

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

**In the Matter of the Accusation Against:** )  
 )  
 )  
**GARY MAURICE FARBER, M.D.** ) **Case No. 8002013002015**  
 )  
**Physician's and Surgeon's** )  
**Certificate No. A 46359** )  
 )  
**Respondent.** )  
\_\_\_\_\_ )

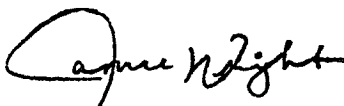
**DECISION AND ORDER**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.**

**This Decision shall become effective at 5:00 p.m. on January 20, 2017.**

**IT IS SO ORDERED December 21, 2016.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
**Jamie Wright, J.D., Chair**  
**Panel A**

1 KAMALA D. HARRIS  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 MICHAEL C. BRUMMEL  
Deputy Attorney General  
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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 **Gary Maurice Farber, M.D.**  
15 **2604-B El Camino Real, Ste. 117**  
**Carlsbad, CA 92008**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 46359**

18 Respondent.

Case No. 800-2013-002015

OAH No. 2016040977

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

21 PARTIES

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
23 of California (Board). She brought this action solely in her official capacity and is represented in  
24 this matter by Kamala D. Harris, Attorney General of the State of California, by Michael C.  
25 Brummel, Deputy Attorney General.

26 2. Respondent Gary Maurice Farber, M.D. (Respondent) is represented in this  
27 proceeding by attorney Dennis R. Thelen, Esq., whose address is: P.O. Box 12092  
28 Bakersfield, CA 93389-2092.



1 No. 800-2013-002015 and that he has thereby subjected his Physician's and Surgeon's Certificate  
2 No. A 46359 to disciplinary action.

3 10. Respondent agrees that if he ever petitions for early termination or modification of  
4 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
5 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-  
6 2013-002015 shall be deemed true, correct and fully admitted by Respondent for purposes of any  
7 such proceeding or any other licensing proceeding involving Respondent in the State of  
8 California.

9 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
10 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
11 Disciplinary Order below.

#### 12 CONTINGENCY

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

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

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

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 46359 issued  
3 to Respondent Gary Maurice Farber, M.D. is revoked. However, the revocation is stayed and  
4 Respondent is placed on probation for three (3) years from the effective date of the Decision on  
5 the following terms and conditions.

6 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
7 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
8 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
9 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
10 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
11 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
12 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
13 completion of each course, the Board or its designee may administer an examination to test  
14 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
15 hours of CME of which 40 hours were in satisfaction of this condition.

16 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective  
17 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the  
18 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,  
19 University of California, San Diego School of Medicine (Program), approved in advance by the  
20 Board or its designee. Respondent shall provide the program with any information and documents  
21 that the Program may deem pertinent. Respondent shall participate in and successfully complete  
22 the classroom component of the course not later than six (6) months after Respondent's initial  
23 enrollment. Respondent shall successfully complete any other component of the course within  
24 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense  
25 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
26 licensure.

27 A prescribing practices course taken after the acts that gave rise to the charges in the  
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have  
2 been approved by the Board or its designee had the course been taken after the effective date of  
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its  
5 designee not later than 15 calendar days after successfully completing the course, or not later than  
6 15 calendar days after the effective date of the Decision, whichever is later.

7 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
8 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to  
9 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education  
10 Program, University of California, San Diego School of Medicine (Program), approved in  
11 advance by the Board or its designee. Respondent shall provide the program with any information  
12 and documents that the Program may deem pertinent. Respondent shall participate in and  
13 successfully complete the classroom component of the course not later than six (6) months after  
14 Respondent's initial enrollment. Respondent shall successfully complete any other component of  
15 the course within one (1) year of enrollment. The medical record keeping course shall be at  
16 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
17 requirements for renewal of licensure.

18 A medical record keeping 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 its  
24 designee not later than 15 calendar days after successfully completing the course, or not later than  
25 15 calendar days after the effective date of the Decision, whichever is later.

26 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
27 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
28 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose

1 licenses are valid and in good standing, and who are preferably American Board of Medical  
2 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
3 relationship with Respondent, or other relationship that could reasonably be expected to  
4 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
5 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
6 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

7 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
8 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
9 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
10 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
11 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
12 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
13 signed statement for approval by the Board or its designee.

14 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
15 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
16 make all records available for immediate inspection and copying on the premises by the monitor  
17 at all times during business hours and shall retain the records for the entire term of probation.

18 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
19 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
20 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
21 shall cease the practice of medicine until a monitor is approved to provide monitoring  
22 responsibility.

23 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
24 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
25 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
26 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
27 that the monitor submits the quarterly written reports to the Board or its designee within 10  
28 calendar days after the end of the preceding quarter.

1 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
2 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
3 name and qualifications of a replacement monitor who will be assuming that responsibility within  
4 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
5 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
6 notification from the Board or its designee to cease the practice of medicine within three (3)  
7 calendar days after being so notified Respondent shall cease the practice of medicine until a  
8 replacement monitor is approved and assumes monitoring responsibility.

9 In lieu of a monitor, Respondent may participate in a professional enhancement program  
10 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
11 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
12 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
13 and education. Respondent shall participate in the professional enhancement program at  
14 Respondent's expense during the term of probation.

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

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

24 6. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
25 prohibited from supervising physician assistants.

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



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

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

6           9.    GENERAL PROBATION REQUIREMENTS.

7           Compliance with Probation Unit

8           Respondent shall comply with the Board's probation unit and all terms and conditions of  
9 this Decision.

10          Address Changes

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

16          Place of Practice

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

20          License Renewal

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

23          Travel or Residence Outside California

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

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

1 departure and return.

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

5 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
6 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
7 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
8 defined as any period of time Respondent is not practicing medicine in California as defined in  
9 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month  
10 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
11 time spent in an intensive training program which has been approved by the Board or its designee  
12 shall not be considered non-practice. Practicing medicine in another state of the United States or  
13 Federal jurisdiction while on probation with the medical licensing authority of that state or  
14 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
15 not be considered as a period of non-practice.

16 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
17 months, Respondent shall successfully complete a clinical training program that meets the criteria  
18 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
19 Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

22 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
23 probationary terms and conditions with the exception of this condition and the following terms  
24 and conditions of probation: Obey All Laws; and General Probation Requirements.

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

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

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

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

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Dennis R. Thelen, Esq. 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: \_\_\_\_\_  
GARY MAURICE FARBER, M.D.  
*Respondent*

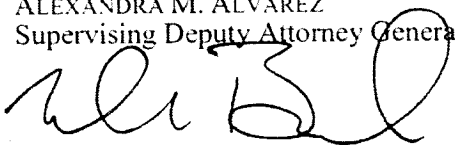
I have read and fully discussed with Respondent Gary Maurice Farber, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: \_\_\_\_\_  
DENNIS R. THELEN, ESQ.  
*Attorney for Respondent*

ENDORSEMENT

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

Dated: 11/3/2016

Respectfully submitted,  
KAMALA D. HARRIS  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
  
MICHAEL C. BRUMMEL  
Deputy Attorney General  
*Attorneys for Complainant*

FR2016300480

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, Dennis R. Thefen, Esq. I understand the stipulation and the effect  
4 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
5 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
6 Decision and Order of the Medical Board of California.

7  
8 DATED: 11/3/16 *Gary Maurice Farber*  
9 GARY MAURICE FARBER, M.D.  
Respondent

10 I have read and fully discussed with Respondent Gary Maurice Farber, M.D. the terms and  
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
12 I approve its form and content

13 DATED: 11-3-16 *Dennis R. Thefen*  
14 DENNIS R. THEFEN, ESQ.  
Attorney for Respondent

15  
16 ENDORSEMENT

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

19 Dated

Respectfully submitted,

20  
21 KAYLA D. FARRIS  
Attorney General of California  
22 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General

23  
24 MICHAEL C. BRANIFF  
25 Deputy Attorney General  
Attorneys for Complainant

26  
27 FR2016300480

**Exhibit A**

**Accusation No. 800-2013-002015**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO March 22 20 16  
BY R. Firdaus ANALYST

1 KAMALA D. HARRIS  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
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*Attorneys for Complainant*

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9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
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10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2013-002015

12 **Gary Maurice Farber, M.D.**  
13 **2604-B El Camino Real, Ste. 117**  
14 **Carlsbad, CA 92008**

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

15 **Physician's and Surgeon's Certificate**  
16 **No. A 46359,**

Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
22 Affairs (Board).

23 2. On or about August 7, 1989, the Medical Board issued Physician's and Surgeon's  
24 Certificate A46359 to Gary Farber, M.D. (Respondent). The Physician's and Surgeon's Certificate  
25 was in full force and effect at all times relevant to the charges brought herein and will expire on  
26 January 31, 2017, unless renewed.

27 \\\

28 \\\

JURISDICTION

1  
2       3.    This Accusation is brought before the Board, under the authority of the following  
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4       4.    Section 725 of the Code states:

5       “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering  
6 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated  
7 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of  
8 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,  
9 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist,  
10 or audiologist.

11       “...”

12       5.    Section 2227 of the Business and Professions Code authorizes the Board to take  
13 action against a licensee by revoking, suspending for a period not to exceed one year, placing the  
14 license on probation and requiring payment of costs of probation monitoring, or taking such other  
15 action taken as the Board deems proper.

16       6.    Section 2234 of the Code, states:

17       “The board shall take action against any licensee who is charged with unprofessional  
18 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
19 limited to, the following:

20       “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
21 violation of, or conspiring to violate any provision of this chapter.

22       “(b) Gross negligence.

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

26       “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
27 for that negligent diagnosis of the patient shall constitute a single negligent act.

28



1           “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
2 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
3 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the  
4 applicable standard of care, each departure constitutes a separate and distinct breach of the  
5 standard of care.

6           “(d) Incompetence.

7           “...”

8           7.     Section 2242 of the Code states:

9           “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022  
10 without an appropriate prior examination and a medical indication, constitutes unprofessional  
11 conduct.

12          “...”

13          8.     Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
14 adequate and accurate records relating to the provision of services to their patients constitutes  
15 unprofessional conduct.”

16   **FIRST CAUSE FOR DISCIPLINE**

17                                   **(Unprofessional Conduct, Gross Negligence, Negligence,**  
18                                   **Incompetence, Excessive Prescribing, Inadequate Records)**

19          9.     On or about August 7, 2012 continuing through September 13, 2013, patient J.B.  
20 received psychiatric treatment from Respondent over eight appointments. J.B. presented as a 54  
21 year old 135 pound female patient seeking treatment for the management of bipolar disorder.  
22 During each of these appointments J.B. was at Ridgecrest Regional Hospital while Respondent  
23 provided treatment remotely from his home via telepsychiatry. The initial assessment noted that  
24 J.B. was normal for mood, affect, memory depression and anxiety with no suicidal ideation.  
25 Respondent’s medical records for J.B. fail to contain an adequate history of the patient history and  
26 lack adequate documentation to support a bipolar diagnosis.

27          10.    Over the course of his treatment of J.B., Respondent consistently prescribed large  
28 quantities and high doses of psychiatric medications to be taken simultaneously, including the

1 following: quetiapine<sup>1</sup>; venlafaxine<sup>2</sup>; lamotrigine<sup>3</sup>; lorazepam<sup>4</sup>; zolpidem<sup>5</sup>; fluoxetine<sup>6</sup>; and  
2 alprazolam<sup>7</sup>. Respondent prescribed J.B. 10 mg of zolpidem despite the advisory from the FDA  
3 that women should receive no more than 5 mg due to the potential for cognitive and memory  
4 impairment and Respondent's medical records for J.B. fail to reflect a consideration or discussion  
5 of the risks versus benefits of treatment with this medication. Respondent prescribed patient J.B.  
6 daily doses of quetiapine and venlafaxine at the maximum recommended dose. Respondent  
7 prescribed patient J.B. lamotrigine at twice the recommended dose for bipolar disorder and  
8 Respondent's medical records for J.B. fail to reflect why he chose to prescribe the medication at  
9 these doses.

10 11. Respondent diagnosed J.B. with depression, however, he failed to adequately  
11 document the history, extent, degree or other information regarding J.B.'s depression or include  
12 any identifiable symptoms that might support a diagnosis of depression. Respondent failed to  
13 recognize and/or document the possibility that J.B.'s flat affect could be caused by

14 <sup>1</sup> Quetiapine (SEROquel, SEROquel XR) is an antipsychotic medicine. It works by  
15 changing the actions of chemicals in the brain. It is used to treat schizophrenia and bipolar  
16 disorder (manic depression) in adults. It is also used together with antidepressant medications to  
17 treat major depressive disorder in adults. Quetiapine is a dangerous drug as defined in Section  
18 4022.

19 <sup>2</sup> Venlafaxine (Effexor, Effexor XR) is an antidepressant in a group of drugs called  
20 selective serotonin and norepinephrine reuptake inhibitors (SSNRIs). It affects chemicals in the  
21 brain that may be unbalance in people with depression. It is also used to treat major depressive  
22 disorder, anxiety and panic disorder. Venlafaxine is a dangerous drug as defined in Section 4022.

23 <sup>3</sup> Lamotrigine is an anti-epileptic medication also called an anticonvulsant. It is used  
24 alone or in combination with other medications to treat epileptic seizures. It is also used to delay  
25 mood episodes in adults with bipolar disorder (manic depression). Lamotrigine is a dangerous  
26 drug as defined in Section 4022.

27 <sup>4</sup> Lorazepam (Ativan) belongs to a group of drugs called benzodiazepines. It affects  
28 chemicals in the brain that may be unbalanced in people with anxiety and is used to treat anxiety  
disorders. Lorazepam is a Schedule IV controlled substance and a dangerous drug as defined in  
Section 4022.

<sup>5</sup> Zolpidem (Ambien, Ivadal, Stilnoct, Stilnox) is a sedative also referred to as a hypnotic.  
It affects chemicals in the brain that may be unbalance in people with sleep problems (insomnia).  
Zolpidem is a Schedule IV controlled substance and a dangerous drug as defined in Section 4022.

<sup>6</sup> Fluoxetine (PROzac, PROzac Weekly, Sarafem, Rapiflux, Selfemra, PROzac Pulvules)  
is a selective serotonin reuptake inhibitors antidepressant. It affects the chemicals in the brain that  
may be unbalanced in people with depression, panic, anxiety or obsessive-compulsive symptoms.  
Fluoxetine is a dangerous drug as defined in Section 4022.

<sup>7</sup> Alprazolam (Xanax) is a benzodiazepine that affects chemicals in the brain that may be  
unbalanced in people with anxiety. It is used to treat anxiety disorders, panic disorders and  
anxiety caused by depression. Alprazolam is a Schedule IV controlled substance and a dangerous  
drug as defined in Section 4022.

1 overprescribing and polypharmacy given the extraordinarily high doses of quetiapine and  
2 benzodiazepines he prescribed.

3 12. Respondent diagnosed J.B. with insomnia, however, he failed to adequately document  
4 patient J.B.'s difficulty sleeping or include any identifiable symptoms that might support a  
5 diagnosis of insomnia. Respondent failed to recognize and/or document the possibility that J.B.'s  
6 insomnia could be caused by overprescribing and polypharmacy given the extraordinarily high  
7 doses of antidepressants, venlafaxine, mirtazapine and fluoxetine he prescribed which is known to  
8 produce insomnia in patients.

9 13. Respondent failed to discuss and/or document a discussion of the risk of metabolic  
10 syndrome with patient J.B. Respondent failed to monitor and/or order labs to check the lipids,  
11 blood sugar or weight of patient J.B., all of which are known risk factors with high dosages of  
12 quetiapine.

13 14. Respondent's records for the care and treatment of patient J.B. mostly consist of  
14 identical information copied from one appointment to the next. Respondent's notes fail to contain  
15 any useful information that is unique to patient J.B. and instead contain only conclusions without  
16 facts to support them. The mental status examination, interval history and diagnosis portions of  
17 the medical records are identical in wording and formatting throughout all eight appointments  
18 with Respondent. In contrast to the boilerplate language copied from prior visits, the limited  
19 number of original entries by Respondent are short, telegraphic informational and appear in short  
20 lines with abbreviations and misspellings. Respondent's medical records for J.B. failed to  
21 document prescriptions of Percocet from another medical provider.

22 15. On or about February 14, 2013, J.B. presented to the Ridgecrest Regional Hospital  
23 Emergency Department with a "possible accidental overdose of benzodiazepines." J.B. was  
24 treated but was not admitted to the hospital. Respondent saw J.B. several days later and attributed  
25 the overdose to an accidental overdose due to taking the incorrect medication in the dark.  
26 Respondent prescribed multiple psychiatric medications without reducing the dose or quantity of  
27 medications available to patient J.B. to prevent a future overdose due to noncompliance with the  
28

1 medication regimen. Respondent failed to document the potential for a repeated overdose event  
2 in J.B.'s medical records.

3 16. On or about June 17, 2013, J.B. presented to the Ridgecrest Regional Hospital  
4 Emergency Department unconscious with a CPK<sup>8</sup> over 3000 and elevated BUN<sup>9</sup> and creatinine  
5 levels. J.B. was admitted and with a diagnosis of acute rhabdomyolysis<sup>10</sup>, dehydration and  
6 benzodiazepine overdose. Toxicology tests were negative for substances of abuse but revealed  
7 high levels of the byproducts of venlafaxine, fluoxetine, mirtazapine, alprazolam and  
8 nortriptyline<sup>11</sup>. J.B. became septic with multiple organ failure, went into a coma and was  
9 intubated on June 22, 2013 and subsequently transferred to Riverside Community Hospital.

10 Departures from the Standard of Care

11 17. Respondent's license is subject to disciplinary action under sections 2234, and/or  
12 2234, subdivision (a), and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234,  
13 subdivision (d), and/or 2242, and/or 2266, and/or 725 for his treatment of patient J.B., in that he  
14 engaged in unprofessional conduct and/or gross negligence and/or incompetence and/or repeated  
15 negligent acts and/or excessive prescribing and/or failed to keep adequate and accurate records  
16 relating to the provision of services, including but not limited to the following:

17 (a) Respondent unnecessarily prescribed multiple simultaneous prescriptions of two short  
18 acting benzodiazepines to be taken concurrently with zolpidem.

19 (b) Respondent repeatedly prescribed excessive amounts of dangerous drugs and/or  
20 sedatives in the absence of an appropriate prior examination and medical indication.

21 (c) Respondent prescribed numerous dangerous drugs and controlled substances, to be  
22 taken simultaneously, in the absence of appropriate monitoring, evaluation or discussion with the  
23 patient of the risks of this treatment.

24 \_\_\_\_\_  
25 <sup>8</sup> Creatine phosphokinase.

26 <sup>9</sup> Blood urea nitrogen.

27 <sup>10</sup> Rhabdomyolysis is the breakdown of muscle tissue that leads to the release of muscle  
28 fiber contents into the blood. These substances are harmful to the kidney and often cause kidney  
damage.

<sup>11</sup> Nortriptyline is a tricyclic antidepressant that affects chemicals in the brain that may  
have become unbalanced. It is used to treat symptoms of depression.

- 1 (d) Respondent prescribed an excessive dose of zolpidem to patient J.B.
- 2 (e) Respondent repeatedly prescribed large quantities and high doses of alprazolam and  
3 lorazepam to be taken concurrently.
- 4 (f) Respondent prescribed large quantities of sedatives to a patient with a recent history  
5 of overdose without adequate evaluation or documentation of the risks of these prescriptions.
- 6 (g) Respondent dangerously prescribed high doses of benzodiazepines while  
7 simultaneously increasing the prescriptions for alprazolam and/or lorazepam.
- 8 (h) Respondent failed to recognize signs of over-medication due to polypharmacy.
- 9 (i) Respondent failed to clarify and/or adequately evaluate and support the diagnosis of  
10 bipolar disorder and understand the role of medication by obtaining a thorough history of J.B.'s  
11 medical history, past hospitalizations, symptoms and responses to medications.
- 12 (j) Respondent failed to optimize the medication and dosage in the care and treatment of  
13 J.B. according to her symptoms, diagnosis and risk.
- 14 (k) Respondent failed to request a consultation or second opinion from another colleague  
15 in the care and treatment of patient J.B.
- 16 (l) Respondent failed to maintain adequate and accurate records relating to the provision  
17 of services to patient J.B. including the initial and ongoing assessment and evaluation, past  
18 medical history, treatment plan, informed consent and information about fees and billing.
- 19 (m) Respondent failed to maintain adequate and accurate records relating to the provision  
20 of psychiatric services to patient J.B. including an adequate and complete description of the  
21 presenting problem, prior psychiatric and medical history, social history, mental status and a  
22 description of how the diagnosis and treatment was formulated.
- 23 (n) Respondent failed to adequately document J.B.'s response to treatment over time.
- 24 (o) Respondent failed to carefully record and track prescriptions to J.B.
- 25 (p) Respondent failed to carefully assess the suicide risk of patient J.B.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 46359, issued to Gary Maurice Farber, M.D.;

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

3. Ordering Gary Farber, 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: March 22, 2016



KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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