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

In the Matter of the Accusation Against: **VISIT CHATSUTHIPHAN, M.D.** **23110 Atlantic Circle, Suite D** **Moreno Valley, CA 92553-5439** Physician's and Surgeon's Certificate No. A 32338, Respondent.	Case No. 800-2019-056616 **A C C U S A T I O N**

PARTIES

1. William Prasifka (Complainant) brings this 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 June 12, 1978, the Board issued Physician's and Surgeon's Certificate Number A 32338 to Visit Chatsuthiphan, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2024, unless renewed.

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JURISDICTION

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

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in

damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

6. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

STATUTORY PROVISIONS

7. 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.

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.

CONTROLLED SUBSTANCES/DANGEROUS DRUGS

9. Section 4021 of the Code states:

"Controlled substance" means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

10. Section 4022 of the Code provides:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

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DRUG DEFINITIONS

11. As used herein, the terms below will have the following meanings:

"Abilify," also known by the generic name aripiprazole, is an atypical antipsychotic medication. It is primarily used in the treatment of schizophrenia and bipolar disorder. Other uses include as an add-on treatment in major depressive disorder, tic disorders and irritability associated with autism. It is a dangerous drug as defined in Code section 4022. "Adderall" is a brand name of a combination of two stimulant drugs, amphetamine and dextroamphetamine. It is generally used to treat attention deficit hyperactivity disorder, but also has a high potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d)(1), and a dangerous drug as defined in Code section 4022.

"Alprazolam," also known by the brand name Xanax, is a benzodiazepine drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(1), and a dangerous drug as defined in Code section 4022. It is also a Schedule IV controlled substance as defined by the Code of Federal Regulations Title 21, section 1308.14 (c).

"Ambien," also known by the generic name zolpidem, is a sedative drug primarily used to treat insomnia. It has a short half-life. Its hypnotic effects are similar to those of the benzodiazepine class of drugs. It is a schedule IV controlled substance and narcotic as defined by Health and Safety Code section 11057, subdivision (d)(32) and a dangerous drug pursuant to Code section 4022.

"Ativan," also known by the generic name lorazepam, is a benzodiazepine medication. It is used to treat anxiety disorders, trouble sleeping, active seizures including status epilepticus, alcohol withdrawal, and chemotherapy induced nausea and vomiting, as well as for surgery to interfere with memory formation and to sedate those who are being mechanically ventilated. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(16), and a dangerous drug pursuant to Code section 4022.

"Baclofen," also known by the brand name Lioresal, is a muscle relaxer used for treating spasm of skeletal muscles, muscle clonus, rigidity, and pain caused by disorders such as multiple sclerosis. It is a dangerous drug as defined in Code section 4022.

"Benzodiazepines" are a class of drugs that produce central nervous system (CNS) depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and to prevent seizures. In general, benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and sedatives in low doses, and are used for a limited time period. Benzodiazepines are commonly misused and taken in combination with other drugs of abuse. Commonly prescribed benzodiazepines include alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin), diazepam (Valium), and temazepam (Restoril). Risks associated with use of benzodiazepines include: 1) tolerance and dependence, 2) potential interactions with alcohol and pain medications, and 3) possible impairment of driving. Benzodiazepines can cause dangerous deep unconsciousness. When combined with other CNS depressants such as alcoholic drinks and opioids, the potential for toxicity and fatal overdose increases. Before initiating a course of treatment, patients should be explicitly advised of the goal and duration of benzodiazepine use. Risks and side effects, including risk of dependence and

respiratory depression, should be discussed with patients. Alternative treatment options should be discussed. Treatment providers should coordinate care to avoid multiple prescriptions for this class of drugs. Low doses and short durations should be utilized.

"Brexpiprazole," also known by the brand name Rexulti, is an antipsychotic medicine approved by the FDA for use as an adjunctive therapy to antidepressants for the treatment of major depressive disorder and treatment of schizophrenia. Rexulti has a Black Box warning for increased mortality in elderly patients with dementia-related psychosis; and suicidal thoughts and behaviors. It is a dangerous drug pursuant to Business and Professions Code section 4022.

"Buspirone" also known by the brand name Buspar, is an anti-anxiety medication. It belongs to a class of drugs called Antianxiety Agents, Anxiolytics, and nonbenzodiazepines. It is a dangerous drug pursuant to Business and Professions Code section 4022.

"Bupropion," also known by the brand name Wellbutrin, is an antidepressant medication used to treat major depression and to assist with smoking cessation. It is a dangerous drug as defined in Code section 4022.

"Celexa," also known by the generic name citalopram, is an antidepressant. It is included in the class of drugs called selective serotonin reuptake inhibitors (SSRIs). It is a dangerous drug as defined in Code section 4022.

"Clonidine" also known by the brand name Catapres, is a sedative and antihypertensive drug. It is also used to treat ADHD and cancer pain. It is a dangerous drug as defined in Code section 4022

"Duloxetine," also known by the brand name Cymbalta, is an antidepressant and nerve pain medication used to treat depression, anxiety, diabetic peripheral neuropathy, fibromyalgia, and chronic muscle or bone pain. It is from a group of drugs called selective serotonin and norepinephrine reuptake inhibitors (SNRI). It is a dangerous drug as defined in Code section 4022.

"CURES" means the Department of Justice, Bureau of Narcotics Enforcement's California Utilization, Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, IV and V controlled substances dispensed to patients in California pursuant to Health and Safety Code section 11165. The CURES database captures data from controlled substance prescriptions filled as submitted by pharmacies, hospitals, and dispensing physicians. Law enforcement and regulatory agencies use the data to assist in their efforts to control the diversion and resultant abuse of controlled substances. Prescribers and pharmacists may request a patient's history of controlled substances dispensed in accordance with guidelines developed by the Department of Justice.

"Donepezil," also known by the brand name Aricept, is a medication used to treat moderate to severe confusion (dementia) related to Alzheimer's disease. It is an enzyme blocker that works by restoring the balance of natural substances (neurotransmitters) in the brain. It is a dangerous drug pursuant to Code section 4022.

"Gabapentin," also known by the brand name Neurontin, is an anticonvulsant medication used to treat partial seizures, neuropathic pain, hot flashes, and restless legs syndrome. It can have potentially harmful effects when

combined with opioids. It is a dangerous drug as defined in Code section 4022.

"Hydrocodone," also known by the brand names Vicodin and Norco, is a semisynthetic opioid analgesic similar to but more potent than codeine. Hydrocodone also has a high potential for abuse. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(I), and a dangerous drug pursuant to Code section 4022.

"Lamotrigine," also known by the brand name Lamictal, is an anticonvulsant medication. It is a dangerous drug pursuant to Code section 4022.

"Losartan," also known by the brand name Cozaar, is an antihypertensive medication. It is a dangerous drug pursuant to Code section 4022.

"Latuda," also known by the generic name lurasidone, is an antipsychotic medication used to treat schizophrenia and bipolar disorder. It is a dangerous drug pursuant to Code section 4022. It is a dangerous drug pursuant to Code section 4022.

"Memantine" is a medication used to treat moderate to severe confusion (dementia) related to Alzheimer's disease. It is a dangerous drug pursuant to Code section 4022.

"Mirtazapine," also known by the brand name Remeron, is an antidepressant primarily used to treat depression. It is often used to treat depression complicated by anxiety or trouble sleeping. It is a dangerous drug pursuant to Code section 4022.

"Namzaric" is a medication used to treat moderate to severe confusion (demntia) related to Alzheimer's disease. It contains a combination of donepezil and memantine. It is a dangerous drug pursuant to Code section 4022.

"Olanzapine," also known by the brand names Zyprexa and Losec, is a medication used in the treatment of mental disorders, including schizophrenia and bipolar disorder. It is a dangerous drug as defined in Code section 4022.

"Percocet," also known by the generic name oxycodone and acetaminophen, is a semi-synthetic narcotic analgesic that has a high potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M), and a dangerous drug as defined in Code section 4022.

"Prozac," also known by the generic name fluoxetine, is a medication used to treat depression, obsessive-compulsive disorder (OCD), bulimia nervosa, and panic disorder. It belongs to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). It is dangerous drug as defined in Code section 4022.

"Quetiapine," also known by the brand name Seroquel, is an atypical antipsychotic drug used for the treatment of schizophrenia, bipolar disorder, and major depressive disorder. It is a dangerous drug pursuant to Code section 4022.

"Serax," also known by the generic name oxazepam, is a short-to-intermediate-acting benzodiazepine. It is used to treat anxiety and insomnia and in the control of symptoms of alcohol withdrawal syndrome. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(23), and a dangerous drug as defined in Code section 4022.

"SNRI: and "SSNRI" means selective serotonin and norepinephrine reuptake inhibitors, which are a class of medications that are effective in treating depression. SNRIs are also sometimes used to treat other conditions, such as anxiety disorders and long-term (chronic) pain, especially nerve pain. SNRIs work by ultimately effecting changes in brain chemistry and communication in brain nerve cell circuitry known to regulate mood, to help relieve depression. SNRIs block the reabsorption (reuptake) of the neurotransmitters serotonin and norepinephrine in the brain. They are sold in several formulations, including desvenlafaxine (Pristiq), duloxetine (Cymbalta), levomilnacipran (Fetzima), and venlafaxine (Effexor). They are dangerous drug as defined in Code section 4022.

SNRIs block the reabsorption (reuptake) of the neurotransmitters serotonin and norepinephrine in the brain.

"SSRI" means Selective Serotonin Reuptake Inhibitor. SSRI antidepressants are a type of antidepressant that work by increasing levels of serotonin within the brain. Serotonin is a neurotransmitter that is often referred to as the "feel good hormone."

"Temazepam," also known by the brand name Restoril, is a benzodiazepine medication. It is generally indicated for the short-term treatment of insomnia. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(29), and a dangerous drug as defined in Code section 4022.

"Trazodone" is an antidepressant medication. It is used to treat major depressive disorder, anxiety disorders, and in addition to other treatment, alcohol dependence. It belongs to the serotonin receptor antagonist and reuptake inhibitors (SARIs) group of medications. It is a dangerous drug as defined in Code section 4022.

"Trileptal," also known by the generic name oxcarbazepine, is an anticonvulsant medication used to treat epileptic seizures. It is dangerous drug as defined in Code section 4022.

"Trintellix," also known by the generic name vortioxetine, is a Selective Serotonin Reuptake Inhibitor (SSRI) type antidepressant. It is a dangerous drug pursuant to Code section 4022.

"Venlafaxine," also known by the brane name Effexor, is an antidepressant belonging to a group of drugs called selective serotonin and norepinephrine reuptake inhibitors. Venlafaxine affects chemicals in the brain that may be unbalanced in people with depression. Venlafaxine is used to treat major depressive disorder, anxiety and panic disorder. It is a dangerous drug pursuant to Code section 4022.

"Zoloft," also known by the generic name sertraline, is a drug used to treat depression, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), premenstrual dysphoric disorder (PMDD), social anxiety disorder, and panic disorder. It is a Selective Serotonin Reuptake Inhibitor (SSRI). It is a dangerous drug pursuant to Code section 4022.

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COST RECOVERY

12. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may 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.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

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(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FACTUAL SUMMARY

Patient 1:[1]

13. Patient 1 was treated by Respondent, a psychiatrist at Inland Psychiatric Medical Group (IPMG), from March 2018 through May 13, 2020 on an approximately monthly basis except for the three month period of November 2018 through January 2019, during which time she had no appointments with Respondent.

14. At the time of Patient 1's initial visit on March 7, 2018, Respondent noted that she was a 30-year-old female patient with recurrent depression and anxiety since she was 20 years old. Her depression was worse since delivering her baby on October 18, 2017. She was noted to be taking trazodone, Seroquel, Cymbalta, Abilify, and trileptal for unknown reason from Loma Linda Hospital Behavioral Health Intensive Outpatient Program (LLH-BH-IOP) where she was discharged on March 2, 2017. Her past medications included Xanax, Serax, Celexa, Effexor and Zoloft. Despite the notation that she had been admitted to LLH-BH-IOP, she was noted to have had no psychiatric hospitalization, no substance, drug or alcohol abuse. Following a mental status examination, Respondent prescribed Xanax (1 mg) to be taken two times a day, Trazodone HCL (100 mg) to be taken every night at bedtime as needed for insomnia, Rexulti (1 mg) to be taken every night at bedtime, and Cymbalta (60 mg) to be taken every morning. She was instructed to take the medications as prescribed. The short term goal was to relieve her symptoms and the long term goal was for the patient to maintain symptom free. She was instructed to return in two weeks.

15. Patient 1 returned to see Respondent as instructed on March 21, 2018. The visit type was noted to be "Medication Management without Psychotherapy."[2] Respondent noted that the patient was compliant with the medications and was in an improved condition. He prescribed the same medications as previously prescribed.

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[1] For privacy purposes, the patients in this Accusation are referred to as Patients 1 through 4.

[2] Patient 1's visits with Respondent from March 21, 2018 through December 19, 2019 were "Medication Management without Psychotherapy" visits.

16. At the time of Patient 1's April 18, 2018 visit, Respondent noted that the patient was taking her medications erratically and possibly taking trazodone during the day as she had been sleeping during the day for the past two weeks, had poor concentration and memory and was drowsy. Respondent's plan was to continue the medication management as previously prescribed and for the patient to return in four weeks.

17. Patient 1 returned to see Respondent on May 17, 2018, at which time he noted that she was compliant with her medications and that her husband was now in charge of her medications. Her overall condition was noted to be improving. Respondent's plan was to continue the medication management as previously prescribed and for the patient to return in four weeks.

18. On June 20, 2018, Patient 1 was seen by Respondent. She reported that she had been admitted to Desert Hospital for Rhabdomyolysis[3] and would be undergoing an operation for Rectocele[4] in two days. Respondent noted that Patient 1 was decompensating, depressed, and anxious. Respondent's assessment was chronic recurrent major depressive disorder and generalized anxiety disorder (GAD). His plan was to continue the medication management as previously prescribed and for the patient to return in four weeks.

19. On July 18, 2018, Patient 1 was seen by Respondent. His progress note included Patient 1's prescription list for March through June of 2018 and included prescriptions for Percocet and Norco prescribed by another prescriber. It is unclear if the prescription medication was obtained from a CURES Report. There is no corresponding CURES Report in the patient's chart and there is no documentation identifying where the information was obtained. Respondent noted that the patient had her rectocele surgery one month ago and was no longer taking Norco. He also noted that she is compliant with her medications and her overall condition was improving. Respondent's assessment was chronic recurrent major depressive disorder and GAD.

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[3] Rhabdomyolysis is a complex medical condition involving the rapid dissolution of damaged or injured skeletal muscles.

[4] Rectocele is a type of prolapse where the supportive wall of tissue between a woman's rectum and vaginal wall weakens.

His plan was to continue the medication management as previously prescribed and for the patient to return in four weeks.

20. On August 17, 2018, Patient 1 was seen by Respondent. The progress note included a prescription list for Patient 1 for the time-period of May through August of 2018 and included a prescription for tramadol HCL prescribed by another prescriber. It is unclear if the prescription medication was obtained from a CURES Report. There is no corresponding CURES Report in the patient's chart and there is no documentation identifying where the information was obtained. Respondent noted that the patient had been admitted to a behavior health intensive outpatient program for four weeks due to depression. She was discharged two days prior on the same medications with the addition of Wellbutrin, Seroquel and Lamictal. The patient's condition was noted to be improving. Respondent's assessment was chronic recurrent major depressive disorder and GAD. His plan was to continue the medication management as previously prescribed with the addition of Wellbutrin extended release (150 mg) to be taken every morning and quetiapine fumarate (Seroquel-200 mg) to be taken at bedtime. She was instructed to return in four weeks.

21. On September 7, 2018, the patient complained of weight gain with the quetiapine furmarate. That medication was discontinued and the remainder of her medications were continued.

22. A notation in Patient 1's chart documented that on September 24, 2018, Patient 1's husband stated that Patient 1 was abusing Xanax with alcohol. There is no corresponding notation or acknowledgement from Respondent regarding this information.

23. Patient 1 next presented to Respondent on October 5, 2018. She stated that she weaned herself off Xanax two weeks ago, was anxious, and requested a non-addictive medication for anxiety. Respondent noted that the patient was compliant with her medications. Respondent discontinued Xanax and prescribed buspirone HCL (10 mg) to be taken three times a day. He continued the remainder of the patient's medications (Wellbutrin XL, trazodone HCL, Rexulti, and Cymbalta) and instructed her to return in a month. There was no notation addressing the concerns regarding Xanax and alcohol raised by the patient's husband.

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24. Patient 1 was next seen by Respondent on February 27, 2019, at which time Respondent noted that the patient attended LLH-BH-IOP for 8 weeks and was discharged two weeks ago on Zyprexa, Remeron, Gabapentin, Cymbalta, Lamictal, Rexulti, Trazodone and Baclofen. Patient 1 told Respondent that she does not like Zyprexa and Remeron due to excessive weight gain. Respondent's assessment was chronic recurrent major depressive disorder and GAD. He prescribed trazodone HCL, Rexulti, Lamictal, gabapentin, and Cymbalta.

25. On April 4, 2019, Respondent noted that the patient was taking opioid pain medications prescribed by other physicians. He also noted that she had not had alcohol since November 28, 2018. Respondent continued the patent's medications as previously prescribed and also added Xanax (1 mg) to be taken two times a day for anxiety. Respondent did not document discussing the patient's request in October 2018 for a non-addictive antidepressant to replace Xanax nor did he document any discussions regarding possible substance use disorder or abuse.

26. At the time of the patient's monthly visit on July 19, 2019, Patient 1 stated that her husband would not let her take Xanax again. Respondent discontinued the Xanax at that visit but prescribed Xanax (0.5 mg) once a day and as needed for anxiety at the time of the patient's August 8, 2019 visit. At the time of the patient's September 20, 2019 visit, she reported that she had stopped taking Cymbalta because it was not helping with her anxiety. Respondent discontinued Cymbalta and added Prozac (20 mg) to be taken every morning. He continued the remainder of the patient's other medications as previously prescribed.

27. From January 9, 2020 up to the patient's last documented visit with Respondent on May 13, 2020, the visits were noted to be "VC Progress Note note [sic]" presumably to mean that the visits took place by videoconference. During this time, Respondent continued to prescribe medications for Respondent's chronic recurrent major depressive disorder and GAD.

28. On March 27, 2020, the patient told Respondent that she saw Dr. D.D. on three occasions in the past because her husband wanted her to see another physician and believed that she had bipolar disorder. At the time of the patient's visit on April 7, 2020, Respondent's assessment reflected for the first time bipolar disorder as well as GAD. He continued to prescribe medications for her depression and anxiety.

29. On April 29, 2020, Patient 1 was seen by Respondent and stated that she had not had any Xanax for 2 weeks and wanted to stay off of it. Respondent noted that she was compliant with her medications, improving, feeling better, calmer and less impulsive. She was noted to be depressed. She requested Cymbalta to help with nerve pain from past multiple surgeries. She stated that she was not taking any pain medication, just Lyrica and that her husband keeps it locked up. Respondent assessed the patient with mixed bipolar I disorder and GAD. She was prescribed Cymbalta, Buspirone, trazodone, Rexulti, and Lamictal. Patient 1 was instructed to take her medications as prescribed and to follow up in 4 weeks or as needed.

30. On May 13, 2020, Patient 1 was seen by Respondent. She told Respondent that she had not taken Xanax for over 1 month and wanted to stay off it. The patient was noted to be compliant with medications and less impulsive. Respondent assessed the patient with mixed bipolar I disorder and GAD. She was prescribed trazadone, Rexulti, Lamictal, clonidine and Cymbalta. She was instructed to take her medications as prescribed and to follow up in 4 weeks or as needed.

31. On June 11, 2020, Patient 1 transferred her care from Respondent to another provider indicating that she would like a medication re-evaluation and would like treatment without benzodiazepines. Patient 1's chart reflects CURES Reports obtained by Patient 1's other providers at IPMG in March and June of 2020. On the occasions that Respondent inserted a list of medications that the patient was taking by all known providers at the time, he did not reference where he obtained the information or the significance of the information. Respondent did not document reviewing Patient 1's CURES Reports during his care and treatment of her.

Patient 2:

32. On January 20, 2017, Patient 2, an 87-year-old male, and his son, presented to Respondent with complaints that Patient 2 was suffering from insomnia, laughing for no reason, and crying a lot about his past. It is unclear from the patient's medical records if the patient was able to self-report or if Respondent was relying entirely on reports from the patient's son. Respondent's assessment and diagnosis was major depressive affective disorder and dementia with behavioral disturbance under fair control. Respondent noted that the patient had been treated

in the past with medication for psychosis and dementia. There was no documented history of antidepressant treatment. Respondent prescribed Restoril (15 mg) to be taken at bedtime as needed for insomnia, Namzaric (28 mg-10 mg) to be taken every evening, and Ativan (1 mg) to be taken three times a day as needed. Respondent's plan was for the patient to take the medications as prescribed, continue medication management, return in 8 weeks and for the patient's son to take the patient to a neurologist to rule out pseudobulbar affect.[5]

33. On March 23, 2017, Patient 2, accompanied by his daughter, returned to see Respondent. Patient 2's daughter stated that the patient was doing much better. Respondent continued the Ativan and Namzaric and increased the Restoril to 30 mg to be taken once a night at bedtime as needed. Respondent's plan was for the patient to take his medications as prescribed, continue medication management, and return in eight weeks.

34. Patient 2 was seen by Respondent on May 26, 2017, July 26, 2017, October 13, 2017, January 12, 2018, April 11, 2018, July 12, 2018, October 10, 2018, April 12, 2019, July 19, 2019, and October 2, 2019. At each of these visits, Respondent documented similar evaluation findings and continued the patient's medication management except starting April 12, 2019, Respondent reduced the patient's Ativan (1 mg) dose to be taken twice a day as needed. On October 10, 2018, April 12, 2019, and October 2, 2019, Respondent noted the patient's prescription history as part of the chart. Respondent did not reference where he obtained the prescription history or the significance of the information. Respondent did not document reviewing Patient 2's CURES Reports during his care and treatment of him.

35. Starting on March 27, 2020, Respondent's notes for Patient 2's visits are entitled "VC Progress note Note [sic]" suggesting that the visits from this point forward took place by videoconference. Respondent continued the patient's medications of Namazaric, Restoril, and Ativan as previously prescribed at the time of Patient 2's March 27, 2020 visit. At the time of Patient 2's June 17, 2020 visit, Respondent further reduced the Ativan (1 mg) dose to be taken once a day as needed. The remainder of the patient's medication doses remained unchanged. On

[5] Pseudobulbar affect is a condition that is characterized by episodes of sudden uncontrollable and inappropriate laughing or crying.

July 22, 2020, it was noted that "BS/USC wants patient to be on Mementine 5-20 mg/ or Donezepril 10 mg once a day." The note further reflects that there was no answer and the phone disconnected immediately when a call was made regarding this request.

Patient 3:

36. On October 12, 2017, Patient 3, a 32-year-old male, presented to Respondent for treatment of generalized anxiety disorder (GAD) and attention-deficit-hyperactivity-disorder (ADHD). The patient complained of having anxiety and insomnia for three years after having full custody of his 13-year-old son who had significant problems of his own. The patient was noted to have been previously been taking Xanax (.25 mg) twice a day and once at bedtime but found it not quite effective. The patient stated that he was also taking Adderall (20 mg) twice a day for three years with good results. Respondent prescribed Adderall (20 mg) two tablets twice a day and clonidine (0.1 mg) one-half tablet three times a day, presumably for ADHD as well as Xanax (0.5 mg) 1 tablet twice a day for anxiety and trazodone (50 mg) one to two tablets at bedtime as needed for insomnia. Respondent instructed the patient to return in three weeks.

37. Patient 3 returned to see Respondent on November 1, 2017. At that time, Respondent noted that the patient was compliant with his medications and his condition was improving. Respondent increased the patient's Xanax dose to 1 mg to be taken twice a day and discontinued trazodone. Respondent continued the clonidine and Adderall doses as previously prescribed.

38. The patient was instructed to take his medications as prescribed and return in four weeks.

39. Patient 3 returned to see Respondent on December 6, 2017. He was noted to be compliant with his medications but still anxious. Respondent discontinued the 1 mg of Xanax to be taken twice a day and added 1 mg of Xanax to be taken three times a day as needed for anxiety. He continued the other medications as previously prescribed.

40. On January 10, 2018, Patient 3 was seen by Respondent. At that time, Respondent continued the Xanax and Adderall as previously prescribed but discontinued clonidine.

41. On February 7, 2018, Patient 3 was seen by Respondent. At that time, Respondent noted that the patient was compliant with his medications and his condition was improving except

for complaints of insomnia. In addition to the previously prescribed medications, Respondent prescribed Restoril (30 mg) to be taken at bedtime as needed.

42. On March 8, 2018, Respondent continued the patient's medications and medication doses as previously prescribed. At the patient's next visit on April 5, 2018, Respondent discontinued Restoril, but continued Xanax (1 mg) to be taken three times a day as needed for anxiety and Adderall (20 mg) two tablets to be taken twice a day. On a monthly basis for the next sixteen months, Respondent continued to prescribe Xanax (1 mg) to be taken three times a day as needed for anxiety and Adderall (20 mg) two tablets to be taken twice a day. On July 27, 2018, August 24, 2018, December 20, 2018, and April 24, 2019, Respondent inserted a list of medications that the patient was receiving from other providers, similar to a CURES report but with no reference with actual CURES Reports or where the prescribing and prescription information was obtained and/or its significance. There was no documentation by Respondent of Respondent filling a prescription for Vicodin prescribed by another provider on October 8, 2018 while Respondent was prescribing Xanax and Adderall to the patient.

43. On June 19, 2019, Respondent doubled the patient's Adderall prescription and continued Xanax as previously prescribed. In the evaluation portion of his note, Respondent's noted that the patient was less impulsive, less anxious and had better concentration. There was no documentation reflecting Respondent's reason or justification for doubling the Adderall dose. The following month, Respondent continued the same Adderall and Xanax doses as prescribed at the previous visit.

44. On August 14, 2019, Respondent resumed the patient's medication dose of Adderall (20 mg) two tablets to be taken twice a day and maintained Xanax (1 mg) to be taken three times a day as needed for anxiety. He continued this medication dosage for the following month.

45. On October 30, 2019, Respondent changed the patient's Adderall dose to 30 mg one tablet to be taken twice a day and maintained Xanax (1 mg) to be taken three times a day as needed for anxiety. Other than noting "[b]etter concentration but still lacking," Respondent did not explain the change in Adderall dose.

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46. Commencing November 27, 2019, Respondent doubled the patient's Adderall (30 mg) dose to two tablets to be taken twice a day and Xanax (1 mg) to be taken three times a day as needed for anxiety until April 22, 2020. On April 22, 2020, Respondent adjusted the Adderall dose to 20 mg one tablet to be taken twice a day. On May 29, 2020, Respondent changed the patient's Adderall dose to 30 mg, two tablets twice a day and decreased the patient's Xanax (1 mg) dose to once a day as needed for anxiety. On June 24, 2020, Respondent maintained the patient's Adderall dose at 30 mg, two tablets twice a day and increased the patient's Xanax (1 mg) dose to twice a day as needed for anxiety. The following month, Respondent maintained the patient's Adderall dose at 30 mg, two tablets twice a day and decreased the patient's Xanax (1 mg) dose to once a day as needed for anxiety. On August 20, 2020, Respondent maintained the patient's Adderall dose at 30 mg, two tablets twice a day and increased the patient's Xanax (1 mg) dose to twice a day as needed for anxiety. At no time during Respondent's care and treatment did he document the patient's pulse and blood pressure nor did he document that he was monitoring the patient's pulse and blood pressure.

Patient 4:

47. Patient 4, a 60-year-old female patient, was seen by Respondent on April 20, 2017. At that time, Respondent noted that the patient had a history of recurrent depression and anxiety for the past 12 years. It became worse in the past two months after the discovery of two pelvic tumors and a lump in her right breast. She complained of severe depression and insomnia and the symptoms suggested possible auditory and visual hallucinations.[6] It was noted that she previously took Ativan and trazadone and reported them ineffective. She had also previously taken Cymbalta and Ambien. She had been on Xanax but ran out of medication. She was also noted to be taking Norco and losartan. Respondent started the patient on Prozac (20 mg) and Latuda (40 mg), as well as trazodone for insomnia and alprazolam (1 mg) bid as needed for anxiety. No specific diagnosis was noted in the progress note.

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[6] Respondent documented: "C/O severe depression, insomnia – keeps waking up [every] 2 hours, loss of energy, feeling tired, poor concentration and memory, loss of interest in activities, anxiety, feeling hopeless and helpless. AH – 'People calling me' VH – things at corners of her eyes, crying a lot."

48. On June 15, 2017, Respondent noted that Patient 4 remained anxious, depressed, had poor concentration and insomnia. He continued the patient on the medications previously prescribed.

49. On July 13, 2017, Respondent noted that Patient 4 showed improvement with no psychotic symptoms, less anxiety and depression. Though Respondent noted that the patient "sleeps adequately," he prescribed Ambien (5 mg) and continued her other medications as previously prescribed.

50. On August 3, 2017, Respondent also prescribed quetiapine (300 mg) without documenting a reason for prescribing it.

51. On September 8, 2017, Respondent noted that Patient 4 stated the Latuda sample he had given her caused diarrhea so she did not pick up her prescription. She would like to try it again. Respondent prescribed Latuda along with quetiapine that visit.

52. On October 5, 2017, Patient 4 complained of dizziness which she associated with the quetiapine. In response, Respondent discontinued the quetiapine.

53. On December 7, 2017, Patient 4 complained of more depression and anxiety. Respondent discontinued Prozac and added Trintellix. She was continued on Trintellix, Latuda, trazodone, and Xanax until March 16, 2018. On March 16, 2018, Patient 4 told Respondent that she was not taking her medications regularly, "especially Latuda." Respondent did not document any reasons that the patient stopped taking her medications. The patient reported more anxiety and depression. Respondent increased the patient's Ambien dose to 1 mg three times a day as needed. He continued to prescribe Latuda. The patient's CURES report reflects that she was taking Norco during this time period. Respondent did not document that he was aware that she was being prescribed Norco other than when he documented that she was taking Norco at the time of the April 20, 2017 visit.

54. The patient continued to be seen by Respondent on an approximate monthly basis.

55. On February 28, 2019, Patient 4 told Respondent that she was living in her car parked at her brother's house, was using her mother's address and was anxious and worried about having no place to go. She stated that she was taking her medications as prescribed. At this visit,

Respondent diagnosed Patient 4 as having major depressive disorder with recurrent episodes of severe depression plus psychotic (loss of reality) behavior and GAD. Respondent continued to see Patient 4 on an approximate bi-monthly to monthly basis prescribing Trintellix, Xanax, Latuda, and Ambien for her. The patient's last documented visit took place on September 10, 2020.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

56. Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that he committed gross negligence in his care and treatment of Patients 1 and 3. Complainant refers to and, by this reference, incorporates herein, paragraphs 13 through 31, and 36 through 46, above, as though fully set forth herein. Respondent committed the following acts of gross negligence:

Patient 1:

57. The standard of care requires that a psychiatrist assess a patient's current and prior substance use when prescribing controlled substances. For a patient with a history of both psychiatric and substance use disorder, periodic and systematic assessments of the patient's psychiatric condition and status of substance use disorder should be performed. Checking the patient's CURES report should be performed as part of the periodic and systemic assessments and the findings should be documented in the patient's medical records.

58. Respondent failed to assess Patient 1 during his care and treatment for substance use in any detail. He failed to corroborate that Patient 1 had no current substance use by either drug screening tests or speaking with her husband, who had contacted Respondent's office on at least two occasions regarding his concerns about the patient's use of Xanax. Respondent failed to document any consideration of the possibility of substance abuse during his care and treatment of the patient. Though the patient reported no alcohol for 6 months, Respondent did not document discussing the alcohol issue with her. In addition, Respondent's documentation for his care and treatment of Patient 1 fails to reflect checking the patient's CURES report. This constitutes an extreme departure from the standard of care.

Patient 3:

59. When prescribing high doses of medications, the standard of care requires that the physician document the indication for the high doses of the medication. The recommended maximum dose of Adderall that should be prescribed for ADHD on a daily basis is approximately 60 mg. Respondent prescribed 80 mg of Adderall a day when he began treating Patient 3. Respondent increased the patient's Adderall dose from 80 mg a day to 120 mg a day at the same time he documented that the patient had better concentration and was less impulsive. In addition, the physician must monitor pulse and blood pressure when prescribing stimulants. At no time did Respondent document monitoring Patient 3's pulse and blood pressure. Respondent prescribed high doses of Adderall without documenting the rationale for the dosage and failed to closely monitor the patient's pulse and blood pressure. This constitutes an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

60. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that he committed repeated negligence acts with respect to his care and treatment of Patients 1, 2, 3, and 4. Complainant refers to and, by this reference, incorporates herein, paragraphs 13 through 59, above, as though fully set forth herein. The circumstances are as follows:

61. Each of the alleged acts of gross negligence set forth above in the First Cause for Discipline is also a repeated negligent act.

62. Respondent committed the following repeated acts of negligence:

Patient 1:

63. The standard of care for documentation requires that the physician document the patient's status and the physician's' rationale for specific changes in therapy. Respondent's documentation of his care and treatment of Patient 1 is repetitive in format and content, with minimal descriptions of symptoms or assessment of functional impairment. Respondent's documentation fails to reflect his thought process and medical judgment regarding the changes in the patient's medications over time. This constitutes a simple departure from the standard of care.

Patient 2:

64. The standard of care requires that when prescribing benzodiazepines in a patient with dementia, the prescribing physician must document the monitoring of the patient's use of benzodiazepines. When prescribing benzodiazepines to elderly patients with dementia, there are risks associated with sedation and falling. Additional risks depend on the patient's medical status and other medications that the patient is taking. When prescribing benzodiazepines to elderly patients with dementia, the physician must document the rationale for the prescribing the medications and monitor the need for the medications. Patient 2 was prescribed two benzodiazepines concurrently – Restoril and Ativan. Respondent prescribed these two medications to be taken "as needed." Respondent failed to document how the medications were to be actually taken by the patient, the rationale for instituting and continuing the two benzodiazepines, the alternatives to prescribing these two benzodiazepines concurrently, and the ongoing need for the patient to take the two benzodiazepines concurrently. Respondent further failed to document whether there were any side effects associated with the medications at the prescribed doses. This constitutes a simple departure from the standard of care.

Patient 3:

65. When providing treatment for generalized anxiety disorder, the standard of care requires that the physician consider SSRIs or SNRIs with benzodiazepines for the initial treatment period for a relative short time. When prescribing long-term benzodiazepine treatment with medications such as Xanax, at moderate-to-high doses, the necessity of the treatment should be documented. Respondent failed to document why he was prescribing Patient 3 moderate-to-high doses of Xanax on a long-term basis. This is a simple departure from the standard of care.

66. While treating Patient 3 for GAD and ADHD, the patient also filled a prescription for Vicodin on October 8, 2018. Respondent should have been aware that the patient was receiving opiates while Respondent was prescribing the patient two controlled substances. Reviewing the patient's CURES report is necessary when the patient is being prescribed two controlled substances. Respondent's failure to be aware that the patient was prescribed opioids by another

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provider while Respondent was prescribing two controlled substances is a simple departure from the standard of care.

Patient 4:

67. Respondent prescribed moderately high doses of Xanax with an appropriate dose of Ambien while Patient 4 was also taking Norco prescribed by another prescriber. Respondent failed to document whether he obtained a CURES Report for the patient, or whether there was any discussion with the patient about the potentially-harmful combinations of dependence-inducing medications. This constitutes a simple departure from the standard of care.

68. Respondent failed to appropriately evaluate Patient 4's psychotic symptoms. At the time of Patient 4's initial presentation, she had both auditory and visual hallucinations that Respondent appeared to assume were part of her depression. He did not document his evaluation and assessment of her psychotic symptoms. Given Patient 4's medical history of possible cancer, a more extensive evaluation should have been performed, including the possibility of consulting with other providers and reviewing the patient's non-psychiatric medical records. Respondent failed to evaluate and document the duration of Patient 4's psychotic symptoms. He added a second antipsychotic medication (quetiapine) three months after Latuda was prescribed, without explanation. This constitutes a simple departure from the standard of care.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

69. Respondent is subject to disciplinary action under Code section 2266, in that he failed to maintain adequate and accurate records for Patients 1, 2, 3, and 4. Complainant refers to and, by this reference, incorporates herein, paragraphs 13 through 68, above, as though fully set forth herein.

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 32338, issued to Visit Chatsuthiphan, M.D.;

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

3. Ordering Visit Chatsuthiphan, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring;

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

DATED: JUN 10 2022

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

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