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

In the Matter of the Accusation Against:	)	
Susan Louise Fullemann, M.D.	)	**Case No. 800-2017-030676**
Physician's and Surgeon's Certificate No. G 51875	)	
Respondent	)	

DECISION

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 November 8, 2019.

IT IS SO ORDERED: October 9, 2019.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

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

In the Matter of the Accusation Against: **SUSAN LOUISE FULLEMANN, M.D** **1820 Ogden Drive, Suite 2** **Burlingame, CA 94010-5333** **Physician's and Surgeon's Certificate No. G 51875** Respondent.	Case No. 800-2017-030676 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Alice W. Wong, Deputy Attorney General.

2. Respondent SUSAN LOUISE FULLEMANN, M.D (Respondent) is represented in this proceeding by attorney Stephen Boreman, whose address is: One Embarcadero Center, Suite 400, San Francisco, CA 94111-5901

3. On or about January 23, 1984, the Board issued Physician's and Surgeon's Certificate No. G 51875 to SUSAN LOUISE FULLEMANN, 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. 800-2017-030676, and will expire on April 30, 2021, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-030676 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 29, 2018. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-030676 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. 800-2017-030676. 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 her 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 her; the right to present evidence and to testify on her 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.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2017-030676 and that she has thereby subjected her license to disciplinary action.

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

CONTINGENCY

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

12. Respondent agrees that, if she ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2017-030676 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 51875 issued to Respondent SUSAN LOUISE FULLEMANN, M.D is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any Schedule II controlled substances or Schedule III controlled substances, as defined by the California Uniform Controlled Substances Act, until Respondent has successfully completed a course in Prescribing Practices, as specified in paragraph 4. Respondent shall submit to the Board or its designee a certification of successful completion of the course. This partial restriction shall remain in effect until Respondent has been notified in writing by the Board or its designee that the Board accepts that the requirement of a Prescribing Practices Course has been successfully completed and that the partial restriction has been lifted.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or

cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

2. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

3. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program in pain management, which shall not be less than 40 hours per year, for each year of probation. The educational program in pain management shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program in pain management shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of

attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

4. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the

Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective

date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

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

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

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief

Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

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

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

In the event Respondent's period of non-practice while on probation exceeds 18 calendar

months, Respondent shall successfully complete the Federation of State Medical Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

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

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

16. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Stephen Boreman. 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: 7/22/19

SUSAN LOUISE FULLEMANN, M.D
Respondent

I have read and fully discussed with Respondent SUSAN LOUISE FULLEMANN, 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: 7/23/19

STEPHEN BOREMAN
Attorney for Respondent

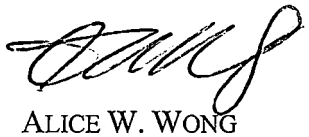
ENDORSEMENT

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

DATED: 8/16/2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General



ALICE W. WONG
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-030676

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

In the Matter of the Accusation Against: **SUSAN LOUISE FULLEMANN, M.D.** 1820 Ogden Drive, Suite 2 Burlingame, CA 94010-5333 Physician's and Surgeon's Certificate No. G 51875, Respondent.	Case No. 800-2017-030676 **A C C U S A T I O N**

Complainant alleges:

PARTIES

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

2. On January 23, 1984, the Medical Board issued Physician's and Surgeon's Certificate Number G 51875 to Susan Louise Fullemann, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2019, unless renewed.

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

5. Section 2234 of the Code states, in relevant part:

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

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

"(b) Gross negligence.

"(c) Repeated negligent acts. . . . .

". . . ."

6. Section 2266 of the Code states: "The 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

7. At all times relevant to this matter, Respondent was licensed and practicing medicine in California.

PATIENT P-1[1]

8. Respondent treated Patient P-1 from approximately 1993 until her death on June 19, 2016 at age 55. She had been diagnosed with rheumatoid arthritis before seeing Respondent and described symptoms including pain, swelling, and stiffness in her knees and ankles, shoulders, and both hands. Respondent states that P-1 saw several rheumatologists during the period she

[1] The patients are designated in this document as Patients P-1 and P-2 to protect their privacy. Respondent knows the names of the patients and can confirm their identities through discovery.

was treating P-1 and that P-1 had tried various disease-modifying anti-rheumatoid drugs and discontinued them because of their side effects.

9. Respondent began prescribing hydrocodone with acetaminophen[2] for P-1's pain in the 1990s and continued prescribing it throughout her treatment of P-1. For at least the last couple of years of her treatment of P-1, Respondent prescribed 6 tablets of hydrocodone with acetaminophen daily containing 7.5 mg of hydrocodone and 325 mg of acetaminophen.

10. In addition to pain, Respondent also treated P-1 for anxiety, depression, and panic disorder. Without documenting having evaluated the potential risks of combining opioid therapy with other respiratory depressants or having discussed those risks with P-1, Respondent prescribed the benzodiazepines clonazepam[3] and alprazolam[4] for P-1 for anxiety and panic disorder and, beginning in February 2014, zolpidem tartrate,[5] a sedative/hypnotic, for insomnia. From October 2014 until P-1's death, Respondent prescribed 6 tablets daily of 0.5 mg clonazepam and 2 tablets daily of 1 mg alprazolam for P-1.

11. Respondent did not document specific treatment goals for P-1 or evaluate her treatment progress with the use of the opioid medication nor did she document an exit strategy for discontinuing the opioid therapy if it were to become necessary. Although P-1's chart notes state that an opioid agreement exists, there is no controlled substances contract in Respondent's records for P-1.

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[2] Hydrocodone bitartrate w/APAP (hydrocodone with acetaminophen) is also known by the trade names Norco and Vicodin, among others. Hydrocodone bitartrate is a semisynthetic narcotic analgesic and a dangerous drug as defined in section 4022 and, since October 2014, a Schedule II controlled substance. Before that, it was classified as a Schedule III controlled substance. Hydrocodone bitartrate is a nervous system depressant.

[3] Clonazepam (trade name Klonopin) is an anticonvulsant of the benzodiazepine class of drugs. It is a long-acting benzodiazepine. It is a dangerous drug as defined in section 4022 and a schedule IV controlled substance. It produces central nervous system depression and should be used with caution with other central nervous system depressant drugs.

[4] Alprazolam (trade name Xanax) is a short-acting benzodiazepine. It is a psychotropic drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance.

[5] Zolpidem tartrate (trade name Ambien) is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Dosage adjustment may be necessary when zolpidem tartrate is combined with other central nervous system depressant drugs because of the potentially additive effects. Zolpidem tartrate is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance.

12. Respondent had P-1 undergo a urine drug test on November 19, 2015. The test was positive for opiates but negative for benzodiazepines. Despite Respondent's prescribing 180 tablets of clonazepam and 60 tablets of alprazolam monthly for P-1, Respondent did not document any discussion with P-1 about the absence of benzodiazepines in her urine or other investigation into its absence or monitoring of P-1's compliance.

13. Although P-1 reported dizziness, headaches, lack of muscle strength, brain fog, and falling on several visits in early 2014, Respondent did not assess the possible involvement of opioids and benzodiazepines in causing these symptoms or alter her prescribing of opioids or benzodiazepines as a result of the symptoms. In fact, she increased the amount of benzodiazepines she was prescribing for P-1 over the following months from 120 tablets of clonazepam to 180 and from 30 tablets of alprazolam to 60.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence, Repeated Negligent Acts, and/or Failure to Maintain Adequate Records)

14. Respondent is guilty of unprofessional conduct and subject to disciplinary action under sections 2234, subdivisions (b) (gross negligence) and/or (c) (repeated negligent acts), and/or 2266 (inadequate records) of the Code in that Respondent has engaged in the acts described above, including, but not limited to, the following:

A. Respondent failed to fully evaluate and to advise Patient P-1 of the potential risks of combining opioid therapy with other respiratory depressants such as benzodiazepines and sedative-hypnotics.

B. Respondent failed to specify measurable goals and objectives to evaluate treatment progress and to include an exit strategy for discontinuing opioid therapy if it became necessary.

C. Respondent failed to appropriately monitor P-1's compliance with her treatment protocol and to follow up on the urine drug screen with negative results for benzodiazepine use despite Respondent's prescribing large quantities of benzodiazepines for her.

D. Respondent failed to document evidence of P-1's progress toward treatment objectives and failed to modify treatment after documenting likely side effects of opioids and benzodiazepines such as dizziness, headaches, muscle weakness, falling, and brain fog.

E. Respondent's records for P-1 do not include a controlled substances contract despite P-1's long-term use of opioid analgesics.

PATIENT P-2

15. Respondent began treating Patient P-2, then 38-years old, on June 1, 2015. She saw him an additional 18 times before his death on December 3, 2016 from respiratory failure due to combined morphine and ethyl alcohol intoxication. His last visit was November 23, 2016.

16. P-2 had previously been seen by another physician in Respondent's practice and was on long-term opioid therapy for lumbar degenerative disc disease and arthritis of the thoracic spine. In her chart notes for the June 1, 2015 visit, Respondent noted that P-2 told her that he had gone through detox four or five years ago and was currently tapering off oxycodone. Respondent's assessment was that P-2 had lumbar disc disease and she refilled his prescription for oxycodone 15 mg, 1 tablet every 4 to 6 hours as needed. The prescription was for 120 tablets for 30 days, an average of 60 mg per day or 90 MME.[6] Respondent also had P-2 sign a Pain Medication Contract that provided, among other things, that all strong pain medications were to be provided through her office.

17. Respondent continued prescribing oxycodone for P-2 throughout the time she treated him. She did not document diagnostic evaluations for lumbar degenerative joint disease and did not consistently document treatment goals or progress toward treatment objectives. P-2 experienced several recognized negative consequences of opioid use during Respondent's treatment including erectile dysfunction, low testosterone, falling, memory loss, and withdrawal symptoms.

[6] MME stands for morphine milligram equivalency. This is used convert the many different opioids into one standard value based on morphine and its potency. Oxycodone, for example, is 1.5 times as potent as morphine so 60 mg of oxycodone is equivalent to 90 MME.

18. P-2's medical records reflect behaviors indicative of drug abuse. On July 1, 2015, P-2 advised Respondent that he had run out of oxycodone and had to use fentanyl patches.[7] There is no documentation concerning these patches or where P-2 obtained them. On December 28, 2015, P-2 reported that he had increased his oxycodone use because of pain from working harder at his job as an auto mechanic; on June 14, 2016, P-2 reported that he needed more pain medication because of shoulder pain; on July 8, 2016, P-2 reported that he was running out of his pain medications early; and on November 23, 2016, P-2 reported that he needed to take oxycodone sometimes two at a time and that he was consuming alcohol for pain control. On March 3, 2016, P-2 reported that he had quit drinking alcohol. He had reported quitting alcohol at a number of previous visits. P-2 exhibited similar behaviors when he was being treated by Respondent's colleague before Respondent assumed his care. For example, P-2 reported on October 13, 2014 that he took three hydrocodone tablets at a time when his prescription was for one and that he drank a lot of beer. On numerous occasions, both when being treated by Respondent and earlier, P-2 reported experiencing withdrawal symptoms.

19. On August 7 and December 2, 2015, P-2 filled prescriptions from an outside physician for Suboxone[8] and on August 28, 2015 and February 28, 2016, he filled prescriptions from the same physician for buprenorphine.[9] Suboxone and buprenorphine are opioid medications that relieve drug cravings without giving the same "high" as other opioids and are typically used to treat opioid addiction. Respondent, who was prescribing significant quantities of opioid medications at the same time, did not document these prescriptions or indicate knowledge of them.

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[7] The fentanyl patch is a transdermal system containing fentanyl, an opioid analgesic used to treat severe pain. It is a central nervous system depressant. Fentanyl is a dangerous drug as defined in section 4022 and a Schedule II controlled substance.

[8] Suboxone is a trade name for a combination of buprenorphine and naloxone. Buprenorphine is an opioid medication that relieves drug cravings without giving the same high as other opioid drugs and naloxone blocks the effects of opioid medication that can lead to opioid abuse. It is used to treat narcotic addiction. Suboxone is a dangerous drug as defined in section 4022 and a schedule III controlled substance.

[9] Buprenorphine is an opioid medication that relieves drug cravings without giving the same high as other opioid drugs. It is used to treat narcotic addiction. Buprenorphine is a dangerous drug as defined in section 4022 and a schedule III controlled substance.

20. Although Respondent regularly discussed decreasing P-2's opioid dose with him—and his use did decline to a low of 42 MME in September 2015—it climbed to 96 MME in January 2016, 140 MME in February 2016, 144 MME in April 2016, and hovered at and around 190 MME from then until his death in December 2016 with a high of 250 MME in July 2016. She did not document an exit strategy for discontinuing opioid therapy in the event it became necessary.

21. On at least four occasions in 2016, Respondent prescribed 60 tablets of the benzodiazepine lorazepam[10] for P-2 concurrently with the oxycodone she was prescribing.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence, Repeated Negligent Acts, and/or Failure to Maintain Adequate Records)

22. Respondent is guilty of unprofessional conduct and subject to disciplinary action under sections 2234, subdivisions (b) (gross negligence) and/or (c) (repeated negligent acts), and/or 2266 (inadequate records) of the Code in that Respondent has engaged in the acts described above, including, but not limited to, the following:

A. Respondent failed to act on red flag findings reflecting possible opioid abuse by P-2, provided long-term high-dose narcotics to P-2 for a diagnosis for which narcotics have little evidence of efficacy, and failed to fully evaluate and to advise Patient P-2 of the potential risks of opioid medications, and combining opioid therapy with other central nervous system depressants such as benzodiazepines.

B. Respondent failed to specify measurable goals and objectives to evaluate treatment progress, failed to document evidence of P-2's progress toward treatment objectives, and failed to include an exit strategy for discontinuing opioid therapy if it became necessary.

C. Respondent failed to ensure that the provisions of her pain management agreement with P-2 were appropriately followed as evidenced by P-2's receiving opioid medications from another physician during the period she was treating him.

[10] Lorazepam (trade name Ativan) is a benzodiazepine. It is a sedative used to treat anxiety. It is a dangerous drug as defined in section 4022, and a Schedule IV controlled substance. Since lorazepam has a central nervous system depressant effect, special care should be taken when prescribing lorazepam with other central nervous system depressant drugs.

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 Respondent's Physician's and Surgeon's Certificate Number G 51875;

2. Revoking, suspending or denying approval of Respondent's authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent, 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 29, 2018

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