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

In the Matter of the Accusation Against: Emmett Chase, M.D. Physician's and Surgeon's Certificate No. G 51614 Respondent.	Case No.: 800-2018-045900

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 2, 2023.

IT IS SO ORDERED: January 31, 2023.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
THOMAS OSTLY
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **EMMETT CHASE, M.D.** **PO Box 1288** **535 Airport Road** **Hoopa, CA 95546-1288** **Physician's and Surgeon's Certificate No. G 51614** Respondent.	Case No. 800-2018-045900 OAH No. 2022020617 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this

matter by Rob Bonta, Attorney General of the State of California, by Thomas Ostly, Deputy Attorney General.

2. Respondent Emmett Chase, M.D. (Respondent) is represented in this proceeding by attorney Christopher J. Cannon, whose address is: 737 Tehama, No. 3 San Francisco, CA 94103. On or about November 14, 1983, the Board issued Physician's and Surgeon's Certificate No. G 51614 to Emmett Chase, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-045900, and will expire on July 31, 2023, unless renewed.

JURISDICTION

3. Accusation No. 800-2018-045900 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 12, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 800-2018-045900 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-045900. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-045900, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2018-045900 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent and the State of California.

11. **The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.**

CONTINGENCY

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

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2018-045900 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 51614 issued to Respondent EMMET CHASE, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined in the California Uniform Controlled Substances Act with the exception of Buprenorphine.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5.

If Respondent forms the medical opinion, after an appropriate prior examination and a medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and a medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary

caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

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

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

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

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider

with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

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

6. 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.

7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena enforcement, as applicable, in the amount of $19,226.25 (nineteen thousand two hundred twenty six dollars and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

facility.

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; and Biological Fluid Testing.

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

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

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

shall within 15 calendar days [illegible]

designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-045900 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 7-11-22

EMMETT CHASE, M.D.
Respondent

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

DATED: _____

CHRISTOPHER J. CANNON
Attorney for Respondent

ENDORSEMENT

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

DATED July 11, 2022

Respectfully submitted,

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

Thomas Ostly

THOMAS OSTLY
Deputy Attorney General
Attorneys for Complainant

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

In the Matter of the Accusation Against: **Emmett Chase, M.D.** **PO Box 1288** **535 Airport Road** **Hoopa, CA 95546-1288** **Physician's and Surgeon's Certificate No. G 51614 ,** Respondent.	Case No. 800-2018-045900 **ACCUSATION**

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 November 14, 1983, the Medical Board issued Physician's and Surgeon's Certificate Number G 51614 to Emmett Chase, 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 July 31, 2023, unless renewed.

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JURISDICTION

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

4. Section 2234 of the Code, in pertinent part, 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.

. . .

5. Section 2266 of the Code states:

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

6. Section 2228.1 of the Code provides, in pertinent part, that the Board shall require a licensee who is disciplined based on inappropriate prescribing resulting in harm to patients, to disclose to his or her patients' information regarding his or her probation status. The license is required to disclose: Probation status, the lengthy of the probation, the probation end date, all practice restrictions placed on the license by the Board, the Board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the Board's Internet Web site.

RESPONDENT'S PRACTICE

7. At the time of the events alleged in this Accusation, Respondent practiced as a primary care physician in Hoopa Valley, California. Respondent provided medical treatment at a clinic run by the Indian Health Service. Respondent withdrew from clinical practice in July 2019.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence/Repeated Negligent Acts/Incompetence)

Patient 1[1]

8. Respondent assumed care for Patient 1 in 2017. Patient 1 was a 65-year-old man with severe chronic low back pain, bilateral lumbar radicular pain, obesity, and hypertension. He had sustained multiple injuries in a motorcycle accident and had been prescribed opioid medications for many years. At the time Respondent began to treat Patient 1, he was receiving more than 200 morphine milligram equivalents per day.[2] Medical records available to Respondent from Patient 1's previous physician documented a well-organized, thoughtful assessment of the patient that supported and explained the very high dose of opioids that were prescribed, and reflected coordination with a consulting pain specialist. The plan was to try to reduce the patient's MME/d. In May 2017, Patient 1 requested to transfer his care to Respondent.

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[1] Patients are referred to by number to protect privacy.

[2] Opioid dosage is often discussed in terms of "morphine milligram equivalents", or MME. MME per day, MME/d, is a standard measure of the daily dose of any opioid The MME of morphine is one, meaning that morphine is exactly as potent as morphine. MMEs greater than one signify greater potency, while MMEs less than one signify lesser potency. At the time of the events alleged in this Accusation, the standard of care has been to limit opioid dose to less than 50 MME/d in almost all patients, and to exceed 90 MME/d in only the most unusual circumstances and with only the most careful documentation.

9. Respondent noted regular visits with Patient 1 beginning in June 2017. His note of the initial June 16, 2017 visit contained no documented history of pain, and no other meaningful assessment of the patient. Several weeks later, Respondent's July 10, 2017 physical examination was limited to "NAD BMI elevation. Pain level 6 but no discomfort during visit." Respondent's plan was simply refill pain medication when due.

10. Respondent saw the patient regularly and refilled prescriptions for various controlled substances. His medical record for Patient 1 consists of brief notations, routinely lacking in significant discussion of the patient's complaints, his response to treatment or the rationale for prescribing. His medical records lack a meaningful assessment of the patient's complaints, and the chart does not accurately or adequately list the patient's medications. For example, in August 2017, Respondent documented a discussion of returning to the "original dose" of Norco[3] although there was no record the patient had been prescribed Norco. Respondent regularly prescribed large amounts of Dilaudid[4] and Fentanyl[5] in amounts of approximately 200 MME/d. In October 2017, Respondent doubled Patient 1's dose of Elavil[6] for apparent depression, but did not document any assessment of the patient's depression or rationale for prescribing to treat depression. In September 2018, Respondent noted that a pharmacist refused to refill Patient 1's prescriptions because the dose was so high. The pharmacist attempted to discuss concerns with Respondent, who instead, simply routed Patient 1's prescriptions to a different, more remote pharmacy without any assessment or evaluation of the concerns raised. At no time did Respondent document a clinical rational for prescribing in an amount more than two times the maximum opioid dose recommendation by the Centers for Disease Control.

11. In January 2019, Patient 1 expressed a desire to cut back on Duragesic and increase Dilaudid. Respondent stated in his interview with the Board's investigators that he believed he

[3] Norco is a trade name for hydrocodone bitartrate with acetaminophen. Hydrocodone Bitartrate is semisynthetic narcotic analgesic and a Schedule III controlled substance and narcotic.

[4] Dilaudid is a trade name for hydromorphone hydrochloride. It is a Schedule II controlled substance and a narcotic.

[5] Fentanyl is an opioid analgesic, and a Schedule II controlled substance. In its transdermal patch for, it is known as Duragesic.

[6] Elavil is a tricyclic antidepressant. It should be used with caution when consuming alcohol.

was tapering Patient 1's Dilaudid by January 2019, and that he had the patient down to 4 pills a day. His medical records at that time indicated he was prescribing 128 tables for 28 days, which would have indicated a tapering of the medication. However, CURES[7] data demonstrates that after 128 tablets of Dilaudid were issued on January 18, 2019, a prescription for 140 tablets was issued on February 11, 2019. The dosage of Dilaudid was never changed, and was constant at 5 to 5.7 tablets per day from late 2018 until the end of his treatment with Respondent in February 2019. Similarly, Respondent prescribed high dosages of fentanyl continuously from October 2017 until the end of treatment. Respondent's note of a March 6, 2019 visit simply stated that the patient was there for a refill of pain medication. No medication names or dosages were documented. Respondent discontinued Duragesic after a final prescription on February 4, 2019, without comment,

12. When asked in his interview by a Board investigator why he did not attempt to treat Patient 1's pain with agents other than opioids, such as non-steroidal anti-inflammatories and gabapentin[8], Respondent was not able to articulate a reason and demonstrated a lack of knowledge about the use of these agents.

13. Respondent is guilty of unprofessional conduct in his care and treatment of Patient 1, and is subject to disciplinary action under section 2234 and/or 2234(b) and/or 2234(c) and/or 2234(d) of the Code in that Respondent committed gross negligence and/or repeated negligent acts and/or demonstrated incompetence, including but not limited to the following:

A. Respondent prescribed dangerous drugs and controlled substances, without an appropriate evaluation and history and without assessment of the indication for the medications.

B. Respondent prescribed controlled substances in extremely high amounts without documentation of any physical examination to support the care provided, or rationale for the large dosages prescribed.

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[7] The Controlled Substance Utilization Review and Evaluation System (CURES) is a program operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in their efforts to control diversion and abuse of controlled substances.

[8] Gabapentin is an antiepileptic and is also used to treat pain.

C. Respondent prescribed narcotics in high dosages without documenting any substance abuse history.

D. Respondent prescribed controlled substances, over a long period of time and in high dosages, without obtaining/and/or documenting informed consent.

E. Respondent prescribed controlled substances, over a long period of time and in high dosages, without documenting a treatment plan with specific treatment goals.

F. Respondent continued to prescribe high dosages of controlled substances, without periodic review or assessment of the efficacy of treatment, even after he was aware of concerns expressed by a pharmacist.

G. Respondent at no time considered or documented a plan to taper Patient 1 off of high dosages of opioid medication, even when he was aware the patient's previous prescriber had recommended a taper.

H. Respondent was unaware of and lacked knowledge of alternatives to opioid treatment for pain.

I. Respondent prescribed and treated Patient 1 without knowledge or information regarding current standards for prescribing opioids.

J. Respondent prescribed Elavil without taking an adequate history and without sufficient indication to support a diagnosis of depression.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence/Repeated Negligent Acts/Incompetence)

Patient 2

14. Patient 2 was a 48-year-old woman with chronic low back and leg pain and multiple medical issues. When she initiated treatment with Respondent, Patient 2 was taking a number of prescribed medications, including Dilaudid, Tizanidine,[9] Elavil, Xanax,[10] and Gabapentin. Respondent began to treat Patient 2 on October 18, 2017.

[9] Tizanidine is a dangerous drug used to treat muscle spasms.

[10] Xanax is a trade name for alprazolam. It is a benzodiazepine and a Schedule IV controlled substance, used to treat anxiety.

15. At the time he commenced treatment, Respondent did not have Patient 2's prior medical records at the initial appointment. Yet Respondent failed to conduct any meaningful history or evaluation of the patient. The entirety of the history he obtained was documented in two sentences, stating only, "Needs hydromorphone and Xanax ASAP. Having swollen left sinus needs treatment- uses Flonase." A cursory and incomplete physical exam was noted, Respondent's assessment was acute sinusitis, anxiety; chronic back pain. His treatment plan consisted of a list of prescribed medications: Xanax ½ of 0.5 mg q d prn #7, Dilaudid 8 mg qid prn, and Zithromax Z-pack. There was no assessment or rationale for the medications prescribed to the patient. Patient 2 was next seen on November 1, 2017, when she requested a "pain shot" and Phenergan[11]. Respondent's cursory exam noted borderline blood pressure and elevated body mass index. His assessment was chronic back pain. He noted an injection of a nonsteroidal anti-inflammatory and an allergy medication. Two weeks later, Respondent prescribed Dilaudid, Tramadol[12], Xanax, and Elavil. Respondent continued to prescribe these medications on a regular basis, but at no time conducted an assessment or evaluation to explain his rational for prescribing or the medical basis for his prescribing.

16. In February 2018, Respondent noted the patient requested that he prescribe a number of medications she was "getting elsewhere." Respondent did not enumerate the medications, or conduct any assessment of the multiple medications his patient was taking. In May 2018, respondent noted that after discussion with pharmacy staff, he believed the patient should be reviewed by a pain committee. Subsequent notes suggest Patient 2 was seen by a pain committee, but Respondent's record contains no assessment or documentation of the recommendations of the committee. In his interview with the Board's investigators, Respondent was unable to articulate what the recommendations of the committee were. Apparently the pain committee recommended a taper of Dilaudid, because Respondent's May 24, 2018 note indicates the patient declined a fentanyl patch, and was in tears due to a reduction in her Diluadid dosage. CURES records indicate that Respondent reduced Patient 2's Diluadid and fentanyl prescriptions significantly,

[11] Phenergan is a trade name for promethazine with codeine cough syrup. It is a controlled substance.

[12] Tramadol, known as Ultram, is a pain medication similar to opioid analgesics.

from 128 MME/d to 62 MME/d, without a taper, in May 2018. CURES records also reflect Respondent prescribed fentanyl in May 2018, but there is no reference to the prescription in Respondent's medical record.

17. In June 2018, Respondent failed to comment on a diluted urine drug screen test, which also showed a drug he had not prescribed, suggesting substance abuse, but instead, without explanation or assessment, increased the dosage of Diluadid back to the original amount. In late June and again in July, Respondent once more reduced the amount of Diluadid, but then increased it in mid-August 2018. Respondent's medical record contains no explanation for the multiple and sudden changes in Patient 2's Diluadid dosage, which caused Patient 2 to experience severe withdrawal symptoms. Even after the patient had a dispute with a pharmacy when she attempted to get an early refill of Diluadid, Respondent conducted no assessment or evaluation of his patient.

18. In November 2018, Patient 2 consulted with a neurosurgeon, who noted aberrant drug behavior, and recommend a pain consultation. At his next visit with the patient on December 21, 2018, Respondent did not follow up on the neurosurgeon's recommendations for alternative pharmacological therapy or referral to a pain management physician, but instead, prescribed Dilaudid. Respondent continued to prescribe Diluadid and Xanax to Patient 2 for months after Respondent had stopped practicing clinical medicine in June 2019.

19. Respondent is guilty of unprofessional conduct in his care and treatment of Patient 2, and is subject to disciplinary action under section 2234 and/or 2234(b) and/or 2234(c) and/or 2234(d) of the Code in that Respondent committed gross negligence and/or repeated negligent acts and/or demonstrated incompetence, including but not limited to the following:

A. At the first visit, Respondent failed to reconcile and make rational Patient 2's medication list, or to document a rational plan to manage her polypharmacy.

B. Respondent prescribed multiple dangerous drugs and controlled substances, without an appropriate evaluation and history and without assessment of the indication for the medications, and without any evaluation or assessment of the potential for interactions between the medications.

C. Respondent prescribed Diluadid in high quantity, along with numerous other controlled substances, without documentation of any physical examination to support the care provided.

D. Respondent prescribed Diluadid in high dosages without documenting any substance abuse history.

E. Respondent prescribed controlled substances, over a long period of time and in high dosages, without obtaining/and/or documenting informed consent.

F. Respondent prescribed controlled substances, over a long period of time and in high dosages, without documenting a treatment plan with specific treatment goals.

G. Respondent continued to prescribe controlled substances, without periodic review or assessment of the efficacy of treatment, even after he was aware of concerns expressed by a pharmacist, and in spite of recommendations from a pain committee and a consulting neurosurgeon.

H. Respondent made sudden and unexplained changes in Patient 2's Diluadid dosage, without apparent consideration of the impact on the patient, and did not address the patient's apparent withdrawal symptoms.

I. Respondent at no time considered or documented a rational and safe plan to taper Patient 2 off of high dosages of Diluadid, even when it was apparent the patient suffered from withdrawal symptoms and demonstrated aberrant drug behavior.

J. Respondent was unaware of and lacked knowledge of alternatives to opioid treatment for pain.

K. Respondent prescribed and treated Patient 2 without knowledge or information regarding current standards for prescribing opioids.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence/Repeated Negligent Acts/Incompetence)

Patient 3

20. Respondent began to treat Patient 3 in late 2017. Patient 3 was a 52-year-old man who had quadriplegia after a 2007 accident. He had multiple serious chronic conditions, including

pain and anxiety, in addition to social isolation and poverty. At the time he first saw Patient 3, the patient had just been released from a prolonged hospitalization for urosepsis, pneumonia and respiratory failure. Patient 3 was a known abuser of methamphetamine, heroin, and cannabis. Patient 3 was under Respondent's care until May 2019, and transferred to other providers in July 2019.

21. Patient 3's first documented visit with Respondent was on February 15, 2018. Respondent conducted only a cursory evaluation, and his notation included vital signs, and that the patient was "communicative and joking." Respondent indicated he would refill "chronic meds" including Flexeril[13], Norco, and Gabapentin. A February 16, 2018 note included a mediation list which included Klonopin[14], fentanyl, Norco, Flexeril, gabapentin and methadone[15]. Over the following months, the patient requested increased dosages of fentanyl, along with valium[16] to treat leg cramps, and Ativan[17] for anxiety. In September 2018, Patient 3 was admitted to the hospital for altered level of consciousness, and was administered Narcan, a drug used to reverse the effects of opiates.

22. Between February 2018 and continuing until February 2020, Respondent regularly prescribed Duragesic, Methadone, Norco, Ativan and Klonopin. At no time during his treatment of Patient 3 did Respondent ever formulate or document a treatment plan other than refilling various mediations. Respondent at no time conducted or documented a thorough medical history, physical examination, or an assessment and evaluation of the patient's medical conditions, or the rationale behind prescribing three different opioids, combined with benzodiazepines, gabapentin and at times, Flexeril. At no time did Respondent conduct or document a substance abuse history, or evaluate the safety or efficacy of prescribing multiple narcotics -some long acting and some short acting- and benzodiazepines to a known substance abuser. Similarly, Respondent purported to be unaware that toxicological screening in December 2017 revealed a number of non-

[13] Flexeril is used short-term to treat muscle spasms.
[14] Klonopin is a benzodiazepine and a Schedule IV controlled substances.
[15] Methadone is a synthetic narcotic analgesic similar to morphine. It is a Schedule II controlled substance, and should be used with caution in those who are receiving other narcotic analgesics.
[16] Valium is a psychotropic drug and a Schedule IV controlled substance.
[17] Ativan is a benzodiazepine and a Schedule IV controlled substance.

prescribed substances, including codeine/morphine, hydrocodone, benzodiazepines, methamphetamine and heroin. In December 20018, a toxicology test detected non-prescribed benzodiazepines. In April 2019, Patient 3 was diagnosed at a local hospital as having nausea and vomiting due to cannabis hyperemesis syndrome. Respondent at no time evaluated, assessed or apparently even considered the patient's substance abuse or in any manner address the etiology of his symptoms of nausea and vomiting. Similarly, Respondent failed to address or respond to various physical ailments suffered by Patient 3, or even to review and respond to notes or request from public health nursing regarding the patient.

23. Respondent is guilty of unprofessional conduct in his care and treatment of Patient 3, and is subject to disciplinary action under section 2234 and/or 2234(b) and/or 2234(c) and/or 2234(d) of the Code in that Respondent committed gross negligence and/or repeated negligent acts and/or demonstrated incompetence, including but not limited to the following:

A. Respondent prescribed methadone, fentanyl, Norco, Flexeril, Klonopin and gabapentin to Patient 3 without ever conducing an appropriate evaluation and history and without assessment of the indication for the medications, and without any evaluation or assessment of the potential for interactions between the medications.

B. Respondent prescribed multiple opioids and benzodiazepines to a known substance abuser without ever conducing a substance abuse history or assessment, and without any consideration of the risks posed by such prescribing, and without ever attempting to manage Patient 3's polysubstance use disorder.

C. Respondent prescribed controlled substances, over a long period of time and in high dosages, without obtaining/and/or documenting informed consent.

D. Respondent prescribed controlled substances, over a long period of time and in high dosages, without documenting a treatment plan with specific treatment goals.

E. Respondent failed to review and respond to multiple public health nurse notes regarding Patient 3.

F. Respondent failed to assess, evaluate or respond to Patient 3's multiple medical issues over the course of treatment.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Accurate and Adequate Medical Records)

24. Respondent is guilty of unprofessional conduct and subject to discipline for violation of Sections 2234 and/or 2266 of the Code for failure to keep adequate and accurate medical records for each of the three patients alleged above.

25. In each case, Respondent's medical records fail to include a complete or even partial assessment of the patient's presenting condition, an assessment of the patient, the rationale for prescribing, or response to treatment. Respondent's records regularly stated that a medication had been prescribed for the patient, did not state the medical indication or rational for the prescription. Respondent's records for each patient lack a clear and understandable list of medications prescribed, and it is impossible to determine what medication the patients were on at any given time, at what dosage, or for what reason. Respondent failed to document an appropriate or adequate informed consent was provided to any of the three patients, at any time over the course of treatment, or for the types, amounts and combinations of drugs prescribed.

PRESCRIBING RESULTING IN HARM TO PATIENTS

26. Respondent's patterns of prescribing controlled substances to the three patients described in this Accusation subjected the patients to unnecessary polypharmacy. His indiscriminate and incautious prescribing of controlled medications increased the chance of many adverse outcomes, including adverse drug reactions, adverse drug interactions, falls, cognitive impairment and mortality. Respondent further subjected his patients to an unwarranted risk of harm when he undertook to prescribe controlled substances to treat complex patient conditions, when Respondent lacked the necessary knowledge to appropriately manage these patients. Respondent's irrational and sudden reduction of Patient 2's Dilaudid dose resulted in painful withdrawal symptoms that Respondent did not treat, and apparent self-treatment or diversion.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 51614 , issued to Emmett Chase, M.D.;

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

3. Ordering Emmett Chase, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: JUL 12 2021

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

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