

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

In the Matter of the Accusation Against:)

DANIEL JOSEPH HEADRICK, M.D.)

Case No. 800-2013-000822

**Physician's and Surgeon's)
Certificate No. G 45144)**

Respondent)

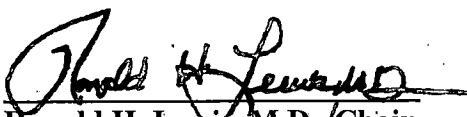
DECISION AND ORDER

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

This Decision shall become effective at 5:00 p.m. on January 19, 2018.

IT IS SO ORDERED December 21, 2017.

MEDICAL BOARD OF CALIFORNIA

By: 
**Ronald H. Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 RANDALL R. MURPHY
Deputy Attorney General
4 State Bar No. 165851
California Department of Justice
5 300 So. Spring Street, Suite 1702
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7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2013-000822

12 DANIEL HEADRICK, M.D.
119 Blue Lagoon
13 Laguna Beach, CA 92651

OAH No. 2016120583

14 Physician's and Surgeon's Certificate No.
15 G45144,

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16 Respondent.

17
18 In the interest of a prompt and speedy settlement of this matter, consistent with the public
19 interest and the responsibility of the Medical Board of California of the Department of Consumer
20 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
21 which will be submitted to the Board for approval and adoption as the final disposition of the
22 Accusation.

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
25 of California (Board). She brought this action solely in her official capacity and is represented in
26 this matter by Xavier Becerra, Attorney General of the State of California, by Randall R. Murphy,
27 Deputy Attorney General.
28

2. Respondent Daniel Headrick, M.D. (Respondent) is represented in this proceeding by attorney, Raymond J. McMahon, whose address is: 5440 Trabuco Road, Irvine, California 92620.

3. On or about July 1, 1981, the Board issued Physician's and Surgeon's Certificate No. G45144 to Daniel Headrick, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2013-000822, and will expire on June 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2013-000822 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on October 19, 2016. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2013-000822 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2013-000822. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2013-000822, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

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

9 **RESERVATION**

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

14 **CONTINGENCY**

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

25 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
26 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
27 signatures thereto, shall have the same force and effect as the originals.
28

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

4 **DISCIPLINARY ORDER**

5 **A. PUBLIC REPRIMAND**


6 IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. G 45144
7 issued to Respondent Daniel Headrick, M.D. (Respondent) is hereby publicly reprimanded
8 pursuant to California Business and Professions Code section 2227, subdivision (a) (4). This
9 Public Reprimand which is issued in connection with Respondent's care and treatment of one
10 patient, as set forth in Accusation No. 800-2013-000822, is as follows:

11 "You failed to write a comprehensible order for the level of overnight monitoring for a
12 patient, failed to ensure that a nurse would provide that level of overnight monitoring and failed
13 to ensure that the nurse documented the reasons for administering as needed (PRN) medications,
14 that you ordered for the patient, as more fully described in the Accusation."

15 **ACCEPTANCE**

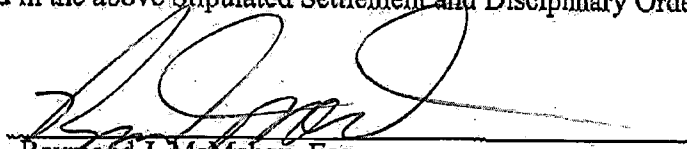
16 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
17 discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect
18 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement
19 and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

21
22 DATED: 12/11/17


23 Daniel Headrick, M.D.
Respondent

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

27 DATED: 12/4/17


28 Raymond J. McMahon, Esq.
Attorney for Respondent

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Dated: 11/30/17

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

RANDALL R. MURPHY
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2013-000822

1 KAMALA D. HARRIS
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 RANDALL R. MURPHY
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *De Feb 19 2016*
BY: *[Signature]* ANALYST

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

11 In the Matter of the Accusation Against:
12 Daniel Headrick, M.D.
13 119 Blue Lagoon
Laguna Beach, CA 92651
14 Physician's and Surgeon's Certificate
No. G45144,
15
16 Respondent.

Case No. 800-2013-000822

ACCUSATION

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 July 1, 1981, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G45144 to Daniel Headrick, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on June 30, 2017, unless renewed.
27

28 ///

JURISDICTION

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

4. The Medical Practice Act ("Act") is codified at sections 2000-2521 of the Business and Professions Code.

5. Pursuant to Code section 2001.1, the Board's highest priority is public protection.

6. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

"..."

7. Code section 2227, subdivision (a), provides as follows:

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

"(1) Have his or her license revoked upon order of the board

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

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

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

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

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

11 8. Section 2234 of the Code, states:

12 "The board shall take action against any licensee who is charged with unprofessional
13 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
14 limited to, the following:

15 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
16 violation of, or conspiring to violate any provision of this chapter.

17 "(b) Gross negligence.

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

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

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

28 "(d) Incompetence.

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

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

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

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

9. Section 2266 of the Code states: AThe failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.@

FACTS

10. A.S.¹ was 22 years old with a history of polysubstance abuse since adolescence. He admitted to using opiates, benzodiazepines, sedatives, cannabis, cocaine, amphetamines, hallucinogens and tobacco. CURES activity demonstrated prescriptions for Lorazepam (Ativan)² 2mg and Flurazepam (Dalmane)³ 30 mg within a month of his death on February 23, 2012.

11. Prior to entering Respondent's clinic, Mission Pacific Coast Recovery Center (MPCRC) at Mission Hospital, A.S. was treated as an outpatient by Dr. G.E., a pain specialist, on February 15, 2012, when he received prescriptions for MS Contin and hydrocodone. The following day, February 16, 2012, he overdosed on multiple medications including MS Contin and Xanax. Pursuant to the provisions of Welfare and Institutions Code section 5150, he was admitted into the Downey Regional Medical Center for involuntary treatment of a mental

¹ Individuals are identified by initials to protect their privacy.

² Lorazepam is a benzodiazepine drug that acts as a sedative and antianxiety agent and is used therapeutically to control seizures.

³ Flurazepam is a benzodiazepine drug used especially in its hydrochloride form to treat insomnia.

1 disorder, and then transferred to Pacific Hospital, Long Beach under the care of Dr. R.J. While
2 under the care of Dr. R.J., he was prescribed Alprazolam (Xanax).

3 12. A.S. was discharged from Pacific Hospital on February 22, 2012, at about 2:00 p.m.
4 and transported by ambulance to Respondent's care at MPCRC, arriving at approximately 3:30
5 p.m.

6 13. Respondent is the only physician, as well as being the Chief Executive Officer of
7 MPCRC. Respondent diagnosed A.S. as being dependent on Opiates, Cannabis and
8 Benzodiazepines with Major Depression and suicidal ideation. A.S. was also diagnosed with
9 Axis III disorders of lumbar disc disease, T12 compression fracture and leukocytosis, mild.
10 Respondent's written notes at 5:15 p.m., on February 22, 2012, did not record any laboratory tests
11 and he seems to have added "leukocytosis" later with a different pen.

12 14. In his note dictated February 23, 2012 (subsequent to A.S.'s death), Respondent noted
13 that A.S. had a positive toxicology screen for Cannabinoids and Opiates.

14 15. Respondent wrote orders at 5:30 p.m. for A.S.'s inpatient detoxification and inpatient
15 rehabilitation. Vital signs were ordered, and orders were left that Respondent was to be notified
16 if there were alterations in A.S.'s vital signs. "Detoxification medications" were ordered including
17 Phenobarbital⁴ 30 mg every 3 hours for moderate withdrawal symptoms and Buprenorphine⁵ 2
18 mg every 3 hours as needed for withdrawal symptoms to start "now". In addition, "as needed"
19 medications were ordered including Quetiapine (Seroquel)⁶ 25 mg every 3 hours as needed for
20 agitation and Ondansetron (Zofran)⁷ 4 mg as needed for nausea and vomiting. Respondent also
21 wrote medication orders for Lyrica⁸ 25 mg three-four times daily; Elavil⁹ 25 mg at bedtime;

22
23 ⁴ Phenobarbital is a long-acting barbiturate used as a sedative.

24 ⁵ Buprenorphine is a semisynthetic opioid drug used in its hydrochloride form in
25 combination with naloxone for long-term treatment of addiction to opioids such as heroin.

26 ⁶ Quetiapine is an antipsychotic drug that acts as an antagonist of multiple
27 neurotransmitters, including serotonin and norepinephrine, and is used in its fumarate form to
28 treat schizophrenia and bipolar disorder.

⁷ Ondansetron is used to relieve vomiting.

⁸ Lyrica is an anti-convulsant.

⁹ Elavil is a tricyclic antidepressant that inhibits serotonin and noradrenaline reuptake,
which is used for major depression and depression in the elderly, less commonly for chronic
migraines and insomnia, and as an adjunct for patients with chronic pain.

1 Zoloft¹⁰ 50 mg at bedtime; Lidoderm patch¹¹ at 6 pm; Toradol¹² 60 mg IM ("now") then 30 mg
2 IM four times daily; Robaxin¹³ 1,500 mg four times daily; Catapres¹⁴ 0.1 mg four times daily if
3 his systolic pressure was above 100, and; Librium¹⁵ 10 mg twice a day.

4 16. Respondent also requested an EKG and laboratory tests, including a complete blood
5 count, chemistry metabolic panel, urine drug screen and Breathalyzer.

6 17. A.S. was interviewed by the admitting nurse at 5:00 p.m., who documented his
7 explanation of his earlier overdose. The nurse reported that A.S. stated: "I did not try to kill
8 myself. I was in so much pain that I took too many pills." He reported to the nurse that his
9 overdose was 10 tablets of 2 mg Xanax and 40 tablets of MS Contin. He reported that he had
10 used Xanax 3 tabs daily for two years.

11 18. The nurse listed A.S.'s many drugs of abuse at his initial evaluation. His mood was
12 recorded as neutral and the nursing check-list of mental status dimensions were unremarkable.
13 His vital signs were within normal ranges and he was allowed to keep his regular clothes and
14 luggage. There is no notation of his clothes and luggage being searched.

15 19. The laboratory test ordered by Respondent showed a slightly elevated white blood
16 cell count of 12.5 thousand. The metabolic panel was normal. The urinalysis was normal. The
17 urine toxicology screen was positive for Cannabis and Opiates, but surprisingly negative for
18 benzodiazepines. The EKG was normal.

19 20. A.S.'s vital signs were taken at 9:00 p.m. and again at 11:00 p.m. on February 22,
20 2012. The record reflects that he received his evening medications and that he reported his back
21 pain as improved.

22 ///

23 ///

24 ¹⁰ Zoloft is a selective-serotonin reuptake inhibitor commonly prescribed as an anti-
25 depressant.

26 ¹¹ Lidoderm suppresses automaticity of ventricular cells, decreasing diastolic
depolarization and increasing the ventricular fibrillation threshold.

¹² Toradol is a pain medication.

¹³ Robaxin is a skeletal muscle relaxant.

¹⁴ Catapres is used to treat hypertension and high blood pressure.

¹⁵ Librium is an antianxiety medication.

1 21. A.S.'s ordered, night-time medications were recorded as given, included Lyrica at
2 5:00 p.m., and 10:00 p.m., Librium at 5:00 p.m., Elavil at 9:00 p.m., Phenobarbital at 9:00 p.m.,
3 Sertraline at 9:00 p.m. and Buprenorphine at 11:00 p.m.

4 22. The records note that A.S. was able to go to sleep with no further distress. At the
5 bottom of this page in the medical records the time is written as 3:30 (a.m. is presumed) and the
6 hours slept is noted as "8" and "slept through the night." In light of the fact that A.S. was
7 discovered dead at 6:20 a.m., it is difficult to see how this record could be accurate.

8 23. Further troubling is the fact that Lyrica, Robaxin, Clonidine, and Librium were noted
9 as having been administered at 7:00 a.m. on February 23, 2012, after A.S. was found dead.

10 24. Nurses discovered A.S. lying "supine" in his bed with rigor mortis about 6:20 a.m.,
11 according to the records. However, the dictated record of Dr. G.M., who came from the
12 Emergency Department of Mission Hospital to assist in resuscitation efforts, observed that A.S.
13 had "obvious lividity with pooling of the blood in the anterior aspect of the body . . ." Dr. G.M.
14 also noted that: "The sheets were wet indicated [sic] that there was fluid there, which may have
15 been either vomitus from which he aspirated and the fluid was noted on his face and eyes." This
16 evidence indicates a seizure.

17 25. The sheriff's records indicate that A.S. was found in a supine position with evidence
18 that he had been turned from the prone position. No evidence of extra pills was found in A.S.'s
19 room, nor signs of trauma. According to the Orange County Sheriff-Coroner the cause of death
20 was "[a]cute poly drug intoxication due to combined effects of buprenorphine, sertraline,
21 norsertraline, bupropion, anitriptyline, lidocaine chlordiazepoxide, methocarbamol and
22 tetrahydrocannabinol." It was noted that none of the substances were at toxic levels.
23 Furthermore, examination of A.S.'s heart revealed left ventricular enlargement but no evidence of
24 atherosclerosis.

25 26. Notably absent in the coroner's toxicology report were metabolites of Lorazepam,
26 Flurazepam, Alprazolam and Phenobarbital, some of which A.S. had reportedly received within
27 the prior 24-36 hours.

28 ///

FIRST CAUSE FOR DISCIPLINE
(Unprofessional conduct –repeated negligent acts)

27. By reason of the matters set forth above in paragraphs 14 through 26 , incorporated herein by this reference, Respondent, Daniel Headrick, M.D., is subject to disciplinary action under section 2234, subdivision (c), in that he engaged in unprofessional conduct constituting repeated negligent acts. The circumstances are as follows:

28. Respondent's use of multiple medications was unsupported by the medical records since withdrawal from Opiates or Benzodiazepines was not demonstrated, nor was insomnia or pain consistently proven. There was no indication for prescribing Zoloft since a diagnosis of Major Depression was excluded due to drug abuse. Elavil is an obsolete medication with many problematic adverse effects. Phenobarbital is similarly a medication belonging to an earlier generation of physicians due to its risks. The interacting side effects of these many medications are unpredictable. Thus, Respondent's use of multiple medications with unpredictable consequences constitutes negligence.

29. Respondent's simultaneous administration of sedatives such as Phenobarbital, Lyrica and Librium with the opiate Buprenorphine is contraindicated due to the risk of respiratory arrest and constitutes negligence.

30. Respondent's simultaneous ordering of 10 medications without a record of symptoms supporting a diagnosis, together with the high risk of adverse effects for these medications constitutes negligence.

31. Respondent ordered vital signs for A.S. only when he was awake, although he was a new patient. This failure to order vital signs every two hours constitutes negligence, and taken together with other negligent acts as set forth above, constitutes repeated negligent acts.

SECOND CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

32. By reason of the matters set forth above in paragraphs 14 through 31, incorporated herein by this reference, Respondent is subject to disciplinary action under section 2266 in that he

1 failed to maintain adequate and accurate medical records for patient A.S. The circumstances are
2 as follows:

3 33. Respondent is the Chief Operating Officer, owner and only physician at MPCRC and
4 bears responsibility for system deficiencies and individual documentation errors of the nursing
5 staff, as well as his own lack of appropriate documentation.

6 34. Respondent failed to maintain adequate and accurate medical records for A.S., which
7 constitutes a violation of section 2266.

8 **PRAYER**

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

11 1. Revoking or suspending Physician's and Surgeon's Certificate Number G45144,
12 issued to Daniel Headrick, M.D.;

13 2. Revoking, suspending or denying approval of his authority to supervise physician
14 assistants, pursuant to section 3527 of the Code;

15 3. Ordering Daniel Headrick, M.D., if placed on probation, to pay the Board the costs of
16 probation monitoring; and

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

18
19 DATED: October 19, 2016


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

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