

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

In the Matter of the First Amended)
Accusation Against:)

LENTON JOBY MORROW, M.D.)

Case No. 800-2013-000363

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

Respondent)


DECISION

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

This Decision shall become effective at 5:00 p.m. on November 28, 2017

IT IS SO ORDERED November 21, 2017.

MEDICAL BOARD OF CALIFORNIA

By: 
Kimberly Kirchmeyer
Executive Director

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
4 State Bar No. 237826
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5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 445-3496
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7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the First Amended Accusation
12 Against:

13 **LENTON JOBY MORROW, M.D.**
14 **4378 Auburn Blvd., Ste. 100**
Sacramento, CA 95841

15 **Physician's and Surgeon's Certificate No. A**
16 **97241**

17 Respondent.

Case No. 800-2013-000363

OAH No. 2016110096

STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER

18
19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
24 of California (Board). She brought this action solely in her official capacity and is represented in
25 this matter by Xavier Becerra, Attorney General of the State of California, by Jannsen Tan,
26 Deputy Attorney General.

1 **CULPABILITY**

2 8. Respondent does not contest that, at an administrative hearing, complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in the First and
4 Second Causes of Discipline in Accusation No. 800-2013-000363 and that he has thereby
5 subjected his license to disciplinary action.

6 9. Respondent understands that by signing this stipulation he enables the Executive
7 Director of the Medical Board to issue an order accepting the surrender of his Physician's and
8 Surgeon's License No. A 97241 on behalf of the Board, without further notice or opportunity to
9 be heard.

10 10. Respondent agrees that if he ever petitions for reinstatement of his/her Physician's
11 and Surgeon's Certificate No. A 97241, all of the charges and allegations contained in the First
12 and Second Causes of Discipline in the Accusation No. 800-2013-000363 shall be deemed true,
13 correct and fully admitted by Respondent for purposes of that reinstatement proceeding or any
14 other licensing proceeding involving Respondent in the State of California. However, the
15 allegations may be deemed to be true, correct and fully admitted by Respondent solely for the
16 purposes of the Board's determination as to whether to grant or deny the petition or other
17 requested licensing action and may not and are not intended to be admissions in any other
18 proceeding. For good cause shown, Respondent may apply for reinstatement of his license at
19 anytime that is at least two years from the effective date of the surrender.

20 **RESERVATION**

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

25 **CONTINGENCY**

26 2. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
27 part, that the Medical Board "shall delegate to its executive director the authority to adopt a
28 stipulation for surrender of a license."

1 3. This Stipulated Surrender of License and Disciplinary Order shall be subject to
2 approval of the Executive Director on behalf of the Medical Board. The parties agree that this
3 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive
4 Director for her consideration in the above-entitled matter and, further, that the Executive
5 Director shall have a reasonable period of time in which to consider and act on this Stipulated
6 Surrender of License and Disciplinary Order after receiving it. By signing this stipulation,
7 Respondent fully understands and agrees that he may not withdraw his agreement or seek to
8 rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board,
9 considers and acts upon it.

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

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1 **ADDITIONAL PROVISIONS**

2 13. This Stipulated Surrender of License and Disciplinary Order is intended by the parties
3 herein to be an integrated writing representing the complete, final and exclusive embodiment of
4 the agreements of the parties in the above-entitled matter.

5 14. The parties agree that copies of this Stipulated Surrender of License and Disciplinary
6 Order, including copies of the signatures of the parties, may be used in lieu of original documents
7 and signatures and, further, that such copies and signatures shall have the same force and effect as
8 originals.

9 15. In consideration of the foregoing admissions and stipulations, the parties agree the
10 Executive Director of the Medical Board may, without further notice to or opportunity to be heard
11 by Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

12 **ORDER**

13 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 97241, issued
14 to Respondent is surrendered and accepted by the Medical Board of California.

15 1. The surrender of Respondent's Physician's and Surgeon's License No. A 97241 and
16 the acceptance of the surrendered license by the Board shall constitute the imposition of
17 discipline against Respondent. This stipulation constitutes a record of the discipline and shall
18 become a part of Respondent's license history with the Medical Board of California.

19 2. Respondent shall lose all rights and privileges as a Physician and Surgeon in
20 California as of the effective date of the Board's Decision and Order.

21 3. Respondent shall cause to be delivered to the Board his pocket license and, if one was
22 issued, his wall certificate on or before the effective date of the Decision and Order.

23 4. If Respondent ever files an application for licensure or a petition for reinstatement in
24 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
25 comply with all the laws, regulations and procedures for reinstatement of a revoked license in
26 effect at the time the petition is filed, and all of the charges and allegations contained in the First
27 and Second Causes of Discipline in the Accusation No. 800-2013-000363 shall be deemed to be
28 true, correct and fully admitted by Respondent when the Board determines whether to grant or

1 deny the petition. However, the allegations may be deemed to be true, correct and fully admitted
2 by Respondent solely for the purposes of the Board's determination as to whether to grant or deny
3 the petition and may not be used and are not intended to be admissions in any other proceeding.

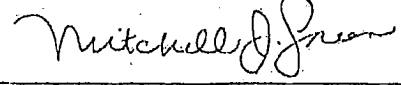
4 5. If Respondent should ever apply or reapply for a new license or certification, or
5 petition for reinstatement of a license, by any other health care licensing agency in the State of
6 California, all of the charges and allegations contained in the First and Second Causes of
7 Discipline in the Accusation, No. 800-2013-000363 shall be deemed to be true, correct, and fully
8 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
9 seeking to deny or restrict licensure. However, the allegations may be deemed to be true, correct
10 and fully admitted by Respondent solely for the purposes of the Board's determination as to
11 whether to grant or deny the petition and may not be used and are not intended to be admissions
12 in any other proceeding.

13 ACCEPTANCE

14 I have carefully read the above Stipulated Surrender and Disciplinary Order and have fully
15 discussed it with my attorney, Mitchell Green, Esq. I understand the stipulation and the effect it
16 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
17 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
18 Decision and Order of the Medical Board of California.

19
20 DATED: 4/6/2017 
21 LENTON JOBY MORROW, M.D.
Respondent

22 I have read and fully discussed with Respondent Lenton Joby Morrow, M.D. the terms and
23 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

24 I approve its form and content.
25 DATED: 4/6/2017 
26 MITCHELL GREEN, ESQ.
Attorney for Respondent

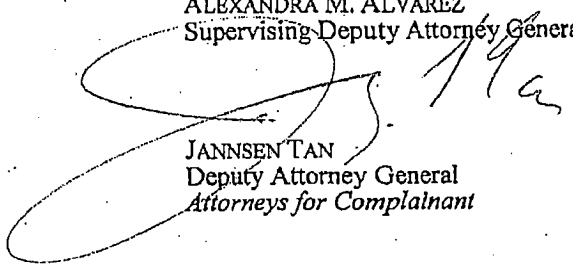
27
28 ENDORSEMENT

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

Dated: 9/6/2017

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2013-000363

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8 *Attorneys for Complainant*

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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
14 Against:

Case No. 800-2013-000363

15 **LENTON JOBY MORROW M.D.**
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.

1 JURISDICTION

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.¹, 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.

26 ///

27 ¹ 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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THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

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

FOURTH CAUSE FOR DISCIPLINE

(Gross Negligence)

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

Patient K.L.

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

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

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

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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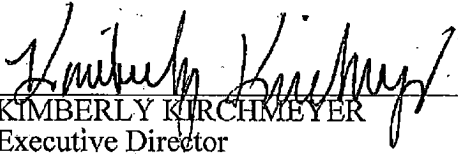
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PRAYER

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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