

1                                   **BEFORE THE BOARD OF MEDICAL EXAMINERS**  
2                                   **OF THE STATE OF NEVADA**

3                                   \* \* \* \* \*

4                                   ) **In the Matter of Charges and**

5                                   ) **Complaint Against**

6                                   ) **MARYANNE PHILLIPS, M.D.,**

7                                   ) **Respondent.**

Case No. 09-10032-1

FILED

DEC 23 2009

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

10                                   **COMPLAINT**

11                                   The Investigative Committee of the Nevada State Board of Medical Examiners, composed  
12 of Charles N. Held, M.D., Benjamin J. Rodriguez, M.D., and Jean Stoess, M. A., at the time of the  
13 authorization of filing this formal complaint, by and through Edward O. Cousineau, counsel for the  
14 Investigative Committee, having a reasonable basis to believe that Maryanne Phillips, M.D.,  
15 hereinafter referred to as "Respondent," has violated the provisions of NRS Chapter 630, hereby  
16 issues its formal Complaint, stating the Investigative Committee's charges and allegations, as  
17 follows:

18                                   1.       Respondent was licensed to practice medicine in the state of Nevada on  
19 December 21, 1995, Respondent's license to practice medicine is currently in active status, and at  
20 all times alleged herein, Respondent was licensed in active status by the Nevada State Board of  
21 Medical Examiners, pursuant to the provisions of Chapter 630 of the Nevada Revised Statutes.

22                                   2.       On or about December 2, 2008 and in lieu of formal disciplinary proceedings,  
23 Respondent entered into a Stipulated Settlement and Disciplinary Order with the Medical Board  
24 of California, which was accepted and became effective on or about April 6, 2009, the terms of  
25 which revoked Respondent's license to practice medicine, with the revocation stayed, and  
26 requiring Respondent to comply with various terms as conditions of probation. (See Exhibit 1)

27                                   3.       On or about May 8, 2009, Respondent renewed her licensee with the Nevada State  
28 Board of Medical Examiners for the 2009-2011 licensure biennium. Question 9 of the renewal

1 application asked “[h]ave you had a medical license or license to practice any other healing art  
2 revoked, suspended, limited, or restricted in any state, country or U.S. territory?” Respondent  
3 answered in the negative.

4 COUNT I

5 4 All of the above paragraphs are incorporated by reference as though fully set forth  
6 herein.

7 5. Section 630.301(3) of the Nevada Revised Statutes provides that any disciplinary  
8 action, including without limitation, the revocation, suspension, modification or limitation of the  
9 license to practice any type of medicine by any other jurisdiction is grounds for disciplinary  
10 action.

11 6. Based upon the forgoing, Respondent has violated Nevada Revised Statutes  
12 630.301(3) and is subject to discipline by the Nevada State Board of Medical Examiners as  
13 provided in Nevada Revised Statute 630.352.

14 COUNT II

15 7. All of the above paragraphs are incorporated by reference as though fully set forth  
16 herein.

17 8. Respondent failed to report to the Board the stayed revocation of her license in the  
18 state of California during the most recent renewal of licensure process. Section 630.304(1) of the  
19 Nevada Revised Statutes provides that obtaining, maintaining or renewing or attempting to obtain,  
20 maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any  
21 false, misleading, inaccurate or incomplete statement is grounds for disciplinary action.

22 9. Based upon the forgoing, Respondent has violated Nevada Revised Statutes  
23 630.304(1) and is subject to discipline by the Nevada State Board of Medical Examiners as  
24 provided in Nevada Revised Statute 630.352.

25 WHEREFORE, the Investigative Committee prays:

- 26 1. That the Board fix a time and place for a formal hearing;
- 27 2. That the Board give Respondent notice of the charges herein against her, the time  
28 and place set for the hearing, and the possible sanctions against her;

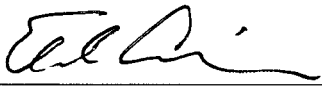
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3. That the Board determine what sanctions it determines to impose for the violation or violations committed by Respondent; and

4. That the Board make, issue and serve on Respondent its findings of facts, conclusions of law and order, in writing, that includes the sanctions imposed.

DATED this 23<sup>rd</sup> day of December, 2009.

INVESTIGATIVE COMMITTEE OF  
THE NEVADA STATE BOARD OF MEDICAL EXAMINERS


By:   
Edward O. Cousineau  
Attorney for the Investigative Committee of the  
Nevada State Board of Medical Examiners

**CERTIFICATE OF MAILING**

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 23<sup>rd</sup> day of December 2009, I served a file copy of the COMPLAINT w/ exhibit, FINGERPRINT INFORMATION, and copy of appointment letter by mailing USPS certified mail to the following:

Maryanne Phillips, M.D.  
3540 W. Sahara Ave., Box 434  
Las Vegas, NV 89102

Dated this 23<sup>rd</sup> day of December 2009.

  
\_\_\_\_\_  
Laurie L. Munson

# **EXHIBIT**

**1**

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

In the Matter of the Accusation )  
Against: )

MARYANNE PHILLIPS, M.D. )

File No. 09-2004-161866

Physician's and Surgeon's )  
Certificate No. A 63753 )

Respondent )

RECEIVED

APR 27 2009

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

DECISION

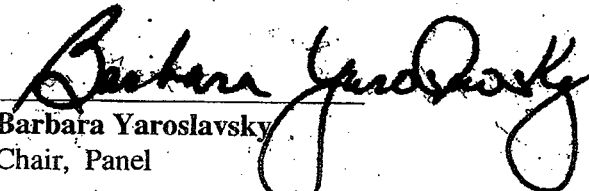
The attached **Stipulated Settlement and Disciplinary Order** is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 6, 2009.

IT IS SO ORDERED March 5, 2009.

MEDICAL BOARD OF CALIFORNIA

By:

  
Barbara Yaroslavsky  
Chair, Panel

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 SAMUEL K. HAMMOND, State Bar No. 141135  
Deputy Attorney General  
4 110 West "A" Street, Suite 1100  
San Diego, CA 92101

5  
6 P.O. Box 85266  
San Diego, CA 92186-5266  
Telephone: (619) 645-2083  
7 Facsimile: (619) 645-2061

8 Attorneys for Complainant  
9

10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 MARYANNE PHILLIPS, M.D.  
5201 Brookmere Drive  
Las Vegas, NV 89130

15 Physician's and Surgeon's  
16 Certificate No. A 63753

17 Respondent.  
18

Case No. 09-2004-161866

OAH No. L-2006100651

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
21 above-entitled proceedings that the following matters are true:

22 PARTIES

23 1. Barbara Johnston (Complainant) is the Executive Director of the Medical  
24 Board of California. She brought this action solely in her official capacity and is represented in  
25 this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Samuel K.  
26 Hammond, Deputy Attorney General.

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1           2.     Respondent Maryanne Phillips, M.D. (Respondent) is represented in this  
2 proceeding by attorney Cary W. Miller, Esq., whose address is 101 W. Broadway, Suite 1330,  
3 San Diego, CA 92101-8214.

4           3.     On or about October 24, 1997, the Medical Board of California issued  
5 Physician's and Surgeon's Certificate No. A 63753 to Maryanne Phillips, M.D. (Respondent).  
6 The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
7 charges brought in Accusation No. 09-2004-161866 and will expire on September 30, 2009,  
8 unless renewed.

9   JURISDICTION

10          4.     On or about August 21, 2006, Accusation No. 09-2004-161866 was filed  
11 before the Medical Board of California, Department of Consumer Affairs, State of California  
12 (hereinafter "Board"), and is currently pending against Respondent. A true and correct copy of  
13 the Accusation and all other statutorily required documents were properly served on Respondent  
14 on August 21, 2006. Respondent timely filed her Notice of Defense contesting the Accusation.  
15 A true and correct copy of Accusation No. 09-2004-161866 is attached as Exhibit A and  
16 incorporated herein by reference.

17   ADVISEMENT AND WAIVERS

18          5.     Respondent has carefully read, fully discussed with counsel, and  
19 understands the charges and allegations in Accusation No. 09-2004-161866. Respondent has  
20 also carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
21 Settlement and Disciplinary Order.

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



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

3   CULPABILITY

4           8.       Respondent does not contest that at an administrative hearing,  
5 Complainant could establish a *prima facie* case with respect to the charges and allegations  
6 contained in Accusation No. 09-2004-161866, and that she has thereby subjected her Physician's  
7 and Surgeon's Certificate No. A No. A 63753 to disciplinary action. Respondent agrees to the  
8 bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

9   CONTINGENCY

10          9.       The parties agree that this Stipulated Settlement and Disciplinary Order  
11 shall be submitted to the Board for its consideration in the above-entitled matter and, further, that  
12 the Board shall have a reasonable period of time in which to consider and act on this Stipulated  
13 Settlement and Disciplinary Order after receiving it.

14          10.      The parties agree that this Stipulated Settlement and Disciplinary Order  
15 shall be null and void and not binding upon the parties unless approved and adopted by the  
16 Board, except for this paragraph, which shall remain in full force and effect. Respondent fully  
17 understands and agrees that in deciding whether or not to approve and adopt this Stipulated  
18 Settlement and Disciplinary Order, the Board may receive oral and written communications from  
19 its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall  
20 not disqualify the Board, any member thereof, and/or any other person from future participation  
21 in this or any other matter affecting or involving respondent. In the event that the Board, in its  
22 discretion, does not approve and adopt this Stipulated Settlement and Disciplinary Order, with  
23 the exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
24 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
25 hereto. Respondent further agrees that should the Board reject this Stipulated Settlement and  
26 Disciplinary Order for any reason, respondent will assert no claim that the Board, or any member  
27 thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated  
28 Settlement and Disciplinary Order or of any matter or matters related hereto.

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ADDITIONAL PROVISIONS

11. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

12. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 63753 issued to Respondent Maryanne Phillips, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years (from the effective date of the Decision) based on the following terms and conditions.

1. PRESCRIBING PRACTICES COURSE Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices, at Respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

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.

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1                   2.     MEDICAL RECORD KEEPING COURSE Within 60 calendar days of  
2 the effective date of this decision, Respondent shall enroll in a course in medical record keeping,  
3 at Respondent's expense, approved in advance by the Board or its designee. Failure to  
4 successfully complete the course during the first 6 months of probation is a violation of  
5 probation.

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

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

14                   3.     ETHICS COURSE Within 60 calendar days of the effective date of this  
15 Decision, Respondent shall enroll in a course in ethics, at Respondent's expense, approved in  
16 advance by the Board or its designee. Failure to successfully complete the course during the first  
17 year of probation is a violation of probation.

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

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

26                   4.     CLINICAL TRAINING PROGRAM Within 60 calendar days of the  
27 effective date of this Decision, Respondent shall enroll in a clinical training or educational

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1 program equivalent to the Physician Assessment and Clinical Education Program (PACE)  
2 offered at the University of California - San Diego School of Medicine ("Program").

3           The Program shall consist of a Comprehensive Assessment program comprised of  
4 a two-day assessment of Respondent's physical and mental health; basic clinical and  
5 communication skills common to all clinicians; and medical knowledge, skill and judgment  
6 pertaining to Respondent's specialty or sub-specialty, and at minimum, a 40 hour program of  
7 clinical education in the area of practice in which Respondent was alleged to be deficient and  
8 which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any  
9 other information that the Board or its designee deems relevant. Respondent shall pay all  
10 expenses associated with the clinical training program.

11           Based on Respondent's performance and test results in the assessment and clinical  
12 education, the Program will advise the Board or its designee of its recommendation(s) for the  
13 scope and length of any additional educational or clinical training, treatment for any medical  
14 condition, treatment for any psychological condition, or anything else affecting Respondent's  
15 practice of medicine. Respondent shall comply with Program recommendations.

16           At the completion of any additional educational or clinical training, Respondent  
17 shall submit to and pass an examination. The Program's determination whether or not  
18 Respondent passed the examination or successfully completed the Program shall be binding.

19           Respondent shall complete the Program not later than six months after  
20 Respondent's initial enrollment unless the Board or its designee agrees in writing to a later time  
21 for completion.

22           Failure to participate in and complete successfully all phases of the clinical  
23 training program outlined above is a violation of probation.

24           Respondent shall not practice as a pain management physician and shall not  
25 undertake the management, treatment or care of chronic pain patients in California until  
26 Respondent has successfully completed the Program and has been so notified by the Board or its  
27 designee in writing. Respondent may practice as pain management physician in a clinical  
28 training program approved by the Board or its designee.

1                   5.     NOTIFICATION Prior to engaging in the practice of medicine in  
2 California, the Respondent shall provide a true copy of the Decision(s) and Accusation(s) to the  
3 Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership  
4 are extended to Respondent, at any other facility where Respondent engages in the practice of  
5 medicine, including all physician and locum tenens registries or other similar agencies, and to the  
6 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage  
7 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
8 15 calendar days.

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

11                  6.     SUPERVISION OF PHYSICIAN ASSISTANTS During probation,  
12 Respondent is prohibited from supervising physician assistants in California.

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

16                  8.     QUARTERLY DECLARATIONS Respondent shall submit quarterly  
17 declarations under penalty of perjury on forms provided by the Board, stating whether there has  
18 been compliance with all the conditions of probation. Respondent shall submit quarterly  
19 declarations not later than 10 calendar days after the end of the preceding quarter.

20                  9.     PROBATION UNIT COMPLIANCE Respondent shall comply with the  
21 Board's probation unit. Respondent shall, at all times, keep the Board informed of Respondent's  
22 business and residence addresses. Changes of such addresses shall be immediately  
23 communicated in writing to the Board or its designee. Under no circumstances shall a post office  
24 box serve as an address of record, except as allowed by Business and Professions Code section  
25 2021(b).

26                  Respondent shall not engage in the practice of medicine in Respondent's home.  
27 Respondent shall maintain a current and renewed California physician's and surgeon's license.

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

4 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE Respondent  
5 shall be available in person for interviews either at Respondent's place of business or at the  
6 probation unit office, with the Board or its designee, upon request at various intervals, and either  
7 with or without prior notice throughout the term of probation.

8 11. RESIDING OR PRACTICING OUT-OF-STATE In the event  
9 Respondent should leave the State of California to reside or to practice, Respondent shall notify  
10 the Board or its designee in writing 30 calendar days prior to the dates of departure and return.  
11 Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is  
12 not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions  
13 Code.

14 All time spent in an intensive training program outside the State of California  
15 which has been approved by the Board or its designee shall be considered as time spent in the  
16 practice of medicine within the State. A Board-ordered suspension of practice shall not be  
17 considered as a period of non-practice. Periods of temporary or permanent residence or practice  
18 outside California will not apply to the reduction of the probationary term. Periods of temporary  
19 or permanent residence or practice outside California will relieve Respondent of the  
20 responsibility to comply with the probationary terms and conditions with the exception of this  
21 condition and the following terms and conditions of probation: Obey All Laws; Probation Unit  
22 Compliance; and Cost Recovery.

23 Respondent's license shall be automatically canceled if Respondent's periods of  
24 temporary or permanent residence or practice outside California total two years. However,  
25 Respondent's license shall not be canceled as long as Respondent is residing and practicing  
26 medicine in another state of the United States and is on active probation with the medical  
27 licensing authority of that state, in which case the two year period shall begin on the date  
28 probation is completed or terminated in that state.

1                   12.    FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

2                   In the event Respondent resides in the State of California and for any reason  
3 Respondent stops practicing medicine in California, Respondent shall notify the Board or its  
4 designee in writing within 30 calendar days prior to the dates of non-practice and return to  
5 practice. Any period of non-practice within California, as defined in this condition, will not  
6 apply to the reduction of the probationary term and does not relieve Respondent of the  
7 responsibility to comply with the terms and conditions of probation. Non-practice is defined as  
8 any period of time exceeding 30 calendar days in which Respondent is not engaging in any  
9 activities defined in sections 2051 and 2052 of the Business and Professions Code.

10                   All time spent in an intensive training program which has been approved by the  
11 Board or its designee shall be considered time spent in the practice of medicine. For purposes of  
12 this condition, non-practice due to a Board-ordered suspension or in compliance with any other  
13 condition of probation, shall not be considered a period of non-practice.

14                   Respondent's license shall be automatically canceled if Respondent resides in  
15 California and for a total of two years, fails to engage in California in any of the activities  
16 described in Business and Professions Code sections 2051 and 2052.

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

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

28    ///

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

12                    16.    PROBATION MONITORING COSTS   Respondent shall pay the costs  
13 associated with probation monitoring each and every year of probation, as designated by the  
14 Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical  
15 Board of California and delivered to the Board or its designee no later than January 31 of each  
16 calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of  
17 probation.

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ACCEPTANCE

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I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Cary W. Miller, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 63753. 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, Department of Consumer Affairs, State of California

DATED 12/2/08

  
\_\_\_\_\_  
MARYANNE PHILLIPS, M.D.  
Respondent

I have read and fully discussed with Respondent Maryanne Phillips, 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: 12/2/08

  
\_\_\_\_\_  
CARY W. MILLER, ESQ.  
Attorney for Respondent

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ENDORSEMENT

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

DATED: 12/3/08

EDMUND G. BROWN JR., Attorney General  
of the State of California

THOMAS S. LAZAR  
Supervising Deputy Attorney General



SAMUEL K. HAMMOND  
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2006700588  
80312627.wpd

**Exhibit A**

**Accusation No. 09-2004-161866**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO *Aug. 21, 2006*  
BY *Brenda Allen* ANALYST

1 BILL LOCKYER, Attorney General  
of the State of California  
2 STEVEN H. ZEIGEN, State Bar No. 60225  
Deputy Attorney General  
3 California Department of Justice  
110 West "A" Street, Suite 1100  
4 San Diego, CA 92101

5 P.O. Box 85266  
San Diego, CA 92186-5266  
6 Telephone: (619) 645-2074  
Facsimile: (619) 645-2061

7 Attorneys for Complainant  
8

9 **BEFORE THE**  
10 **DIVISION OF MEDICAL QUALITY**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 09-2004-161866

15 MARYANNE PHILLIPS, M.D.  
5201 Brookmere Drive  
16 Las Vegas, NV 89130

OAH No.

**A C C U S A T I O N**

17 Physician's and Surgeon's Certificate  
No. A 63753

Respondent.

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19 Complainant alleges:

20 **PARTIES**

21 1. David T. Thornton (Complainant) brings this Accusation solely in his  
22 official capacity as the Executive Director of the Medical Board of California, Department of  
23 Consumer Affairs and not otherwise.

24 2. On or about October 24, 1997, the Medical Board of California issued  
25 Physician's and Surgeon's Certificate Number A 63753 to MARYANNE PHILLIPS, M.D.  
26 (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times  
27 relevant to the charges brought herein and will expire on September 30, 2007, unless renewed.

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JURISDICTION

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2           3.     This Accusation is brought before the Division of Medical Quality  
3 (Division) for the Medical Board of California, Department of Consumer Affairs, under the  
4 authority of the following laws. All section references are to the Business and Professions Code  
5 unless otherwise indicated.

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

11           B.     Section 2220 of the Code states:

12           "Except as otherwise provided by law, the Division of Medical Quality may take  
13 action against all persons guilty of violating this chapter [Chapter 5, the Medical Practice  
14 Act]. The division shall enforce and administer this article as to physician and surgeon  
15 certificate holders, and the division shall have all the powers granted in this chapter for  
16 these purposes including, but not limited to:

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

23           "(b) Investigating the circumstances of practice of any physician and surgeon  
24 where there have been any judgments, settlements, or arbitration awards requiring the  
25 physician and surgeon or his or her professional liability insurer to pay an amount in  
26 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with respect  
27 to any claim that injury or damage was proximately caused by the physician's and  
28 surgeon's error, negligence, or omission.

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

4           C.     Section 2234 of the Code states:

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

8           "(a) Violating or attempting to violate, directly or indirectly, assisting in or  
9 abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5,  
10 the Medical Practice Act].

11          "(b) Gross negligence.

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

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

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

24          "(d) Incompetence.

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

27          "(f) Any action or conduct which would have warranted the denial of a certificate.

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D. Section 2238 of the Code states:

"A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct."

E. Section 2241 of the Code states:

"Unless otherwise provided by this section, the prescribing, selling, furnishing, giving away, or administering or offering to prescribe, sell, furnish, give away, or administer any of the drugs or compounds mentioned in Section 2239 to an addict or habitué constitutes unprofessional conduct.

"If the drugs or compounds are administered or applied by a licensed physician and surgeon or by a registered nurse acting under his or her instruction and supervision, this section shall not apply to any of the following cases:

"(a) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, serious accident or injury, or the infirmities attendant upon age.

"(b) Treatment of addicts or habitués in state licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

"(c) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code."

F. Section 2242 of the Code states:

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

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

"(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if

1 the drugs were prescribed, dispensed, or furnished only as necessary to maintain the  
2 patient until the return of his or her practitioner, but in any case no longer than 72 hours.

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

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

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

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

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

17 G. Section 2266 of the Code states:

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

21 H. Section 725 of the Code states:

22 "Repeated acts of clearly excessive prescribing or administering of drugs or  
23 treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts  
24 of clearly excessive use of diagnostic or treatment facilities as determined by the standard  
25 of the community of licensees is unprofessional conduct for a physician and surgeon,  
26 dentist, podiatrist, psychologist, physical therapist, chiropractor, or optometrist.

27 However, pursuant to Section 2241.5, no physician and surgeon in compliance with the  
28 California Intractable Pain Treatment Act shall be subject to disciplinary action for



1 lawfully prescribing or administering controlled substances in the course of treatment of a  
2 person for intractable pain."

3 I. Controlled Substances and Dangerous Drugs:

4 This Accusation is also made in reference to the following controlled substances  
5 and dangerous drugs.

6 (1) "Actiq" is a Schedule II controlled substance within the meaning of the Health  
7 and Safety Code of the State of California and a dangerous drug within the meaning of  
8 Code section 4022. Actiq delivers fentanyl in a sublingual form (lollipop on a stick)  
9 which is absorbed through the buccal mucosa. Actiq is very fast acting, but of short  
10 duration, and can be highly addictive and subject to abuse.

11 (2) "Duragesic" (patch) is a brand name for Fentanyl and is a Schedule II  
12 controlled substance within the meaning of the Health and Safety Code of the State of  
13 California and a dangerous drug within the meaning of Code section 4022 .

14 (3) "Methadone" is a Schedule II controlled substances within the meaning of the  
15 Health and Safety Code of the State of California and a dangerous drug within the  
16 meaning of Code section 4022.

17 (4) "OxyContin" is a brand name for oxycodone hydrochloride, and a Schedule II  
18 controlled substance within the meaning of the Health and Safety Code of the State of  
19 California, and a dangerous drug within the meaning of Code section 4022.

20 (5) "Hydrocodone" is a Schedule II controlled substance within the meaning of  
21 the Health and Safety Code of the State of California and a dangerous drug within the  
22 meaning of Code section 4022.

23 (6) "Oxycodone" is a Schedule II controlled substance within the meaning of the  
24 Health and Safety Code of the State of California and a dangerous drug within the  
25 meaning of Code section 4022.

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1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 Patient L.R.

4 4. Respondent is subject to disciplinary action under Code sections 2220,  
5 2227 and 2234, as defined by 2234 (b) of the Code, in that she was grossly negligent in her care,  
6 treatment and management of patient L.R. The circumstances are as follows:

7 A. On or about January 18, 2002, patient L.R., a 42 year old female, was seen  
8 by respondent for a complaint of pain in her right shoulder, neck and in her knees. At the  
9 time, patient L.R. was taking two forms of hydrocodone products, including Vicodin and  
10 Norco, as well as two anti-inflammatory medications, Naprosyn and Ibuprofen. The  
11 initial consultation report did not indicate the dose amount or the frequency of these  
12 medications. The initial treatment plan included injection therapy of the right shoulder,  
13 possible cervical epidural steroid injection after review of MRI and medical management  
14 with Norco and Zanaflex.

15 B. On or about January 24, 2002, respondent, for the first time, prescribed  
16 patient L.R., a 30 day supply of 120 Actiq in 800 mcg dosage size. There is no medical  
17 record entry regarding the prescription for Actiq, nor any documented medical indication  
18 for prescribing Actiq.

19 C. Between January 24, 2002, and November 28, 2003, respondent prescribed  
20 Actiq for patient L.R. on 52 occasions, for a total of 13,150 doses, an average of 20.13  
21 doses per day. The doses were in the amounts of 800 mcg., 1200 mcg., and 1600 mcg.  
22 On some occasions within a few days of each prescription, respondent would prescribe  
23 Actiq in differing strengths. For example, on April 16, 2003, respondent prescribed 300  
24 Actiq 1200 mcg., another 300 Actiq 800 mcg. on April 17, 2003, and another 300 Actiq  
25 1600 mcg. on April 28, 2003. Each prescription was for a 30 day period. Respondent's  
26 medical records for patient L.R. set forth no explanation or medical indication for the  
27 various doses of Actiq, the amount prescribed, or the frequency of the prescriptions.

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1           D.       Between January 24, 2002, and November 28, 2003, respondent also  
2       prescribed patient L.R. an additional 2060 doses of Duragesic, hydrocodone/APAP,  
3       methodone, oxycodone/APAP and OxyContin for a combined total, with the Actiq, of  
4       16,650 doses for a combined average of 25.49 doses per day. The medical records set  
5       forth no explanation or medical indication for the dose amounts, the amounts prescribed  
6       or the frequency of the various prescriptions. On many occasions these opioid  
7       prescriptions were renewed without office visits by patient L.R. and with no  
8       documentation of the prescription or of medical indication in the medical records to  
9       justify the renewal of the prescriptions. In fact, between October 17, 2002, and March 31,  
10      2003, respondent wrote no progress notes at all regarding any examinations, findings, or  
11      medical indications or justification for the opioids prescribed during this period.

12           E.       Between January 24, 2002, and November 28, 2003, respondent knew or  
13      should have known that patient L.R. had become addicted to Actiq. Respondent,  
14      nonetheless, continued to provide Actiq to patient L.R. without a medical indication and  
15      contrary to the patient's health, safety and welfare. On or about November 28, 2003,  
16      respondent prescribed methadone 10 mg to patient L.R., without referring her to an  
17      appropriate specialist in addiction medicine.

18           5.       Respondent is guilty of gross negligence in her care, treatment and  
19      management of patient L.R. by reason of, but not limited to, the following:

20           A.       Respondent failed to document in her medical records for patient L.R. a  
21      medical indication for the amount of opioids prescribed. Between on or about October  
22      17, 2002, and March 31, 2003, respondent did not record in patient L.R.'s medical  
23      records any findings, examination results, medical indications or justifications for the  
24      opioids she continued to prescribe for patient L.R.

25           B.       The amount of opioids prescribed was clearly excessive and contrary to  
26      patient L.R.'s health, safety and welfare.

27           C.       Respondent failed to properly monitor patient L.R.'s use of the opioids  
28      prescribed, failed to document in the medical records for patient L.R. the efficacy of the

1 opioids and whether the patient was appropriately using the opioids, failed to provide any  
2 explanation or medical indication as to why she rapidly increased the dose amounts and  
3 quantity of opioids to patient L.R., and failed to provide an individualized treatment plan  
4 for patient L.R. including overall treatment goals and long term treatment strategy.

5 D. In spite of the fact that respondent knew or should have known  
6 patient L.R. was addicted to the opioids she was prescribing, respondent failed to refer  
7 patient L.R. to an appropriate specialist in addiction medicine, and continued to prescribe  
8 opioids to patient L.R.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Repeated Negligent Acts)**

11 6. Respondent is subject to further disciplinary action under Code sections  
12 2220, 2227 and 2234, as defined by section 2234 (c) of the Code, in that she was repeatedly  
13 negligent in her care, treatment and management of patient L.R. as set forth in paragraphs 4 (A-  
14 E) and 5 (A-D) above which are incorporated herein by reference as though fully set forth.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Incompetence)**

17 7. Respondent is subject to further disciplinary action under Code sections  
18 2220, 2227 and 2234, as defined by section 2234 (d) of the Code, in that she was incompetent in  
19 her care, treatment and management of patient L.R. as set forth in paragraphs 4 (A-E) and 5 (A-  
20 D) above which are incorporated herein by reference as though fully set forth.

21 **FOURTH CAUSE FOR DISCIPLINE**

22 **(Violation of Drug Statute)**

23 8. Respondent is subject to further disciplinary action under Code sections  
24 2220, 2227 and 2234, as defined by section 2238, of the Code, in that she violated drug laws of  
25 the State of California in her care, treatment and management of patient L.R. as set forth in  
26 paragraphs 4 (A-E) and 5 (A-D) above which are incorporated herein by reference as though fully  
27 set forth.

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**FIFTH CAUSE FOR DISCIPLINE**

**(Prescribing to an Addict)**

9. Respondent is subject to further disciplinary action under Code sections 2220, 2227 and 2234, as defined by section 2241 of the Code, in that she prescribed to an addict in her care, treatment and management of patient L.R. as set forth in paragraphs 4 (A-E) and 5 (A-D) above which are incorporated herein by reference as though fully set forth.

**SIXTH CAUSE FOR DISCIPLINE**

**(Prescribing Without Good Faith Examination and Medical Indication)**

10. Respondent is subject to further disciplinary action under Code sections 2220, 2227 and 2234, as defined by section 2242 of the Code, in that she prescribe dangerous drugs and controlled substances to patient L.R. without a good faith prior examination and medical indication as set forth in paragraphs 4 (A-D) and 5 (A-D) above which are incorporated herein by reference as though fully set forth.

**SEVENTH CAUSE FOR DISCIPLINE**

**(Failure to Maintain Adequate and Accurate Records)**

11. Respondent is subject to further disciplinary action under Code sections 2220, 2227 and 2234, as defined by section 2266 of the Code, in that she failed to maintain adequate and accurate records justifying her prescribing of opioids to patient L.R. as set forth in paragraphs 4 (A-E) and 5 (A-D) above which are incorporated herein by reference as though fully set forth.

**EIGHTH CAUSE FOR DISCIPLINE**

**(Excessive Prescribing)**

12. Respondent is subject to further disciplinary action under Code sections 2220, 2227 and 2234, as defined by section 725 of the Code, in that she prescribed clearly excessive amounts of controlled substances and dangerous drugs to patient L.R. as set forth in paragraphs 4 (A-E) and 5 (A-D) above which are incorporated herein by reference as though fully set forth.

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1 NINTH CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 Patient P.R.

4 13. Respondent is subject to further disciplinary action under Code sections  
5 2220, 2227 and 2234, as defined by section 2234 (b) of the Code, in that she was grossly  
6 negligent in her care, treatment and management of patient P.R. The circumstances are as  
7 follows:

8 A. On or about September 20, 2001, respondent first saw patient P.R., a 40  
9 year old male, with a history of chronic low back pain and bilateral lower extremity  
10 radiculitis. Respondent recorded in the patient's medical records her impression that he  
11 suffered from a "Degenerative disc disease of the lower spine." Her plan was to refer him  
12 for a surgical evaluation and to change his medication to OxyContin 20 mg., and use  
13 Norco only for breakthrough pain. She also prescribed Celebrex one b.i.d. He was  
14 instructed to return in 3 to 4 weeks following his surgical consult.

15 B. On or about December 3, 2001, respondent saw patient P.R. and recorded  
16 in his medical chart that he had minimal improvement since the last visit. Respondent's  
17 plan was to continue medication management with Norco and Celebrex and reduce the  
18 amount of OxyContin. Respondent also, for the first time, prescribed Actiq. Respondent  
19 failed to document in the medical records any medical indication or justification for  
20 prescribing Actiq. Respondent also failed to set forth in the medical records the dose  
21 amount and the number of units prescribed.

22 C. Between January 28, 2002, and November 21, 2003, respondent prescribed  
23 Actiq for P.R. on 34 occasions for a total of 9,390 doses for an average of 14.18 doses per  
24 day. The doses were in the amounts of 800 mcg., 1200 mcg., and 1600mcg. On some  
25 occasions within a few days of each prescription, respondent would prescribe Actiq in  
26 differing strengths. For example, on June 25, 2003, respondent prescribed 300 Actiq  
27 1600 mcg., and then prescribed another 300 Actiq 800 mcg. on June 29, 2003. Each  
28 prescription was for a 30 day period. The medical records for patient P.R. set forth no

1 explanation or medical indication for the various doses of Actiq, the amount prescribed,  
2 or the frequency of the prescriptions.

3 D. Between January 24, 2002, and November 21, 2003, respondent also  
4 prescribed an additional 5549 doses of Duragesic, hydrocodone/APAP, methodone, and  
5 OxyContin. In combination with the Actiq, there was a total of 14,939 doses for a  
6 combined average of 22.56 doses per day. The medical records for P.R. set forth no  
7 explanation or medical indication for the dose amounts, the amounts prescribed or the  
8 frequency of the various prescriptions. On many occasions these opioid prescriptions  
9 were renewed without office visits by P.R. Respondent also failed to document in the  
10 medical records a justification or medical indication for the renewal of the prescriptions.  
11 In fact, between October 17, 2002, and March 31, 2003, respondent wrote no progress  
12 notes at all regarding any examinations, findings, explanations or medical indications for  
13 the opioids prescribed during this period.

14 E. Between January 24, 2002, and November 21, 2003, respondent knew or  
15 should have known that patient P.R. had become addicted to Actiq. Respondent,  
16 nonetheless, continued to provide Actiq to patient P.R. without a medical indication and  
17 contrary to the patient's health, safety and welfare. On or about January 31, 2002,  
18 October 23, 2003, and November 21, 2003, respondent prescribed Methadone to patient  
19 P.R. Respondent did not refer patient P.R. to a specialist in addiction medicine.

20 14. Respondent is guilty of gross negligence in her care, treatment and  
21 management of patient P.R. by reason of, but not limited to, the following:

22 A. Respondent failed to document in her medical records for patient P.R. a  
23 medical indication for the amount of opioids prescribed. Between on or about October  
24 17, 2002, and March 31, 2003, respondent did not record in patient P.R.'s medical  
25 records any findings, examination results, medical indications or justifications for the  
26 opioids she continued to prescribe to patient P.R.

27 B. The amount of opioids prescribed was clearly excessive and contrary to  
28 patient P.R.'s health, safety and welfare.

1 C. Respondent failed to properly monitor P.R.'s use of the opioids  
2 prescribed, failed to document in the medical records for P.R. the efficacy of the opioids,  
3 whether the patient was appropriately using the opioids, failed to provide any explanation  
4 or medical indication as to why she rapidly increased the dose amounts and quantity of  
5 opioids to P.R. and failed to provide an individualized treatment plan for P.R. including  
6 treatment goals and long term treatment strategy.

7 D. In spite of the fact that respondent knew or should have known  
8 P.R. was addicted to the opioids she was prescribing, respondent failed to refer P.R. to an  
9 appropriate specialist in addiction medicine and continued to prescribe opioids to P.R.

10 **TENTH CAUSE FOR DISCIPLINE**

11 **(Repeated Negligent Acts)**

12 15. Respondent is subject to further disciplinary action under Code sections  
13 2220, 2227 and 2234, as defined by section 2234 (c) of the Code, in that she was repeatedly  
14 negligent in her care, treatment and management of patient P.R. as set forth in paragraphs 13 (A-  
15 E) and 14 (A-D) above which are incorporated herein by reference as though fully set forth.

16 **ELEVENTH CAUSE FOR DISCIPLINE**

17 **(Incompetence)**

18 16. Respondent is subject to further disciplinary action under Code sections  
19 2220, 2227 and 2234, as defined by section 2234 (d) of the Code, in that she was incompetent in  
20 her care, treatment and management of patient P.R. as set forth in paragraphs 13(A-E) and 14 (A-  
21 D) above which are incorporated herein by reference as though fully set forth.

22 **TWELFTH CAUSE FOR DISCIPLINE**

23 **(Violation of Drug Statute)**

24 17. Respondent is subject to further disciplinary action under Code sections  
25 2220, 2227 and 2234, as defined by section 2238 of the Code, in that she violated drug laws of  
26 the State of California in her care, treatment and management of patient P.R. as set forth in  
27 paragraphs 13 (A-E) and 14 (A-D) above which are incorporated herein by reference as though  
28 fully set forth.



1 **THIRTEENTH CAUSE OF ACTION**

2 **(Prescribing to an Addict)**

3 18. Respondent is subject to further disciplinary action under Code sections  
4 2220, 2227 and 2234, as defined by section 2241 of the Code, in that she prescribed to an addict  
5 in her care, treatment and management of patient P.R. as set forth in paragraphs 13 (A-E) and 14  
6 (A-D) above which are incorporated herein by reference as though fully set forth.

7 **FOURTEENTH CAUSE OF ACTION**

8 **(Prescribing Without a Good Faith Examination and Medical Indication)**

9 19. Respondent is subject to further disciplinary action under Code sections  
10 2220, 2227 and 2234, as defined by section 2242 of the Code, in that she prescribed dangerous  
11 drugs and controlled substances to patient P.R. without a good faith examination and a medical  
12 indication as set forth in paragraphs 13 (A-E) and 14 (A-D) above which are incorporated herein  
13 by reference as though fully set forth.

14 **FIFTEENTH CAUSE OF ACTION**

15 **(Failure to Maintain Adequate and Accurate Records)**

16 20. Respondent is subject to further disciplinary action under Code sections  
17 2220, 2227 and 2234, as defined by section 2266 of the Code, in that she failed to maintain  
18 adequate and accurate records justifying her prescribing of opioids to patient P.R. as set forth in  
19 paragraphs 13 (A-E) and 14 (A-D) above which are incorporated herein by reference as though  
20 fully set forth.

21 **SIXTEENTH CAUSE OF ACTION**

22 **(Excessive Prescribing)**

23 21. Respondent is subject to further disciplinary action under Code sections  
24 2220, 2227 and 2234, as defined by section 725 of the Code, in that she prescribed clearly  
25 excessive amounts of controlled substances and dangerous drugs to patient P.R. as set forth in  
26 paragraphs 13 (A-E) and 14 (A-D) above which are incorporated herein by reference as though  
27 fully set forth.

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PRAYER

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

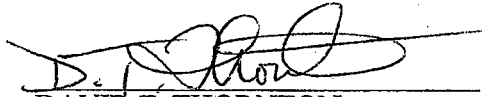
1. Revoking or suspending Physician's and Surgeon's Certificate Number A 63753, issued to Maryanne Phillips, M.D.

2. Revoking, suspending or denying approval of Maryanne Phillips, M.D.'s, authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. If placed on probation, ordering Maryanne Phillips, M.D., to pay the Division of Medical Quality the costs of probation monitoring;

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

DATED: August 21, 2006



DAVID T. THORNTON  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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