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

In the Matter of the Accusation and Petition to Revoke Probation Against: **Suzie E. Schuder, M.D.** **881 Dover Drive, Suite 350** **Newport Beach, CA 92663-6902** **Physician's and Surgeon's Certificate No. G 82171,** Respondent.	Case No. 800-2022-089678 **ACCUSATION AND PETITION TO REVOKE PROBATION**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation and Petition to Revoke Probation and 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 February 21, 1996, the Medical Board issued Physician's and Surgeon's Certificate No. G 82171 to Suzie E. Schuder, 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 June 30, 2025, unless renewed.

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JURISDICTION

3. This Accusation and Petition to Revoke Probation 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. In the prior disciplinary action entitled *In the Matter of the Accusation Against Suzie E. Schuder, M.D.*, before the Medical Board of California, in Case No. 800-2017-034617, an Accusation was filed against Respondent on July 9, 2020, which alleged causes of discipline for conviction of a crime substantially related to qualifications, functions, or duties of a physician and surgeon and general unprofessional conduct. On July 30, 2021, the Board issued a Decision and Order, with an effective date of August 27, 2021. The Board's Decision in Case No. 800-2017-034617 resulted in Respondent being placed on probation for five (5) years from the effective date of August 27, 2021, under various terms and conditions. That Decision is now final and is incorporated by reference as if fully set forth herein.

5. 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:
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> (1) Have his or her license revoked upon order of the board.
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> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
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> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
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> (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.
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> (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.
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> (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.

6. 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 no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

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7. 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.

8. At all times after the effective date of the Decision and Order in Case No. 800-2017-034617, Probation Condition No. 7 stated:

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

COST RECOVERY

9. 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.
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> (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.
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> (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.
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> (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).
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> (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.
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> (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.
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> (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.

(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.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

10. Respondent has subjected her Physician's and Surgeon's Certificate No. G 82171 to disciplinary action under sections 2227 and 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in her care and treatment of Patient A[1], Patient B, Patient C, Patient D, and Patient E, as more particularly alleged hereinafter:

Patient A

11. On or about October 27, 2020, Patient A first presented to Respondent. At that time, Patient A was a thirty-nine (39) year-old male. There is no progress note or any other medical records documenting diagnosis or treatment plan(s), if any.

12. From on or about October 27, 2020 through August 25, 2022, Respondent prescribed various medications to Patient A, including, but not limited to, the following:

Date	Medication	Quantity	Days
10/27/2020	Amphetamine Salt Combo[2] 30 mg	90	30

[1] References to Patient A, Patient B, Patient C, Patient D, and Patient E are made in order to maintain patient confidentiality.

[2]Amphetamine Salt Combo ER (generic Adderall XR) is amphetamine sulfate, mixed amphetamine salts, dextroamphetamine and lisdexamfetamine. These are prescription medications that are used to treat individuals with attention-deficit hyperactivity disorder (ADHD). Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a central nervous system stimulant of the amphetamine class, and is a Schedule II controlled

(continued...)

Date	Medication	Quantity	Days
12/16/2020	Diazepam[3] 5 mg	10	10
12/16/2020	Amphetamine Salt Combo 30 mg	90	30
1/21/2021	Diazepam 5 mg	30	30
	Amphetamine Salt Combo 30 mg	90	30
2/6/21	Diazepam 5 mg	60	30
3/2/2021	Diazepam 5 mg	60	30
	Amphetamine Salt Combo 30 mg	90	30
4/1/2021	Diazepam 5 mg	90	30
	Amphetamine Salt Combo 30 mg	90	30
5/1/2021	Diazepam 5 mg	90	30
	Amphetamine Salt Combo 30 mg	90	30
6/1/2021	Diazepam 5 mg	90	30
	Amphetamine Salt Combo 30 mg	90	30
7/1/2021	Diazepam 5 mg	90	30
	Amphetamine Salt Combo 30 mg	90	30

substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

[3] Valium® (diazepam), 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 for the management of anxiety disorders or for short-term relief of anxiety. Concomitant use of Valium® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Valium®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

Date	Medication	Quantity	Days
7/23/2021	Alprazolam[4] 0.5 mg	20	20
7/24/2021	Diazepam 5 mg	90	30
	Amphetamine Salt Combo 30 mg	90	30
8/30/2021	Diazepam 5 mg	90	30
	Amphetamine Salt Combo 30 mg	90	30
9/30/2021	Diazepam 5 mg	90	30
	Amphetamine Salt Combo 30 mg	90	30
10/30/2021	Diazepam 5 mg	90	30
	Amphetamine Salt Combo 30 mg	90	30
11/29/2021	Diazepam 5 mg	90	30
	Amphetamine Salt Combo 30 mg	90	30
1/27/2022	Lorazepam[5] 1 mg	120	30
	Amphetamine Salt Combo 20 mg	90	30
2/17/2022	Diazepam 10 mg	90	30
	Amphetamine Salt Combo 20 mg	120	30
3/15/2022	Diazepam 10 mg	90	30

[4] Xanax® (alprazolam), 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 for the management of anxiety disorders. Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[5] Ativan® (lorazepam), 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 for the management of anxiety disorders or for the short term relief of anxiety or anxiety associated with depressive symptoms. Concomitant use of Ativan® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Ativan®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

Date	Medication	Quantity	Days
3/31/2022	Diazepam 5 mg	120	30
	Amphetamine Salt Combo 30 mg	120	30
4/28/2022	Diazepam 10 mg	90	30
	Amphetamine Salt Combo 20 mg	120	30
5/26/2022	Diazepam 10 mg	90	30
	Amphetamine Salt Combo 20 mg	120	30
6/24/2022	Diazepam 10 mg	90	30
	Amphetamine Salt Combo 20 mg	120	30
6/30/2022	Adderall[6] 20 mg	90	30
	Diazepam 10 mg	90	30
7/29/2022	Adderall 30 mg	60	30
	Diazepam 10 mg	30	30
	Clonidine[7] 0.2 mg	30	30
8/25/2022	Adderall 30 mg	90	30
	Diazepam 10 mg	60	30

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[6] Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a central nervous system stimulant of the amphetamine class, and is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

[7] Clonidine is a medication which can be used to treat high blood pressure.

Documentation

13. According to the medical records, dated October 12, 2020, regarding Patient A's health history, under the section titled "past or present problem," Patient A noted, among other things, "mental illness and anxiety," "opiates including heroin," "attention deficit hyperactivity disorder (ADHD)[8], obsessive compulsive disorder (OCD), post-traumatic stress, depression, asthma, hepatitis C, two liver biopsies, as well as use of alcohol since age 14, including 3-6 beers daily, with the last use, "last night."

14. From October 2020 through August 2022, Respondent failed to maintain adequate and/or accurate records of the care and treatment she provided to Patient A, including, but not limited to:

(a) Respondent did not have an initial evaluation note;

(b) Respondent's records lacked documentation on medical history, past psychiatric history, medications tried and/or failed, and the names and dates of prior prescribers;

(c) Respondent's records lacked documentation regarding substance abuse history;

(d) Respondent did not adequately address Patient A's "past or present problems" in the initial or ongoing treatment plan(s);

(e) Respondent's records lacked documentation regarding informed consent obtained for each medication prescribed;

(f) Respondent failed to adequately document the reason(s) for prescribing, the expected dose and duration of treatment, expected outcomes, and/or a plan for ongoing monitoring;

(g) Respondent's records lacked a contract for controlled substances;

(h) Respondent's records lacked a documented plan to follow up on the safety of combining various medications and to rule out abuse and/or diversion of medications;

(i) Respondent failed to document whether and how she confirmed a prior ADHD diagnosis;

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[8] Attention deficit hyperactivity disorder (ADHD) is a chronic condition including attention difficulty, hyperactivity, and impulsiveness.

(j) Respondent's records lacked documentation regarding objective testing for ADHD symptoms; and

(k) Respondent failed to adequately document attempts to obtain a collateral history of a prior ADHD diagnosis.

Controlled Substances Prescribing

15. From around October 2020 through August 2022, Respondent's prescribing of controlled substances to Patient A was deficient, including, but not limited to:

(a) Respondent failed to check and/or document having checked the CURES[9] database;

(b) Respondent failed to document a diagnosis and/or rationale supporting the prescribing of controlled substances;

(c) Respondent prescribed amphetamine salts to Patient A in excess of the FDA's recommended daily limit, without documenting the rationale for exceeding it;

(d) Respondent's records lacked a documented plan to establish whether lowest effective dosage of amphetamine salts were being used or individually adjusted, based on Patient A's needs;

(e) Respondent failed to determine Patient A's ongoing use of illegal and/or dangerous drugs, if any;

(f) Respondent's records lacked documentation regarding the extent, duration, and last known use of substances of abuse;

(g) Respondent's records lacked documentation on disposal of prior prescriptions and pill count of amounts on hand;

(h) Respondent failed to document rationale for changing from one medication to another;

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

(i) Respondent allowed concurrent usage of benzodiazepines and opiates, without monitoring risks of addiction, respiratory depression, and additive side effects;

(j) Respondent failed to document whether the stimulants Patient A was using were worsening Patient A's anxiety;

(k) Respondent failed to consider and/or discuss and/or offer the option of various SSRI medications[10] for the treatment of Patient A's anxiety;

(l) Respondent failed to consider and/or make a referral to Patient A, for a more intensive psychotherapy;[11]

(m) Respondent adjusted doses and changed medications at various times, without adding an evaluation and management (E&M) code;[12]

(n) Respondent failed to maintain adequate psychotherapy notes, which should have included presenting problem(s), duration and type of therapy provided, list of treatment goals and indication of progress, if any, toward those goals; and

(n) Respondent failed to order and/or failed to document having ordered urine drug screens.

Inadequate Monitoring of Patient A's Medical Condition(s)

16. From October 2020 through August 2022, Respondent failed to adequately monitor Patient A's medical condition(s), including, but not limited to:

(a) Respondent's records lack lab reports or legible mention of baseline liver function testing, even though Patient A had a history of liver biopsy;[13]

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[10] Selective serotonin reuptake inhibitors (SSRI) are a class of medications used to treat depression and other mental health conditions.

[11] Psychotherapy, also known as talk therapy, is a treatment approach that utilizes conversations and interactions between a trained professional and a patient to address emotional distress, mental health challenges, and promote personal growth and wellbeing.

[12] Evaluation and Management (E/M) codes, ranging from 99202 to 99499, are a set of Current Procedural Terminology (CPT) codes used to represent services provided by physicians or other professionals that involve evaluating and managing a patient's health.

[13] A liver biopsy is a medical procedure that involves removing a small sample of liver tissue for examination under a microscope.

(b) Respondent failed to consider and/or failed to document having considered Patient A's current or prior substance abuse, including heroin, opiates, and alcohol;

(c) Respondent failed to order urine drug screens and/or failed to document having ordered urine drug screens;

(d) Respondent prescribed Albuterol[14] to Patient A, without specific mention of the diagnosis, examination, or indication for the prescription; and

(e) Respondent failed to maintain legible notation of attempts, if any, to obtain and review prior medical records or laboratory test results.

Lack of Knowledge / Incompetence

17. From October 2020 through August 2022, Respondent displayed lack knowledge and/or incompetence in her care and treatment of Patient A, including, but not limited to:

(a) Respondent displayed a lack of knowledge regarding treatment options for anxiety other than the use of benzodiazepines;

(b) Respondent displayed a lack of knowledge of traditional treatment options for PTSD;[15]

(c) Respondent displayed a lack of knowledge regarding addiction potential of controlled substances;

(d) Respondent displayed a lack of knowledge by prescribing stimulants to Patient A, despite Patient A's high levels of anxiety; and

(e) Respondent demonstrated a lack of knowledge in that Respondent performed an incomplete assessment, failed to document an appropriate rationale for treatment of ADHD or anxiety, and failed to document adequate and/or appropriate monitoring of target symptoms and treatment responses.

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[14] Albuterol is a medication used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease (COPD), which is a group of diseases that affect the lungs and airways.

[15] Post Traumatic Stress Disorder (PTSD) is a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event.

18. Respondent committed gross negligence in her care and treatment of Patient A, including, but not limited to:

(a) Respondent failed to maintain adequate and/or accurate records regarding her treatment of Patient A;

(b) Respondent improperly prescribed controlled substances to Patient A;

(c) Respondent failed to adequately monitor Patient A's condition(s); and

(d) Respondent demonstrated a lack of knowledge and/or incompetence in her care and treatment of Patient A.

Patient B

19. On or about January 8, 2018, Patient B first presented to Respondent. At that time, Patient B was a forty-nine (49) year-old female with a prior history of cancer, neuropathy,[16] and "platinum" in the body.

20. Respondent prescribed controlled substances to Patient B, including, but not limited:

Date	Medication	Quantity	Days
2/18/2019	Temazepam[17] 30 mg	30	30
2/22/2019	Hydrocodone Bitartrate-Acetaminophen[18]	60	30

[16] Peripheral neuropathy refers to weakness, numbness, and pain from nerve damage, usually in the hands and feet.

[17] Restoril® (temazepam), 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 Restoril® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Restoril®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[18] 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 chedule II of (continued...)

	325 mg – 10 mg		
Date	**Medication**	**Quantity**	**Days**
3/18/2019	Temazepam 30 mg	30	30
4/19/2019	Temazepam 30 mg	30	30
5/22/2019	Temazepam 30 mg	30	30
6/25/2019	Temazepam 30 mg Hydrocodone Bitartrate- Acetaminophen 325 mg – 10 mg	30 60	30 30
7/23/2019	Zolpidem Tartrate 10 mg tablet	30	30
8/26/2019	Temazepam 30 mg	30	30
9/27/2019	Temazepam 30 mg	30	30
10/10/2019	Hydrocodone Bitartrate- Acetaminophen 325 mg – 10 mg	60	30
10/24/2019	Temazepam 30 mg	30	30
11//26/2019	Temazepam 30 mg	30	30
12/24/2019	Temazepam 30 mg	30	30
1/23/2020	Temazepam 30 mg	30	30

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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 Food and 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."

Date	Medication	Quantity	Days
2/24/2020	Temazepam 30 mg	30	30
3/2/2020	Hydrocodone Bitartrate-Acetaminophen[19] 325 mg – 10 mg	60	30
3/30/2020	Temazepam 30 mg	30	30
4/27/2020	Temazepam 30 mg	30	30
5/29/2020	Temazepam 30 mg	30	30
7/1/2020	Temazepam 30 mg	30	30
11/20/2020	Hydrocodone Bitartrate-Acetaminophen 325 mg – 10 mg	60	30
11/30/2020	Belsomra[20] 20 mg	30	30
1/7/2021	Temazepam 30 mg	30	30
2/14/2021	Temazepam 30 mg	30	30
3/9/2021	Hydrocodone Bitartrate-Acetaminophen	60	30

[19] 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."

[20] Belsomra is a prescription medication for adults who have trouble falling or staying asleep (insomnia).

(H.T., PA)[21]	325 mg – 10 mg		
Date	**Medication**	**Quantity**	**Days**
3/14/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
4/19/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
5/17/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
6/22/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
7/8/2021 (H.T., P.A.)	Hydrocodone Bitartrate-Acetaminophen 325 mg – 10 mg	60	30
7/19/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
8/23/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
9/23/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
10/22/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
11/19/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
12/18/2021 (H.T., P.A.)	Hydrocodone Bitartrate-Acetaminophen 325 mg – 10 mg	60	30

[21] All prescription issued by H.T., P.A. to Patient A were at Respondent's request.

Date	Medication	Quantity	Days
12/19/2021 (H.T., P.A.)	Temazepam 30 mg	30	30
1/23/2022 (H.T., P.A.)	Temazepam 30 mg	30	30
2/21/2022 (H.T., P.A.)	Temazepam 30 mg	30	30
3/23/2022 (H.T., P.A.)	Temazepam 30 mg	30	30
6/27/2022 (H.T., P.A.)	Temazepam 30 mg Hydrocodone Bitartrate-Acetaminophen 325 mg – 10 mg	30 84	30 27

Documentation

21. From October 2018 through July 2022, Respondent failed to maintain adequate and accurate records related to the care and treatment Respondent provided to Patient B, including, but not limited to:

(a) Respondent's records lacked an initial evaluation note;

(b) Respondent's records lacked documentation regarding prior medical or psychiatric history;

(c) Respondent failed to document whether a prior examination was performed, before prescribing medications;

(d) Respondent's records lacked documentation regarding prior medication(s), and/or the name(s) and date(s) of prior prescribers;

(e) Respondent's records lacked documentation on substance abuse history;

(f) Respondent did not adequately address Patient B's "past or present problems" in the

initial or ongoing treatment plan(s);

(g) Respondent's records lacked documentation regarding informed consent for each medication prescribed;

(h) Respondent failed to adequately document the reason(s) for prescribing, the expected dose and duration of treatment, expected outcomes, and plan(s) for ongoing monitoring;

(i) Respondent's records lacked a contract for controlled substances;

(j) Respondent failed to document a plan to follow up on the safety of combining various medications;

(l) Respondent failed to document thyroid testing, if any;

(m) Respondent's records lacked documentation regarding a discussion of thyroid blood test results with Patient B and related medical decision-making;

(n) Respondent documented various thyroid prescriptions including Armour Thyroid,[22] and NP Thyroid,[23] at two different doses, without explaining why these medication changes were made; and

(o) Respondent documented a diagnosis of "neuropathic pain" on a progress note, without sufficient details regarding the type, duration, and extent of pain.

Controlled Substances Prescribing

22. From October 2018 through July, 2022, Respondent's controlled substances prescribing was deficient, including, but not limited to:

(a) Respondent failed to check CURES reports and/or failed to document having checked CURES reports.;

(b) Respondent failed to make a diagnosis supporting the prescriptions;

(c) Respondent failed to adequately explain the reasons for prescribing various medications;

(d) Respondent failed to document whether Patient B ever abused stimulants;

[22] Armour Thyroid is a prescription medication that treats hypothyroidism and other thyroid issues in children and adults. Hypothyroidism is a condition in which the thyroid gland does not produce enough thyroid hormone.

[23] NP Thyroid is a medication used to treat underactive thyroid (hypothyroidism).

(e) Respondent failed to order urine drug screens and/or failed to document having ordered urine drug screens;

(f) Respondent failed to document the extent, duration, and last known use of substances of abuse;

(g) Respondent failed to provide counseling and/or failed to document having provided counseling regarding Patient B's use of alcohol combined with the use of Restoril and Norco;

(h) Respondent failed to adequately document Patient B's insomnia;

(i) Respondent failed to refer and/or failed to document a referral for a sleep evaluation to rule out apnea;[24]

(j) Respondent failed to consider and/or failed to document consideration of trials of non-controlled sleep medications such as ramelteon,[25] or trazodone[26] or antihistamines[27];

(k) Respondent failed to discuss with Patient B and/or failed to document discussion(s) with Patient B, regarding the concurrent usage of benzodiazepines and opiates;

(l) Respondent failed to monitor and/or failed to document monitoring for risks of addiction, respiratory depression, and additive side effects from Patient B's concurrent usage of benzodiazepines and opiates;

(m) Respondent failed to document the potential efficacy of non-controlled substance treatment(s) for pain such as Cymbalta;[28]

(n) Respondent failed to document whether she prescribed Cymbalta for depression or anxiety;

(o) Respondent's documentation lacked physical examination findings, monitoring of

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[24] Sleep apnea occurs when breathing stops during sleep, either due to a blocked airway or the brain not controlling breathing.

[25] Ramelteon is a medication which can be used to treat trouble falling asleep (insomnia).

[26] Trazadone is a medication used to treat depression, but also used as an off-label medication for insomnia.

[27] Antihistamines are medications that block the effects of histamine, a chemical substance released by the body in response to allergic reactions.

[28] Duloxetine (brand name Cymbalta) is a medication which can be used to treat depression and anxiety,

pain, and evaluation of functional capacity at each of Patient B's visits with Respondent;

(p) Respondent failed to refer Patient B to a specialist;

(q) Respondent failed to document efforts to reduce the dose or frequency of opiate dosing;

(r) Respondent's records failed to indicate opiate dosing at each patient visit;

(s) Respondent failed to document efforts to obtain prior treatment or diagnostic test records;

(t) Respondent failed to refer Patient B to determine the extent of Patient B's neuropathy;[29]

(u) Respondent failed to adequately document medical decision-making regarding the safety of combining opiates and benzodiazepines, warnings about respiratory depression or other additive effects;

(v) Respondent failed to indicate whether Respondent had offered or prescribed narcan[30] to Patient B.

Incomplete Assessment / Inadequate Clinical Supervision of Patient B's Conditions

Thyroid Treatment

23. From October 2018 through July 2022, Respondent was deficient in her diagnosis of hypothyroidism[31] and/or documentation and/or monitoring of thyroid treatment, including, but not limited to:

(a) Respondent failed to consult and/or failed to document having consulted prior records related to hypothyroidism;

(b) Respondent failed to conduct and/or failed to document having conducted a physical examination prior to starting hypothyroid treatment;

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[29] Peripheral neuropathy refers to weakness, numbness, and pain from nerve damage, usually in the hands and feet.

[30] Narcan (Naloxone) is a medication which can be used to treat narcotic overdose in an emergency situation.

[31] Hypothyroidism, also known as underactive thyroid, is a condition in which the thyroid gland does not produce enough thyroid hormone.

(c) Respondent failed to order laboratory testing of the thyroid; and

(d) Respondent failed to document whether an endocrinology[32] or primary care physician consultation was necessary.

Chelation[33] Treatment for Platinum

24. From October 2018 through July 2022, Respondent was deficient in her diagnosis of platinum in Patient B's body and/or documentation and/or monitoring of chelation treatment, including, but not limited:

(a) Respondent failed to document the level of platinum before and after Respondent's treatment;

(b) Respondent failed to document the actual treatment provided and whether it constituted prescription or over-the-counter medication(s) that were prescribed or recommended; and

(c) Respondent failed to document Patient B's response and/or efficacy of Respondent's treatment(s) provided.

Failure to Adequately Monitor and Supervise a Physician Assistant

25. From October 2018 through July 2022, Respondent was deficient in her monitoring and supervision of her physician assistant, H.T., including, but not limited to:

(a) Respondent failed to maintain a fully signed Delegation of Services Agreement;

(b) Respondent failed to establish and implement written protocols regarding her delegation of services to H.T.;

(c) Respondent failed to review and audit and/or failed to document having reviewed and audited H.T.'s progress notes to ensure both signatures and countersignatures were present;

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[32] Endocrinology is the study of hormones, which are essential for our everyday survival. Hormones control our temperature, sleep, mood, stress, growth and more.

[33] Chelation is a chemical process that removes heavy metals and other substances from the body.

26. Respondent committed gross negligence in her care and treatment of Patient B, including, but not limited to:

(a) Respondent failed to maintain adequate and/or accurate records regarding her treatment of Patient B;

(b) Respondent improperly prescribed controlled substances to Patient B;

(c) Respondent failed to adequately monitor and treat Patient B's conditions; and

(d) Respondent failed to adequately monitor and supervise physician assistant H.T.

Patient C

27. On or about August 30, 2021, Patient C first presented to Respondent for anxiety and depression. At that time, Patient C was a thirty-five (35) year-old female.

28. Respondent prescribed controlled substances to Patient C, including, but not limited to:

Date	Medication	Quantity	Days
8/30/2021	Alprazolam 0.5 mg	60	60
10/5/2021	Alprazolam 0.5 mg	60	30
	Amphetamine Salt Combo 30 mg	60	30
11/2/2021	Alprazolam 0.5 mg	120	30
	Amphetamine Salt Combo 30 mg	90	30
12/1/2021	Amphetamine Salt Combo 30 mg	120	30
	Diazepam 10 mg	60	30
1/4/2022	Amphetamine Salt Combo 30 mg	120	30
	Alprazolam 0.5 mg	120	30
2/2/2022	Amphetamine Salt Combo 30 mg	120	30
	Alprazolam 0.5 mg	120	30
3/2/2022	Amphetamine Salt Combo 30 mg	120	30

	Alprazolam 0.5 mg	120	30
Date	**Medication**	**Quantity**	**Days**
3/28/2022	Amphetamine Salt Combo 30 mg	120	30
	Diazepam 10 mg	120	30
5/4/2022	Amphetamine Salt Combo 30 mg	120	30
	Diazepam 10 mg	90	30
5/26/2022	Amphetamine Salt Combo 30 mg	120	30
6/7/2022	Diazepam 10 mg	90	30
7/1/2022	Diazepam 10 mg	90	30
	Amphetamine Salt Combo 30 mg	120	30

Documentation

29. From on or about August 30, 2021 through August 2022, Respondent failed to maintain adequate and accurate records regarding the care and/or treatment Respondent provided to Patient C, including, but not limited to:

(a) The handwritten notes had poor legibility;

(b) Respondent's records lacked an initial evaluation note;

(c) Respondent failed to adequately document a history of symptoms of the present illness;

(d) Respondent failed to document whether any prior history was obtained or whether a physical examination, if any, was performed prior to prescribing medications;

(e) Respondent's records lacked adequate progress notes for the patient visits;

(f) Respondent failed to document Patient C's medical history, past psychiatric history, prior medication(s) tried and/or failed, and the name(s) and date(s) of prior prescribers;

(g) Respondent failed to document substance abuse history;

(h) Respondent did not adequately address Patient C's "past or present problems" in the initial or ongoing treatment plan(s);

(i) Respondent failed to document informed consent for each prescribed medication;

(j) Respondent failed to adequately document the reason(s) for prescribing, the expected dose and duration of treatment, expected outcomes, and plan for ongoing monitoring;

(k) Respondent failed to adequately document a plan to follow up on the safety of combining various medications, specifically, opiates and benzodiazepines;

(l) Respondent prescribed propranolol[34] on or about October 5, 2021, without any progress note(s) documenting the diagnosis, physical examination findings, or plan for ongoing monitoring; and

(m) Respondent failed adequately document Patient C's pregnancy and what medical decision(s) were made for treatment(s) rendered during pregnancy.

Controlled Substances Prescribing

30. From August 2021 through August 2022, Respondent's controlled substances prescribing was deficient, including, but not limited to:

(a) Respondent failed to check and/or failed to document having checked CURES reports;

(b) Respondent failed to list any diagnosis and reason(s) for medications prescribed;

(c) Respondent failed to discuss and/or failed to document having discussed specific risks of concurrent usage of opiates and benzodiazepines;

(d) Respondent failed to discuss and/or failed to document having discussed a prescription of narcan;

(e) Respondent failed to utilize urine drug tests or other monitoring tools to rule out concomitant use of drugs of abuse or diversion;

(f) Respondent failed to document a plan to establish whether the lowest effective dosage of amphetamine (Adderall) was being used, or individually adjusted, based on Patient C's needs;

(g) Respondent prescribed a high dose of diazepam from December 2021 through January 2022;

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[34] Propranolol is a medication which can be used to treat high blood pressure, chest pain (angina), and uneven heartbeat (atrial fibrillation).

(h) Respondent prescribed Adderall to Patient C for anxiety, without a documented evaluation, treatment plan, or follow-up notes; and

(i) Respondent failed to consider and/or failed to document having considered treatment alternatives other than controlled substances.

Incomplete Assessment / Lack of Knowledge in Evaluating and Treating Depression

31. From August 2021 through August, 2022, Respondent displayed a lack of knowledge, in her assessment, and/or evaluation, and/or treatment of Patient C's conditions(s) and/or complaint(s), including, but not limited to:

(a) Respondent failed to score and interpret Beck Depression Inventory[35];

(b) Respondent failed to implement a treatment plan for depression;

(c) Respondent failed to adequately address in the progress notes Patient C's various complaints and medical history such as "anxiety/depression?", "Drugs of choice THC,[36] Bipolar disorder I,[37] Borderline Personality,[38] ADHD or ADD,[39] Anorexia[40] ?? Anxiety driven," and a 20 year history of use of THC with the last dose "yesterday";

(d) Respondent failed to document presence or absence of suicidal thoughts;

(e) Respondent failed to conduct mental status examination(s) addressing suicidal risk;

(f) Respondent failed to document the extent of suicide risk and a plan to maintain patient safety for any suicidal thoughts;

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[35] Beck Depression Inventory is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression.

[36] THC (tetrahydrocannabinol) is the primary psychoactive compound found in the cannabis plant, Cannabis sativa.

[37] Bipolar Disorder, formerly called manic depression, is a mental health condition that causes extreme mood swings.

[38] Borderline personality disorder is a mental health condition that affects the way people feel about themselves and others, making it hard to function in everyday life.

[39] Attention-Deficit-Disorder (ADD) and ADHD are the same condition and ADD is an older term that is no longer used.

[40] Anorexia is an eating disorder causing people to obsess about weight and what they eat.

(g) Respondent failed to prescribe an adequate level of medications for treatment of depression;

(h) Respondent failed to document the purpose of the Trazadone prescription;

(i) Respondent failed to consider and/or failed to document having considered antidepressants other than trazadone;

(j) At the initial evaluation, Respondent failed to rule in or rule out, medical conditions endorsed by Patient C including, but not limited to, anxiety, possible bipolar disorder, possible personality disorder, and anorexia; and

(k) Respondent failed to make a differential diagnosis.[41]

32. Respondent committed gross negligence in her care and treatment of Patient C, including, but not limited to:

(a) Respondent failed to maintain adequate and/or accurate records of her treatment of Patient C;

(b) Respondent improperly prescribed controlled substances to Patient C; and

(c) Respondent failed to adequately assess and displayed a lack of knowledge in the treatment of Patient C's depression.

Patient D

33. On or about September 24, 2021, Patient D first presented to Respondent. At that time, Patient D was a sixty-eight (68) year-old female with a chief complaint of depression, and a history of twenty-nine (29) years of sobriety after problems with alcohol and cocaine.

34. Respondent prescribed controlled substances to Patient D, including, but not limited to:

Date	Medication	Quantity	Days
9/24/2021	Lorazepam 1 mg	120	30

[41] Differential diagnosis refers to a medical process used to determine the most likely cause of a patient's symptoms.

Date	Medication	Quantity	Days
9/27/2021	Diphenoxylate HCL-atropine Sulfate[42] 0.025 mg – 2.5 mg Testosterone Micronized[43]	90 1	30 120
10/12/2021	Lorazepam 1 mg	120	30
10/21/2021	Oxycodone HCL Acetaminophen 325 mg – 5 mg	90	30
11/18/2021	Lorazepam 1 mg	120	30
11/24/2021	Testosterone Micronized	1	120
12/2/2021	Diphenoxylate HCL-atropine Sulfate 0.025 mg – 2.5 mg	90	30
12/15/2021	Lorazepam 1 mg	120	30
12/27/2021	Oxycodone HCL Acetaminophen 325 mg – 5 mg	90	30
1/10/2022	Diazepam 10 mg	60	30
1/17/2022	Lorazepam 1 mg	60	15
1/27/2022	Lorazepam 1 mg	120	30
2/4/2022	Testosterone Micronized	1	120
2/10/2022	Oxycodone HCL Acetaminophen 325 mg – 5 mg	90	30
3/2/2022	Lorazepam 1 mg	120	30

[42] Diphenoxylate and atropine, is a medication combination for managing diarrhea.

[43] Testosterone Micronized is used medically for hormone replacement therapy for males who have hypogonadism and for people suffering from a testosterone insufficiency.

Date	Medication	Quantity	Days
4/11/2022	Testosterone Micronized	1	120
4/29/2022	Lorazepam 1 mg	120	30
6/2/2022	Oxycodone HCL Acetaminophen 325 mg – 5 mg Lorazepam Testosterone Micronized	120 90 1	30 30 120
6/30/2022	Oxycodone HCL Acetaminophen 325 mg – 5 mg Diphenoxylate HCL-atropine Sulfate 0.025 mg – 2.5 mg Lorazepam 1 mg	90 30 120	30 7 30

Documentation

35. From on or about September 24, 2021 through August 2022, Respondent's medical records related to Respondent's care and/or treatment provided to Patient D were inadequate, including, but not limited to:

(a) Respondent's records lacked an initial evaluation note;

(b) Respondent failed to document a mental status examination(s);

(c) Respondent failed to list symptoms of specific pain at the time of the first opiate prescription;

(d) Respondent's records lacked follow-up notes regarding Patient D's pain;

(e) Respondent's records lacked documentation of a pain history obtained and/or any examination(s) performed, prior to prescribing medications;

(f) Respondent failed to adequately document Patient D's medical history and past psychiatric history;

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(g) Respondent's records lacked documentation regarding prior medication(s) prescribed, the names of prescribers, and dates of prior prescriptions;

(h) Respondent's records lacked adequate documentation regarding substance abuse history;

(i) Respondent failed to document a baseline or follow-up urine toxicology screen;

(j) Respondent did not adequately address Patient D's "past or present problems" in the initial or ongoing treatment plan(s);

(k) Respondent lacked documentation establishing that informed consent was obtained for each medication prescribed;

(l) Respondent failed to document the reason(s) for prescribing, the expected dose and duration of treatment, and the expected outcomes and plan(s) for ongoing monitoring;

(m) Respondent issued multiple prescriptions of testosterone, without any documentation of confirmation of a prior diagnosis, laboratory testing for baseline and follow up on hormone levels, or attempts to obtain collateral history of prior treatments;

(n) Respondent's records lacked a contract for controlled substances;

(o) Respondent failed to document a plan to follow up on the safety of combining various medications, and ruling out abuse and diversion while monitoring compliance;

(p) Respondent's handwritten notes were not legible;

(q) Respondent issued prescriptions for Dotti, Zithromax, pantoprazole, progesterone, diphenoxylate/atropine, and Toradol, without documenting a sufficient history to confirm a diagnosis;

(r) Respondent's records lacked documentation of examination(s) performed, laboratory testing ordered, and observations or complaints to support her medical decision-making;

(s) Respondent failed to document coordination of care with other provider(s); and

(t) Respondent's records lacked a legible current medication list.

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Controlled Substances Prescribing

36. From September 24, 2021 through August 2022, Respondent's controlled substances prescribing was deficient, including, but not limited to:

(a) Respondent failed to check CURES reports and/or failed to document having checked CURES reports;

(b) Respondent issued prescriptions without formal, documented diagnoses;

(c) Respondent prescribed medications in combinations and dosages that can be dangerous, without ruling out abuse and/or diversion or prior addiction history, and without ongoing screening for recurrence of drug or alcohol use;

(d) Respondent prescribed without a documented clinical rationale; and

(e) Respondent failed to consider and/or failed to document having considered dose reductions and/or treatments other than controlled substances.

Incomplete Assessment / Lack of Knowledge in Evaluation and Treatment of Depression

37. From on or about September 24, 2021 through August 2022, Respondent's assessment, evaluation, and/or treatment of Patient D's depression was deficient, including, but not limited to:

(a) Respondent's records lacked adequate documentation justifying a diagnosis of depression;

(b) Respondent's records had an incomplete history related to Patient D's mood disorders;

(c) Respondent failed to correctly score and interpret Back Depression Inventory;

(d) Respondent prescribed high doses of benzodiazepines, which could worsen Patient D's depression;

(e) Respondent failed to implement and monitor an ongoing treatment plan for depression.

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Failure to Adequately Diagnose and Monitor Patient D's Medical Conditions

38. From on or about September 24, 2021 through August 2022, Respondent issued prescriptions for diphenoxylate / atropine #90, Dotti[44] 0.075 mg patch, Zithromax[45] #12, pantoprazole[46] 20 mg /d, Toradol[47] 10 mg #20, and progesterone[48] 100 mg cap #30.

39. Respondent's medical records documenting initial evaluation and progress notes contain substantial portions that are illegible, with notations or symptoms listed, which are insufficient to clearly establish diagnoses. There are no documented physical or mental status examinations sufficient to justify various non-psychiatric medications. Respondent failed to determine and document efficacy of these prescriptions and failed to document appropriate rationale for them. Respondent failed to adequately monitor any of the medical condition(s) being addressed with these prescriptions and failed to warn and/or failed to document having warned Patient D of the safety limits on the use of Toradol, specifically, to avoid exceeding five days at a time.

40. Respondent committed gross negligence in her care and treatment of Patient D, including, but not limited to:

(a) Respondent failed to maintain adequate and/or accurate records regarding her care and/or treatment of Patient D;

(b) Respondent improperly prescribed controlled substances to Patient D;

(c) Respondent failed to adequately assess, and/or evaluate, and/or treat Patient D's depression; and

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[44] Dotti is a medication used by women to help reduce symptoms of menopause such as hot flashes, and vaginal dryness.

[45] Azithromycin (brand name Zithromax) is a medication, which can be used to treat various types of infections including pink eye (bacterial conjunctivitis).

[46] Pantoprazole (common brand Protonix) is a medication, which can be used to treat gastroesophageal reflux disease (GERD) and a damaged esophagus. It can also treat high levels of stomach acid caused by tumors.

[47] Ketorolac (brand name Toradol) is a medication, which can be used to relieve moderately severe pain, usually pain that occurs after an operation or other painful procedure.

[48] Progesterone is used as a part of hormone replacement therapy in women who have passed menopause and have not had a hysterectomy (surgery to remove the uterus).

(d) Respondent failed to adequately diagnose and monitor Patient D's other medical condition(s) for which Respondent prescribed medications.

Patient E

41. On or about March 16, 2016,[49] Patient E first presented to Respondent. At that time, Patient E was a twenty-eight (28) year-old female.

42. Respondent prescribed controlled substances to Patient E, including, but not limited to:

Date	Medication	Quantity	Days
2/14/2019	Lorazepam 1 mg	60	30
2/21/2019	Alprazolam 1 mg	60	30
3/21/2019	Amphetamine Salt Combo 30 mg	60	30
	Methylphenidate HCL[50] 36 mg	30	30
	Alprazolam 1 mg	60	30
	Methylphenidate HCL 54 mg	30	30
4/17/2019	Alprazolam 1 mg	60	30
4/19/2019	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	30	15
4/29/2019	Methylphenidate HCL 36 mg	30	30
	Methylphenidate HCL 54 mg	30	30

[49] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[50] Methylphenidate (Ritalin®), a central nervous system stimulant, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

	Amphetamine Salt Combo 30 mg	60	30
4/29/2019	Methylphenidate HCL 18 mg	30	30
Date	**Medication**	**Quantity**	**Days**
5/18/2019	Alprazolam 1 mg	60	30
5/23/2019	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
5/25/2019	Methylphenidate HCL 18 mg	30	30
	Methylphenidate HCL 54 mg	30	30
5/29/2019	Methylphenidate HCL 18 mg	30	30
5/31/2019	Amphetamine Salt Combo 30 mg	60	30
6/16/2019	Alprazolam 1 mg	60	30
6/24/2019	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
7/8/2019	Alprazolam 1 mg	60	30
7/26/2019	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
8/5/2019	Alprazolam 1 mg	60	30
8/18/2019	Methylphenidate HCL 36 mg	30	30
	Methylphenidate HCL 18 mg	30	30
	Methylphenidate HCL 54 mg	30	30
	Amphetamine Salt Combo 30 mg	60	30
9/4/2019	Alprazolam 1 mg	60	30
9/5/2019	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
9/16/2019	Methylphenidate HCL 18 mg	30	30
9/18/2019	Amphetamine Salt Combo 30 mg	60	30
	Methylphenidate HCL 54 mg	30	30

Date	Medication	Quantity	Days
9/20/2019	Methylphenidate HCL 36 mg	30	30
10/4/2019	Alprazolam 1 mg	60	30
10/11/2019	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
10/18/2019	Amphetamine Salt Combo 30 mg	60	30
10/22/2019	Methylphenidate HCL 18 mg	30	30
10/24/2019	Methylphenidate HCL 36 mg	30	30
11/6/2019	Alprazolam 1 mg	60	30
12/3/2019	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
12/9/2019	Alprazolam 1 mg	60	30
12/28/2019	Amphetamine Salt Combo 30 mg	60	30
	Methylphenidate HCL 54 mg	30	30
	Methylphenidate HCL 36 mg	30	30
	Methylphenidate HCL 18 mg	30	30
1/6/2020	Alprazolam 1 mg	60	30
	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
1/29/2020	Lorazepam 1 mg	60	30
2/20/2020	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
	Methylphenidate HCL 54 mg	30	30
	Methylphenidate HCL 36 mg	30	30
	Methylphenidate HCL 18 mg	30	30
	Amphetamine Salt Combo 30 mg	60	30

	Clonazepam 1 mg	30	
Date	**Medication**	**Quantity**	**Days**
3/11/2020	Lorazepam 1 mg	60	30
3/21/2020	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
3/28/2020	Methylphenidate HCL 18 mg	30	30
	Methylphenidate HCL 54 mg	30	30
	Methylphenidate HCL 18 mg	60	30
3/30/2020	Alprazolam 1 mg	60	30
5/21/2020	Alprazolam 1 mg	60	30
5/27/2020	Acetaminophen-Codeine Phosphate 300 MG – 60 MG	60	30
6/25/2020	Alprazolam 1 mg	60	30
7/8/2020	Methylphenidate HCL 18 mg	30	30
	Amphetamine Salt Combo 30 mg	60	30
	Methylphenidate HCL 36 mg	30	30
	Methylphenidate HCL 54 mg	30	30
7/20/2020	Lorazepam 1 mg	60	30
8/5/2020	Clonazepam 1 mg	30	30
8/23/2020	Methylphenidate HCL 54 mg	30	30
8/25/2020	Methylphenidate HCL 18 mg	30	30
	Methylphenidate HCL 36 mg	30	30
9/11/2020	Amphetamine Salt Combo 30 mg	60	30
9/15/2020	Clonazepam 1 mg	30	30
10/30/2020	Clonazepam 1 mg	30	30
	Methylphenidate HCL 18 mg	30	30

	Amphetamine Salt Combo 30 mg	60	30
	Methylphenidate HCL 54 mg	30	30
	Methylphenidate HCL 36 mg	30	30
Date	**Medication**	**Quantity**	**Days**
11/29/2021	Clonazepam 1 mg	30	30

Documentation

43. From 2016 through 2020, Respondent's documentation of her care and/or treatment provided to Patient E was deficient, including, but limited to:

(a) Respondent's records lacked an initial evaluation note;

(b) Respondent failed to document any mental status examinations completed;

(c) Respondent's records lacked adequate documentation regarding response to medications prescribed or reasons for changes in medications or dosages;

(d) Respondent failed to document medical history and past psychiatric history;

(e) Respondent's records lacked documentation regarding prior medications tried and/or failed and names and dates of prior prescribers;

(f) Respondent failed to review or obtain substance abuse history;

(g) Respondent's records lacked documentation of a baseline or follow-up urine toxicology screens;

(h) Respondent's records lacked documentation regarding informed consent obtained for each medication prescribed;

(i) Respondent failed to document the reason(s) for prescribing, expected dose and duration of treatment, expected outcomes, and a plan for ongoing monitoring;

(j) Respondent's records lacked documentation confirming prior diagnosis, adequate laboratory testing for baseline and follow-up hormone levels or attempts to obtain a collateral history of prior treatment for thyroid issue(s);

(k) Respondent's records lacked a contract for controlled substances;

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(l) Respondent failed to document a plan to follow up on the safety of combining various medications, and to rule out abuse and/or diversion, while monitoring compliance;

(m) Substantial portions of Respondent's handwritten notes are illegible; and

(n) Respondent issued prescriptions for clindamycin,[51] Keppra,[52] gabapentin,[53] potassium,[54] furosemide,[55] Addyi,[56] methylprednisolone,[57] prazosin,[58] and Toradol, without documentation of supporting diagnoses, examinations(s) or laboratory testing, and observations or complaints to justify Respondent's medical decision-making;

(o) Respondent's records lacked a list of current medications reconciled at every visit;

(p) Respondent failed to adequately document Patient E's medical problems, including, but not limited to, seizure disorder, excessive magnesium, renal insufficiency,[59] workup[60] for hallucinations, possible pheochromocytoma,[61] a history of prior head injuries, and treatment with electroconvulsive therapy (ECT).[62]

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[51] Clindamycin is a medication, which can be used to treat various types of infections, including skin and vaginal infections.

[52] Levetiracetam (brand name: Keppra) is a medication, which can be used to treat seizures.

[53] Gabapentin is a medication, which can be used to treat seizures and pain caused by shingles.

[54] Potassium supplements are taken to replace potassium losses and prevent potassium deficiency.

[55] Furosemide is a medication which can be used to treat fluid retention (edema) and swelling caused by congestive heart failure, liver disease, kidney disease, and other medical conditions.

[56] Flibanserin (brand name: Addyi) is a medication to treat decreased sexual desire in some women.

[57] Methylprednisolone is a medication which can treat inflammation, severe allergies, flares of chronic illnesses, and many other medical problems.

[58] Prazosin is a medication which can be used to treat high blood pressure.

[59] Renal insufficiency, also known as kidney failure, is a condition in which the kidneys lose the ability to remove waste and balance fluids.

[60] Workup refers to a diagnostic examination of a patient.

[61] Pheochromocytoma is a rare type of cancer that develops in an adrenal gland.

(continued...)

Controlled Substances Prescribing

44. From 2016 through 2020, Respondent's controlled substances prescribing was deficient, including, but not limited to:

(a) Respondent prescribed medications without formal diagnoses;

(b) Respondent prescribed medications in combinations and dosages that can be dangerous;

(c) Respondent prescribed medications without ruling out abuse and/or diversion and/or prior addiction history;

(d) Respondent prescribed medications without an ongoing screening for recurrence of drug or alcohol use;

(e) Respondent failed to adequately review and/or failed to document having adequately reviewed CURES reports;

(f) Respondent failed to document a clinical rationale for the prescriptions;

(g) Respondent failed to consider dose reductions or treatments other than controlled substances.

Failure to Adequately Diagnose and Monitor Medical Conditions

Pheochromocytoma

45. From 2016 through 2020, Respondent failed to adequately diagnose and/or monitor pheochromocytoma, including, but not limited to:

(a) Respondent failed to obtain a pertinent history of Patient E's symptoms;

(b) Respondent failed to formulate a clear diagnosis and rational treatment plans, prior to prescribing various doses of prazosin and clonidine;

(c) Respondent prescribed high dose stimulants to a patient suspected of having pheochromocytoma;

(d) Respondent failed to obtain and consult prior records;

(e) Respondent failed to perform appropriate examinations;

[62] Electroconvulsive therapy (ECT) also known as electroshock therapy, is a psychiatric treatment where a controlled seizure is induced in the brain under general anesthesia to manage severe mental health conditions like treatment-resistant depression and mania.

(f) Respondent failed to adequately monitor Patient E's treatment response; and

(g) Respondent failed to refer Patient E to an endocrinologist[63] or other specialist(s) for a definitive diagnosis of pheochromocytoma.

Hypothyroidism

46. From 2016 through 2020, Respondent failed to adequately diagnose and/or monitor Patient E's hypothyroidism, including, but not limited to:

(a) Respondent failed to obtain a pertinent history of symptoms;

(b) Respondent failed to formulate clear diagnosis and rational treatment plans, prior to prescribing excessive doses of thyroid medication;

(c) Respondent failed to obtain and consult prior records;

(d) Respondent failed to perform pertinent examinations;

(e) Respondent failed to adequately monitor Patient E's treatment response; and

(f) Respondent failed to refer Patient E to an endocrinologist.

Boundary Violation(s)

47. From 2016 through 2020, Respondent committed one or more boundary violations, including, but not limited to:

(a) Respondent sent an excessive number of inappropriate text messages to Patient E;

(b) Respondent solicited and accepted a ride from Patient E;

(c) Respondent disclosed details about Respondent's own psychiatric treatment to Patient E; and

(d) Respondent allowed Patient E and Respondent's family member to socialize, without properly discussing potential boundary issues with Patient E, first.

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[63] Endocrinologist is a physician specializing in diagnosing and treating disorders of the endocrine system, which includes conditions involving hormones, glands, and metabolic processes like diabetes, thyroid problems, and osteoporosis.

48. Respondent committed gross negligence in her care and treatment of Patient E, which included, but was not limited to, the following:

(a) Respondent failed to maintain adequate and/or accurate records regarding her treatment of Patient E;

(b) Respondent improperly prescribed controlled substances to Patient E; and

(c) Respondent failed to adequately diagnose and/or monitor Patient E's medical conditions.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

49. Respondent has subjected her Physician's and Surgeon's Certificate No. G 82171 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in her care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged herein.

49. Respondent committed repeated negligent acts in her care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, which included, but was not limited to, the following:

(a) Paragraphs 9 through 48, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to maintain adequate and/or accurate records regarding her treatment of Patient A;

(c) Respondent improperly prescribed controlled substances to Patient A;

(d) Respondent failed to adequately monitor Patient A's condition(s);

(e) Respondent demonstrated a lack of knowledge and/or incompetence in her care and treatment of Patient A;

(f) Respondent failed to maintain adequate and/or accurate records regarding her treatment of Patient B;

(g) Respondent improperly prescribed controlled substances to Patient B;

(h) Respondent failed to adequately monitor and treat Patient B's medical condition(s);

(i) Respondent failed to adequately monitor and supervise physician assistant H.T. during her care and treatment of Patient B;

(j) Respondent failed to maintain adequate and/or accurate records regarding her care and/or treatment of Patient C;

(k) Respondent improperly prescribed controlled substances to Patient C;

(l) Respondent failed to adequately assess, and/or evaluate, and/or treat and/or displayed a lack of knowledge in treating Patient C's depression;

(m) Respondent failed to maintain adequate and/or accurate records regarding her care and/or treatment of Patient D;

(n) Respondent improperly prescribed controlled substances to Patient D;

(o) Respondent failed to adequately assess, and/or evaluate, and/or treat and/or displayed a lack of knowledge in treating Patient D's depression;

(p) Respondent failed to maintain adequate and/or accurate records regarding her care and/or treatment of Patient E;

(q) Respondent improperly prescribed controlled substances to Patient E;

(r) Respondent failed to adequately diagnose and monitor Patient E's medical conditions; and

(s) Respondent committed boundary violation(s) during her care and treatment of Patient E.

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THIRD CAUSE FOR DISCIPLINE

(Incompetence)

51. Respondent has subjected her Physician's and Surgeon's Certificate No. G 82171 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (d), of the Code, in that Respondent was incompetent in her care and treatment of Patient A, Patient C, and Patient D, as more particularly alleged in paragraphs 11 through 18, paragraphs 27 through 32, and paragraphs 33 through 48, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

52. Respondent has subjected her Physician's and Surgeon's Certificate No. G 82171 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records in his care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 11 through 48, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FIRST CAUSE TO REVOKE PROBATION

(Failure to Obey All Laws)

53. Respondent's probation is subject to revocation because she failed to comply with Probation Condition No. 7, referenced above. The facts and circumstances regarding this violation are as follows:

54. Paragraphs 11 through 52, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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DISCIPLINARY CONSIDERATIONS

55. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that effective on or about August 27, 2021, in a prior disciplinary action titled *In the Matter of the Accusation Against Suzie E Schuder, M.D.* before the Medical Board of California, in Case No. 800-2017-034617, Respondent's license was revoked, with revocation stayed for five (5) years, based on causes for discipline, including, but not limited to, criminal conviction substantially related to qualifications, functions or duties of a physician and surgeon and general unprofessional conduct. That decision is now final and is incorporated by reference as if fully set forth.

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 the probation that was granted by the Medical Board of California in Case No. 800-2017-034617 and imposing the disciplinary order that was stayed thereby revoking Physician's and Surgeon's Certificate No. G 82171 issued to Respondent Suzie E. Schuder, M.D.;

2. Revoking or suspending Physician's and Surgeon's Certificate No. G 82171, issued to Respondent Suzie E. Schuder, M.D.;

3. Revoking, suspending or denying approval of Respondent Suzie E. Schuder, M.D.'s authority to supervise physician assistants and advanced practice nurses;

4. Ordering Respondent Suzie E. Schuder, 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; and

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

DATED: APR 17 2025

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant