

1 KAMALA D. HARRIS  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
California Department of Justice  
5 1300 I Street, Suite 125  
P.O. Box 944255  
6 Sacramento, CA 94244-2550  
Telephone: (916) 445-3496  
7 Facsimile: (916) 327-2247

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 First Amended Accusation  
Against:

Case No. 800-2013-000363

14 **LENTON JOBY MORROW M.D.**  
15 4378 Auburn Blvd. STE 100  
16 Sacramento, CA 95841

**FIRST AMENDED ACCUSATION**

17 Physician's and Surgeon's Certificate No. A97241

18 Respondent.

19  
20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about September 8, 2006, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. A97241 to Lenton Joby Morrow M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate No. A97241 was in full force and effect at all times relevant to the charges  
28 brought herein and will expire on February 28, 2018, unless renewed.

**JURISDICTION**

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

5       4.     Section 2227 of the Code states:

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

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

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

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

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

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

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

25       5.     Section 2234 of the Code, states:

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

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

3           “(b) Gross negligence.

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

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

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

14           “(d) Incompetence.

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

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

18           “(g) The practice of medicine from this state into another state or country without meeting  
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
21 proposed registration program described in Section 2052.5.

22           “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
24 who is the subject of an investigation by the board.”

25           6. Section 726 of the Code states:

26           “The commission of any act of sexual abuse, misconduct, or relations with a patient, client,  
27 or customer constitutes unprofessional conduct and grounds for disciplinary action for any  
28

1 person licensed under this division, under any initiative act referred to in this division and under  
2 Chapter 17 (commencing with Section 9000) of Division 3.

3 "This section shall not apply to sexual contact between a physician and surgeon and his or  
4 her spouse or person in an equivalent domestic relationship when that physician and surgeon  
5 provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person  
6 in an equivalent domestic relationship."

7 7. Section 729 (a) of the Code states:

8 "Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any  
9 person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol  
10 and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation,  
11 or sexual contact with a patient or client, or with a former patient or client when the relationship  
12 was terminated primarily for the purpose of engaging in those acts, unless the physician and  
13 surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to  
14 an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse  
15 counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and  
16 drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon,  
17 psychotherapist, or alcohol and drug abuse counselor.

18 "..."

19 8. Section 725 of the Code states:

20 "(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering  
21 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated  
22 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of  
23 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,  
24 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language  
25 pathologist, or audiologist.

26 "(b) Any person who engages in repeated acts of clearly excessive prescribing or  
27 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of  
28 not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by

1 imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and  
2 imprisonment.

3 “(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or  
4 administering dangerous drugs or prescription controlled substances shall not be subject to  
5 disciplinary action or prosecution under this section.

6 “(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section  
7 for treating intractable pain in compliance with Section 2241.5.”

### 8 **DRUGS AT ISSUE**

9 9. Phentermine is a psychostimulant drug of the substituted amphetamine chemical  
10 class with pharmacology similar to amphetamine. It is used medically as an appetite suppressant  
11 for short term use, as an adjunct to exercise and reducing calorie intake. It is a Schedule IV  
12 controlled substance pursuant to Health and Safety Code section 11057, subdivision (f), and a  
13 dangerous drug pursuant to Business and Professions Code section 4022.

14 10. Hydrocodone, brand name Norco, among others, is a semi-synthetic opioid derived  
15 from codeine. It is commonly used in combination with Acetaminophen. It is a Schedule II  
16 controlled substance pursuant to Health and Safety Code 11055, subdivision (b), and a dangerous  
17 drug pursuant to Business and Professions Code section 4022.

18 11. Lorazepam, brand name Ativan, is a benzodiazepine drug used to treat anxiety  
19 disorders. It is a Schedule IV controlled substance pursuant to Health and Safety Code section  
20 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section  
21 4022.

22 12. Diazepam, brand name Valium, is a benzodiazepine drug used to treat a wide range of  
23 conditions, including anxiety, panic attacks, insomnia, seizures (including status epilepticus),  
24 muscle spasms (such as in tetanus cases), restless leg syndrome, alcohol withdrawal,  
25 benzodiazepine withdrawal, opiate withdrawal syndrome and Ménière's disease. It is a Schedule  
26 IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a  
27 dangerous drug pursuant to Business and Professions Code section 4022.

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1           13. Buprenorphine is a semi-synthetic opioid. It is used to treat opioid addiction in  
2 higher dosages, to control moderate acute pain in non-opioid-tolerant individuals in lower  
3 dosages and to control moderate chronic pain in even smaller doses. It is a Schedule III  
4 controlled substance under the Controlled Substances Act, and a dangerous drug pursuant to  
5 Business and Professions Code section 4022.

6           14. Methadone is a synthetic opioid. It is used medically as an analgesic and a  
7 maintenance anti-addictive and reductive preparation for use by patients with opioid dependence.  
8 It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision  
9 (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

10          15. Fentanyl, brand name Duragesic, is a potent, synthetic opioid analgesic with a rapid  
11 onset and short duration of action used for pain. It is a Schedule II controlled substance pursuant  
12 to Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and  
13 Professions Code section 4022.

14          16. Oxycodone is a semi-synthetic opioid. It is an analgesic generally indicated for relief  
15 of moderate to severe pain. It is a Schedule II controlled substance pursuant to Health and Safety  
16 Code 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code  
17 section 4022.

18          17. Alprazolam, brand name Xanax, is a short-acting anxiolytic of the benzodiazepine  
19 class of psychoactive drugs used for treatment of panic disorder, and anxiety disorders, It is a  
20 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
21 (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

22          18. Carisoprodol, brand name Soma, is a centrally acting skeletal muscle relaxant.  
23 Effective January 11, 2012, it was reclassified from a non-controlled substance to a Federal  
24 Schedule IV controlled substance pursuant to the Controlled Substances Act. It is a dangerous  
25 drug pursuant to Business and Professions Code section 4022.

26          19. Lorazepam is a benzodiazepine medication used to treat anxiety disorders, trouble  
27 sleeping, and active seizures. It is a Schedule IV controlled substance pursuant

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1 to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to  
2 Business and Professions Code section 4022.

3 20. Clonazepam is an anti-anxiety medication in the benzodiazepine family. It is a  
4 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
5 (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

6 21. Morphine, sold under different trade names, is an opioid analgesic drug. It is the main  
7 psychoactive chemical in opium. Like other opioids, such as oxycodone, hydromorphone, and  
8 heroin, morphine acts directly on the central nervous system (CNS) to relieve pain. It is a  
9 Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (b), and  
10 a dangerous drug pursuant to Business and Professions Code section 4022.

11 **FIRST CAUSE FOR DISCIPLINE**

12 **(Sexual Abuse, Misconduct, and/or Relation-Patient N.M.)**

13 22. Respondent's license is subject to disciplinary action under sections 2227, 2234, 726,  
14 and 729 (a), of the Code, in that he engaged in sexual abuse, misconduct, and/or relation with his  
15 patient, Patient N.M.<sup>1</sup>, as more particularly alleged hereinafter:

16 23. Patient N.M. was hospitalized at Heritage Oaks Hospital in or about August 2011,  
17 after being rushed to the emergency department, for cutting her wrists and legs superficially. She  
18 was hospitalized from on or about October 25 to November 2, 2011. During this time,  
19 Respondent saw Patient N.M. as his patient. At the second visit during the treatment period,  
20 Respondent asked her if she masturbated.

21 24. Respondent saw Patient N.M. during nighttime. She would be fatigued from her  
22 prescribed medications. She was always the last patient. Respondent would play the piano for  
23 families at the hospital. He would play the piano from 10:30-10:45 p.m. All the other patients  
24 would be locked down, but Patient N.M. was allowed to stay. She would curl up on the couch  
25 and listen to Respondent.

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27 <sup>1</sup> Patient and provider names are abbreviated to protect patient confidentiality. Full  
28 patient names will be provided upon receipt of a Request for Discovery.

1           25. Upon her release, Patient N.M. continued treatment in an outpatient program under  
2 Heritage Oaks, in Sacramento, CA.

3           26. Patient N.M. went to the Heritage Oaks outpatient program for five days from 8:00  
4 a.m. to 3:00 p.m. She then saw Respondent at a place called "Strategies for Change."  
5 Respondent had an office at that location. She would see him once a week at around 5:00 p.m.  
6 She was the last patient. As she saw Respondent at his "Strategies for Change" office, Patient  
7 N.M. felt attracted to Respondent. Respondent talked to her about seduction and how it couldn't  
8 be acted upon, despite attraction to one-another. At his "Strategies for Change" office,  
9 Respondent hugged Patient N.M. after appointments. The hugs became longer and then occurred  
10 before and after appointments. The hugs progressed to a hand on the rear during the hug.  
11 Respondent always had an erection during the hugs and Patient N.M. would tell him she noticed.  
12 He would tell her he was a doctor and could not cross boundaries. Respondent told her that there  
13 was an energy between them and a connection.

14           27. In or about January or February of 2012, Respondent put his hand down the front of  
15 Patient N.M.'s pants into her underpants. He touched her genital area. Respondent also  
16 complimented her on her looks. During one appointment, Respondent ran his hands up and down  
17 the front of Patient N.M.'s dress. Respondent also kissed Patient N.M. on her lips.

18           28. On or about March 17, 2012, around 1:00 p.m., Respondent called Patient N.M. over  
19 to his office. Respondent let her into the office and they hugged. No therapy occurred during this  
20 visit. Patient N.M. felt numb and shut down. She had taken marijuana, wine and Klonopin prior  
21 to the visit. Respondent had sexual intercourse with Patient N.M.

22           29. Respondent saw Patient N.M. from October of 2011 to November of 2012.  
23 Respondent continued to have sexual contact with Patient N.M. Respondent would see patients  
24 from 8:00 a.m. to 12:00 p.m. at his office. At 1:00 p.m., he saw patients at Heritage Oaks.  
25 Respondent would skip lunch and his secretary and former patient would leave. He would close  
26 his blinds. Respondent and Patient N.M. would sit with her legs on his lap. After they would  
27 meet, he would walk out the back of the office and she would walk out the front.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 30. Respondent's license is subject to discipline under sections 2227 and 2234, as defined  
4 by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his  
5 care and treatment of Patient N.M. as more particularly alleged hereinafter: Paragraphs 22 to 29,  
6 above, are hereby incorporated by reference and realleged as if fully set forth herein.

7 31. During the period of October 2011 to November 2012, Respondent prescribed  
8 benzodiazepines to Patient N.M. despite knowing that Patient N.M. drank 2-3 bottles of wine per  
9 day. Respondent also gave Patient N.M. and her husband a schedule to titrate her off alcohol and  
10 benzodiazepines over an 8 week period. Patient N.M. was unable to comply with the schedule.

11 32. At the outset of Patient N.M. treatment, Respondent told Patient N.M. and her  
12 husband that he had applied to be a provider for their insurance. He allowed Patient N.M. to  
13 dictate her own co-pay. Patient N.M. and her husband were billed for \$5,000 in November 2011.  
14 Patient N.M. initially made arrangements to pay \$150 every two weeks for 33 payments.  
15 However, when Patient N.M. and her husband confronted Respondent, Respondent wrote them an  
16 apology letter and refunded the co-pays at the end of her treatment.

17 33. Respondent's care and treatment of Patient N.M. departed from the standard of care  
18 in that:

19 A. Respondent engaged in sexual abuse, misconduct, and/or relation with his patient.

20 B. Respondent overprescribed, and/or prescribed benzodiazepines to a patient with  
21 persistent alcohol intake.

22 C. Respondent failed to treat Patient N.M.'s alcohol and drug dependence appropriately  
23 by instructing Patient N.M. and her husband to titrate off alcohol on her own for 8 weeks.

24 D. Respondent failed to clearly delineate his billing. He billed inappropriately. He also  
25 failed to clarify that he was not in the network of Patient N.M.'s insurance.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(General Unprofessional Conduct)**

3 34. Respondent's license is further subject to disciplinary action under sections 2227 and  
4 2234, as defined by section 2234, of the Code, in that he has engaged in conduct which breaches  
5 the rules or ethical code of the medical profession, or conduct which is unbecoming to a member  
6 in good standing of the medical profession, and which demonstrates an unfitness to practice  
7 medicine, as more particularly alleged in paragraphs 23 through 33, above, which are hereby  
8 incorporated by reference and realleged as if fully set forth herein.

9 **FOURTH CAUSE FOR DISCIPLINE**

10 **(Gross Negligence)**

11 35. Respondent's license is subject to disciplinary action under sections 2227 and 2234,  
12 as defined by section 2234, subdivision (b), of the Code, in that he committed grossly negligent  
13 acts in his care and treatment of Patients K.L., T.G., R.J. and S.M., as more particularly alleged  
14 hereinafter:

15 **Patient K.L.**

16 36. Patient K.L. saw Respondent after a suicide attempt and was diagnosed with Major  
17 Depression, fibromyalgia pain syndrome and physiologic opioid dependence. She was treated  
18 with the following controlled substances: Fentanyl, hydrocodone, phentermine, clonazepam,  
19 oxycodone, buprenorphine, and alprazolam.

20 37. During the period of January to December of 2012, Respondent prescribed a variety  
21 of opiates to Patient K.L. that were excessive and unmonitored. Respondent wrote refills without  
22 being aware of the amount his patient was taking. Respondent's documentation did not match his  
23 actual prescriptions for controlled substances.

24 38. In or about October of 2012 Patient KL received 498 pills of hydrocodone 10 mg/  
25 apap 325 mg prescribed by Respondent and also 120 mg of the same medication prescribed by  
26 other doctors. The prescribed acetaminophen dosage during October 2012 exceeded the  
27 recommended daily maximum dosage. Respondent failed to check CURES reports and failed to  
28

1 notice the large amount of acetaminophen he was prescribing and the fact Patient K.L. was  
2 getting the same medication from other providers.

3 39. Respondent documented that Patient K.L. had received opioids from other providers  
4 and noted that if Patient K.L. continues, he was going to discharge her as a patient. Respondent  
5 continued to prescribe to Patient K.L. despite her continued conduct.

6 40. Respondent prescribed fentanyl patches and hydrocodone to Patient K.L. for pain  
7 management. Respondent failed to enter into a pain contract with Patient K.L.

8 41. On or around February 27, 2014, Respondent noted that Patient K.L. may need "Pain  
9 consult if no improvement or at least manageable" but never made such a referral.

10 42. On or around October 12, 2015, Respondent noted the lack of objective studies in his  
11 record. "I talked with her about getting an MRI. She has actually never had her back problem  
12 reevaluated past the initial MRI from a car accident several years ago. We should certainly do  
13 that to determine whether or not there is a justifiable cause for continuing chronic analgesics like  
14 this." Respondent failed to get a pain consult and/or failed to order an MRI.

15 43. During the treatment period, Respondent never considered that Patient K.L. had a  
16 substance abuse disorder.

17 **Patient T.G.**

18 44. Respondent treated Patient T.G. during the period of 2011 to 2013. Respondent  
19 diagnosed Patient T.G. with bipolar disorder type 2 and opiate dependence. He was treated with  
20 the following controlled substances: buprenorphine, alprazolam, carisoprodol, and diazepam.

21 45. During the course of Patient T.G.'s treatment with buprenorphine and  
22 buprenorphine/naloxone, Respondent prescribed Alprazolam and Carisoprodol. Respondent  
23 failed to consider alternative non-addictive medications in a patient suffering from opiate  
24 dependence.

25 46. On or about January 2013, Patient T.G. forged a prescription for hydrocodone from  
26 Respondent. Respondent discovered the forgery in March 2013. Respondent failed to adequately  
27 monitor the treatment of a patient with opiate dependence.

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1 **Patient R.J.**

2 47. Respondent has treated Patient R.J. since 2012. Respondent diagnosed Patient R.J.  
3 with bipolar disorder, alcoholism and chronic pain. Respondent treated Patient R.J. with  
4 hydrocodone, diazepam, lorazepam, methadone, morphine, oxycodone, and zolpidem.

5 48. Respondent failed to consider alternatives and prescribed lorazepam and zolpidem  
6 which are both contraindicated in the treatment of patients with substance abuse disorder.

7 **Patient S.M.**

8 49. Respondent has treated Patient S.M. since 2012. Respondent diagnosed Patient S.M.  
9 with major depression, generalized anxiety disorder and opioid dependence. Respondent treated  
10 Patient S.M. with lorazepam, buprenorphine, carisoprodol, diazepam, and oxycodone.

11 50. Respondent prescribed buprenorphine for pain; lorazepam, a benzodiazepine, and,  
12 carisoprodol, which is a sedating addictive muscle relaxant. Patient S.M. was also getting  
13 controlled substances from a number of other providers. Respondent makes one note of her  
14 getting alprazolam from another provider and the need to discuss this with her but Respondent  
15 failed to follow-up. Respondent failed to discontinue prescribing lorazepam.

16 **FIFTH CAUSE FOR DISCIPLINE**

17 **(Repeated Negligent Acts)**

18 51. Respondent's license is subject to discipline under sections 2227 and 2234, as defined  
19 by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his  
20 care and treatment of Patients K.L., T.G., R.J. and S.M. as more particularly alleged hereinafter:  
21 Paragraphs 35 to 50, above, are hereby incorporated by reference and realleged as if fully set  
22 forth herein.

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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 No. A97241, issued to Respondent Lenton Joby Morrow, M.D.;
2. Revoking, suspending or denying approval of Respondent Lenton Joby Morrow, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Respondent Lenton Joby Morrow, 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: October 21, 2016

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

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