinic

after a year without visits, but is identified as a new patient to the provider. Patient C was diagnosed with major depression, generalized anxiety disorder, and panic disorder. Respondent did not document an interval history for Patient C at this visit. The records state that Patient C stopped taking Effexor XR, and was interested in a different medication. Respondent prescribes Patient C alprazolam 0.5 mg twice daily, and Latuda 20 mg daily. Patient C is also taking morphine 30 mg three times daily. During the following months, Respondent stopped prescribing citalopram. Patient C was concurrently receiving prescriptions for controlled substances from other providers, including her primary care physician. In addition to the alprazolam prescribed by Respondent, Patient C concurrently received prescriptions for alprazolam, hydromorphone hcl, morphine, oxycodone hcl-acetaminophen, OxyCONTIN, and Xtampza ER from other medical providers. Respondent did not document Patient C's treatment or prescriptions received by other medical providers in the medical records for the period reviewed. Patient C returned to Respondent for refills on April 20, June 7, August 2, and September 28, 2016. Respondent did not document an interval history for Patient C in the medical records related to these visits.

73. On or about October 25, 2016, Patient C presented to Respondent for refills. Respondent increased Patient C's dose of alprazolam from 0.5 mg twice daily, to 1 mg twice daily. Respondent did not document a narrative assessment of the need to change the prescription, or a discussion of the risks of increasing alprazolam concurrently with Patient C's prescription of morphine 30 mg three times daily. Respondent did not document an interval history for Patient C at this visit. Patient C returned to Respondent for refills on December 6, 2016, January 31, 20, 2016. Respondent did not document an interval history for Patient C in the medical records related to these visits.

74. During the period of on or about January 1, 2016 through December 31, 2016, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/13/2016	ALPRAZOLAM	TAB	2 MG	60	30	J.C.
1/13/2016	MORPHINE SULFATE	TER	30 MG	90	30	J.C.
2/8/2016	MORPHINE SULFATE	TAB	30 MG	90	30	J.C.
2/11/2016	ALPRAZOLAM	TAB	2 MG	60	30	J.C.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/8/2016	ALPRAZOLAM	TAB	2 MG	60	30	J.C.
3/8/2016	MORPHINE SULFATE	TAB	30 MG	90	30	J.C.
4/6/2016	ALPRAZOLAM	TAB	2 MG	60	30	J.C.
4/6/2016	MORPHINE SULFATE	TAB	30 MG	90	30	J.C.
5/3/2016	ALPRAZOLAM	TAB	2 MG	60	30	J.C.
5/3/2016	MORPHINE SULFATE	TAB	30 MG	90	30	J.C.
6/3/2016	ALPRAZOLAM	TAB	2 MG	60	30	J.C.
6/3/2016	MORPHINE SULFATE	TAB	30 MG	90	30	J.C.
7/1/2016	ALPRAZOLAM	TAB	2 MG	60	30	J.C.
7/1/2016	MORPHINE SULFATE	TAB	30 MG	90	30	J.C.
7/29/2016	ALPRAZOLAM	TAB	2 MG	60	30	J.C.
7/29/2016	MORPHINE SULFATE	TER	30 MG	90	30	J.C.
8/27/2016	ALPRAZOLAM	TAB	2 MG	60	30	J.C.
8/27/2016	MORPHINE SULFATE	TER	30 MG	90	30	J.C.
9/21/2016	HYDROMORPHONE HCL	TAB	4 MG	60	30	J.D.
9/28/2016	ALPRAZOLAM	TAB	0.5 MG	60	30	Respondent
10/12/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	J.D.
10/25/2016	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
11/2/2016	OXYCONTIN	TER	15 MG	60	30	H.N.
11/10/2016	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	J.D.
11/23/2016	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
11/30/2016	OXYCONTIN	TER	15 MG	90	30	J.D.
12/22/2016	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
12/30/2016	OXYCONTIN	TER	15 MG	90	30	H.N.

75. On or about August 16, 2017, Patient C returned to Respondent for refills. Respondent did not document an interval history for Patient C related to this visit. Respondent documented that Patient C was receiving OxyCONTIN and morphine in addition to the alprazolam he was prescribing, but failed to document any discussion of the potential risks to Patient C of taking two concomitant opioids in combination with benzodiazepines. Patient C returned to Respondent for refills on November 15, 2017, January 10, and April 4, 2018. Respondent did not document an interval history for Patient C in the medical records related to these visits.

76. During the period of on or about January 1, 2017 through December 31, 2017, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/21/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
1/31/2017	OXYCONTIN	TER	15 MG	90	30	H.N.
2/22/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
3/1/2017	OXYCONTIN	TER	15 MG	90	30	H.N.
3/24/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
3/30/2017	OXYCONTIN	TER	10 MG	90	30	H.N.
4/24/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
4/28/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	J.D.
4/28/2017	OXYCONTIN	TER	15 MG	60	30	J.D.
5/24/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
5/25/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
5/25/2017	OXYCONTIN	TER	15 MG	60	30	H.N.
6/23/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
6/23/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	J.D.
6/23/2017	OXYCONTIN	TER	15 MG	60	30	J.D.
7/22/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
7/22/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
7/22/2017	OXYCONTIN	TER	15 MG	60	30	H.N.
8/19/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
8/19/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	J.D.
8/19/2017	OXYCONTIN	TER	15 MG	60	30	J.D.
9/16/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
9/16/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	J.D.
9/16/2017	OXYCONTIN	TER	15 MG	60	30	J.D.
10/14/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
10/14/2017	OXYCONTIN	TER	15 MG	60	30	H.N.
10/16/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
11/11/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	J.D.
11/11/2017	OXYCONTIN	TER	15 MG	90	30	J.D.
11/18/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
12/11/2017	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
12/15/2017	XTAMPZA ER	CER	13.5 MG	60	30	H.N.
12/16/2017	ALPRAZOLAM	TAB	1 MG	60	30	Respondent

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77. On or about July 17, 2018, Respondent transitioned to a new electronic health record system. The new system included a 'general treatment plan' section, in which Respondent always wrote, "continue current medications." Respondent did not document an interval history for Patient C related to this visit.

78. On or about September 5, 2018, Respondent wrote, "continue current medications" in the general treatment plan, despite discontinuing the prescription for Rexulti. Respondent did not document an interval history for Patient C related to this visit.

79. During the period of on or about January 1, 2018 through December 31, 2018, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/10/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
1/13/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
1/13/2018	XTAMPZA ER	CER	13.5 MG	60	30	H.N.
2/7/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
2/10/2018	XTAMPZA ER	CER	13.5 MG	60	30	H.N.
2/15/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
3/7/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
3/14/2018	XTAMPZA ER	CER	13.5 MG	60	30	H.N.
3/20/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
4/4/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
4/12/2018	XTAMPZA ER	CER	13.5 MG	60	30	H.N.
4/18/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
5/4/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
5/9/2018	XTAMPZA ER	CER	13.5 MG	60	30	H.N.
5/16/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
6/2/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	J.D.
6/7/2018	XTAMPZA ER	CER	13.5 MG	60	30	J.D.
6/13/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
6/30/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
7/5/2018	XTAMPZA ER	CER	13.5 MG	60	30	H.N.
7/18/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
8/2/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
8/2/2018	XTAMPZA ER	CER	18 MG	60	30	H.N.
8/17/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
9/1/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	20	H.N.
9/1/2018	XTAMPZA ER	CER	18 MG	60	30	H.N.
9/15/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
9/25/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
9/25/2018	XTAMPZA ER	CER	18 MG	60	30	H.N.
10/13/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
10/26/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	60	30	H.N.
10/31/2018	XTAMPZA ER	CER	18 MG	60	30	H.N.
11/13/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
11/24/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
11/24/2018	XTAMPZA ER	CER	18 MG	60	30	H.N.
12/11/2018	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
12/22/2018	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
12/27/2018	XTAMPZA ER	CER	18 MG	60	30	H.N.

80. On or about January 9, 2019, Respondent wrote "continue current medications" in the general treatment plan, despite adding Latuda as a new medication. Respondent did not document an interval history for Patient C related to this visit.

81. During the period of on or about January 1, 2019 through December 31, 2019, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/11/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
1/21/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
1/26/2019	XTAMPZA ER	CER	18 MG	60	30	H.N.
2/9/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
2/19/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	J.D.
2/25/2019	XTAMPZA ER	CER	18 MG	60	30	J.D.
3/12/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
3/21/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	J.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
3/27/2019	XTAMPZA ER	CER	18 MG	60	30	J.D.
4/11/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
4/19/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
4/26/2019	XTAMPZA ER	CER	18 MG	60	30	H.N.
5/13/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
5/18/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
5/24/2019	XTAMPZA ER	CER	18 MG	60	30	H.N.
6/14/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
6/17/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	J.D.
6/22/2019	XTAMPZA ER	CER	18 MG	60	30	J.D.
7/13/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
7/16/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
7/22/2019	XTAMPZA ER	CER	18 MG	60	30	H.N.
8/13/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
8/15/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
8/20/2019	XTAMPZA ER	CER	18 MG	60	30	H.N.
9/12/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
9/14/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
9/21/2019	XTAMPZA ER	CER	18 MG	60	30	H.N.
10/12/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
10/16/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
10/21/2019	XTAMPZA ER	CER	18 MG	60	30	H.N.
11/12/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
11/14/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
11/20/2019	XTAMPZA ER	CER	18 MG	60	30	H.N.
12/11/2019	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
12/13/2019	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
12/19/2019	XTAMPZA ER	CER	18 MG	60	30	H.N.

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82. During the period of on or about January 1, 2020 through December 31, 2020, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/10/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	J.D.
1/17/2020	XTAMPZA ER	CER	18 MG	60	30	J.D.
1/21/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
2/8/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	J.D.
2/17/2020	XTAMPZA ER	CER	18 MG	60	30	J.D.
2/20/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
3/9/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
3/19/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
3/19/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
4/7/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
4/18/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
4/18/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
5/7/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
5/18/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
5/18/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
6/5/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
6/17/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
6/19/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
7/4/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
7/15/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
7/17/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
8/3/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
8/14/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
8/17/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
8/31/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
9/14/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
9/16/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
9/30/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
10/13/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
10/14/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
10/29/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
11/11/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
11/12/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
11/27/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
12/12/2020	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
12/12/2020	XTAMPZA ER	CER	18 MG	60	30	H.N.
12/26/2020	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.

83. During the period of on or about January 1, 2021 through June 8, 2021, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Days' Supply	Prescriber Name
1/11/2021	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
1/12/2021	XTAMPZA ER	CER	18 MG	60	30	H.N.
1/26/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
2/11/2021	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
2/11/2021	XTAMPZA ER	CER	18 MG	60	30	H.N.
2/26/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
3/15/2021	ALPRAZOLAM	TAB	1 MG	60	30	Respondent
3/15/2021	XTAMPZA ER	CER	18 MG	60	30	H.N.
3/27/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.
4/16/2021	XTAMPZA ER	CER	18 MG	60	30	H.N.
4/26/2021	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	90	30	H.N.

Patient C Departures

84. Respondent failed to document Patient C's interval history or history of presenting illness at each visit. Every visit in which Respondent failed to adequately and accurately document an interval history constitutes a departure from the standard of care. These departures include, but are not limited to the following visits:

- 2/17/2016
- 4/20/2016

- 6/7/2016
- 8/2/2016
- 9/28/2016
- 10/25/2016
- 12/06/2016
- 1/31/2017
- 8/16/2017
- 11/15/2017
- 1/10/2018
- 4/4/2018
- 7/17/2018
- 9/5/2018
- 1/9/2019

85. Respondent failed to document an assessment of the need to increase Patient C's prescription for alprazolam on October 25, 2016, while she was already taking morphine daily, which constitutes a departure from the standard of care.

86. Respondent did not document a discussion or assessment of the risk of taking benzodiazepines concurrently with two opioids on August 16, 2017, which constitutes a departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

87. Respondent has subjected his Physician's and Surgeon's Certificate No. A 40267 to disciplinary action under section 2227, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in connection with his care and treatment of Patient A, Patient B, and Patient C, as more particularly alleged in paragraphs 23 through 86, which are hereby incorporated by reference and realleged as if fully set forth herein.

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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 40267, issued to Edgar Castillo-Armas, M.D.;

2. Revoking, suspending or denying approval of Edgar Castillo-Armas, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Edgar Castillo-Armas, M.D., if placed on probation, to pay the Board the costs of probation monitoring;

4. Ordering Edgar Castillo-Armas, M.D., to pay the Medical Board of California the reasonable costs of the enforcement of this case, pursuant to Business and Professions Code section 125.3; and

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

DATED: FEB 25 2022

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant