

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

In the Matter of the Accusation
Against:

Henry Antonio Braa, M.D.

Physician's & Surgeon's
Certificate No A 55606

Respondent.

Case No. 800-2017-038160

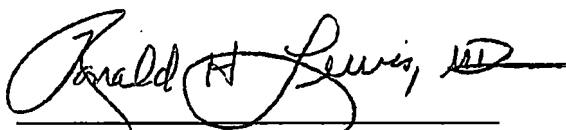
DECISION

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 February 11, 2021.

IT IS SO ORDERED January 12, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 LAWRENCE MERCER
Deputy Attorney General
4 State Bar No. 111898
455 Golden Gate Avenue, Suite 11000
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Attorneys for Complainant

7
8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 **HENRY ANTONIO BRAA, M.D.,**
1150 VETERANS BLVD
13 REDWOOD CITY CA 94063

14 Physician's and Surgeon's Certificate No. A55606

15 Respondent.

Case No. 800-2017-038160

16 **STIPULATED SETTLEMENT AND**
17 **DISCIPLINARY ORDER**

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

20 **PARTIES**

21 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Xavier Becerra, Attorney General of the State of California, by Lawrence Mercer,
24 Deputy Attorney General.

25 2. Respondent Henry Antonio Braa, M.D. (Respondent) is represented in this
26 proceeding by his attorneys Thomas E. Still and Hinshaw, Marsh, Still & Hinshaw, LLP, 12901
27 Saratoga Avenue, Saratoga, CA 95070.

28 3. On or about February 7, 1996, the Medical Board issued Physician's and Surgeon's
Certificate No. A 55606 to Henry Antonio Braa, M.D. (Respondent). The Physician's and

1 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
2 herein and will expire on July 31, 2021, unless renewed.

3 **JURISDICTION**

4 4. Accusation No. 800-2017-038160 was filed before the Board, and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on October 2, 2019. Respondent timely filed his Notice of
7 Defense contesting the Accusation. A copy of Accusation No. 800-2017-038160 is attached as
8 exhibit A and incorporated herein by reference.

9 **ADVISEMENT AND WAIVERS**

10 5. Respondent has carefully read, fully discussed with counsel, and understands the
11 charges and allegations in Accusation No. 800-2017-038160. Respondent has also carefully read,
12 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
13 Disciplinary Order.

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

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

22 **CULPABILITY**

23 8. Respondent agrees that, at an administrative hearing, Complainant could establish a
24 *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-
25 2017-038160 and that he has thereby subjected his Physician's and Surgeon's Certificate to
26 disciplinary action. Respondent further agrees to be bound by the Board's imposition of discipline
27 as set forth in the Disciplinary Order below.
28

1 establish clear limits and/or refuse to prescribe in the circumstance of suspected drug
2 misuse and did not encourage and/or refer the patients for chemical dependency
treatment. Consequently, the Board issues this public reprimand.

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

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

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 Respondent understands and agrees that failure to successfully complete the course in the
21 stated time may constitute grounds for further discipline.
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas E. Still. 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: 12-2-2020


HENRY ANTONIO BRAA, M.D.
Respondent

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

HINSHAW, MARSH, STILL & HINSHAW, LLP

DATED: _____

THOMAS E. STILL
Attorneys for Respondent

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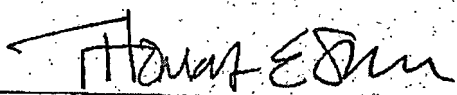
DATED: _____

HENRY ANTONIO BRAA, M.D.
Respondent

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

HINSHAW, MARSH, STILL & HINSHAW, LLP

DATED: 12-2-2020



THOMAS E. STILL
Attorneys for Respondent

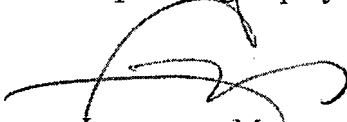
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ENDORSEMENT

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

DATED: December 4, 2020

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General



LAWRENCE MERCER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-038160

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1 XAVIER BECERRA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
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7 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2017-038160

14 **Henry Antonio Braa, M.D.**
1150 Veterans Blvd
Redwood City, CA 94063

ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. A 55606,**

17 Respondent.

18
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 February 7, 1996, the Medical Board issued Physician's and Surgeon's
24 Certificate No. A 55606 to Henry Antonio Braa, 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 July 31, 2021, unless renewed.

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JURISDICTION

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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 (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:

“ . . . ”

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

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

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

“ . . . ”

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct: Repeated Negligent Acts**

3 **Based on the Care Provided to Patient 1)¹**

4 6. Respondent Henry Antonio Braa, M.D. is subject to disciplinary action under section
5 2234 [unprofessional conduct] and/or 2234 (c) [repeated negligent acts] based on the care he
6 provided to Patient 1. The circumstances are as follows:

7 7. Respondent is a primary care provider at Kaiser Permanente (Kaiser) and was at all
8 times related to his care of Patient 1 and 2.

9 8. Patient 1, a then 48-year-old male, began seeing Respondent in 2011 until the
10 patient's death on August 15, 2013. Patient 1 had multiple chronic illnesses, including, but not
11 limited to: anal fistulas (that had required multiple surgeries), diabetes, diabetic peripheral
12 neuropathy, chronic pancreatitis (dating back to 2009), insomnia, anxiety, optic neuritis, and drug
13 seeking behavior and alcohol dependence (both dating back to 2010). Patient 1 also smoked
14 cigarettes. In 2010, Patient 1 completed an opioid medication agreement with Kaiser. The
15 patient's drug and alcohol dependence were documented in his medical record before Respondent
16 began treating him.

17 9. According to the Department of Justice Controlled Substance Utilization Review and
18 Evaluation System (CURES),² Respondent began prescribing controlled substances to Patient 1
19 on January 25, 2011. Respondent prescribed the following medications: 4 milligram (mg)
20 hydromorphone³ (60 pills[#]) and 5 mg methadone⁴ (100#)^{5,6} Respondent mainly saw Patient 1

21 ¹ In order to protect the patient's privacy, their names will not be used and will only be
22 numerically identified. Respondent will learn the names of the patients during discovery.

23 ² The Controlled Substance Utilization Review and Evaluation System (CURES) is a
24 database of Schedule II, III and IV controlled substance prescription dispensed in California
25 serving the public health, regulatory oversight agencies, and law enforcement.

26 ³ Hydromorphone, also known by the trade name Dilaudid, is an opioid analgesic. It is a
27 dangerous drug as defined in section 4022 and a Schedule II controlled substance and narcotic as
28 defined in section 11055 of the Health and Safety Code. Hydromorphone is four times as potent
as morphine and can produce drug dependence. It has a central nervous system depressant effect.

⁴ Methadone is an opioid medication and is used as a pain reliever and as part of drug
addiction detoxification and maintenance programs. It is a dangerous drug as defined in Business
and Professions Code section 4022 and a Schedule II controlled substance and narcotic as defined
in section 11055 of the Health and Safety Code.

⁵ Within one month of Respondent's first prescription of methadone, he increased the

(continued...)

1 for his complaints of chronic anal pain and diabetes control. On several occasions, Respondent
2 also prescribed 5 mg Ambien⁷ (60#) and 0.25 mg alprazolam⁸ (60#).

3 10. The majority of interactions between Respondent and Patient 1 were via the Kaiser
4 email system or telephone appointments. Between January 2012 to August 2013, Respondent
5 only had two face-to-face appointments with Patient 1.

6 11. By March of 2012, Respondent increased Patient 1's Percocet⁹ prescription from 60
7 pills to 90 pills per month.¹⁰ The patient also reported that the methadone was no longer working
8 and requested the addition of a 50 microgram (mcg) fentanyl patch¹¹ and a trial of morphine.¹²
9 Respondent prescribed 15 mg of morphine (60#) as a trial, but after a few weeks, the patient
10 claimed his pain was not controlled and requested hydromorphone, Percocet, and fentanyl.

11 12. On or about April 9, 2012, Patient 1 went to the Kaiser Emergency Department
12 (KED) with complaints regarding draining of an anal fistula. The patient reported that he needed

13 (...continued)
14 quantity from 100 to 200 pills.

15 ⁶ During Respondent's interview with a Health Quality Unit Investigator on February 28,
16 2019, Respondent indicated that Patient 1 was already on these doses of hydromorphone and
17 methadone from previous physicians.

18 ⁷ Ambien, a trade name for zolpidem tartrate, is indicated for the short-term treatment of
19 insomnia characterized by difficulties with sleep initiation. Dosage adjustment may be necessary
20 when zolpidem tartrate is combined with other central nervous system depressant drugs because
21 of the potentially additive effects. It is a dangerous drug as defined in section 4022 and a
22 Schedule IV controlled substance as defined in Health and Safety Code section 11057.

23 ⁸ Alprazolam, also known by the trade name Xanax, is a benzodiazepine used for the
24 management of anxiety disorders for the short-term relief of symptoms. It is a dangerous drug as
25 defined in section 4022 and a Schedule IV controlled substance as defined in Health and Safety
26 Code section 11057. It is a central nervous system depressant.

27 ⁹ Percocet is the trade name for oxycodone with acetaminophen, which is a semisynthetic
28 narcotic analgesic with multiple actions qualitatively similar to those of morphine. It is a
dangerous drug as defined in section 4022 and is a Schedule II controlled substance as defined by
Health and Safety Code section 11055(b)(1). Oxycodone can produce drug dependence of the
morphine type and, therefore, has the potential for abuse.

¹⁰ Respondent began prescribing Percocet on February 6, 2012.

¹¹ The fentanyl patch, also known by the trade name Duragesic, is a transdermal system
containing fentanyl, an opioid analgesic used to treat severe pain. It is a central nervous system
depressant. It is a dangerous drug as defined in section 4022 and a Schedule II controlled
substance as defined in section 11055 of the Health and Safety Code.

¹² Morphine sulfate is a dangerous drug as defined in section 4022, a Schedule II
controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health
and Safety Code. It is used in patients who require a potent opioid analgesic for relief of
moderate to severe pain. Morphine can produce drug dependence and has a potential for being
abused. Tolerance and psychological and physical dependence may develop upon repeated
administration.

1 intravenous controlled substances because he was out of hydromorphone and “I don’t want to
2 drink vodka to deal with the pain.” The medical record from the KED reports that Patient 1 was
3 “smiling, laughing, joking in NAD [no apparent distress].” The physician did not find any
4 evidence of an anal fistula or open abscess. The physician believed Patient 1 showed signs of
5 narcotic dependence and drug-seeking behavior so did not provide IV medications. The
6 physician offered to provide Patient 1 with non-narcotic pain relief but Patient 1 refused and
7 checked himself out against medical advice.

8 13. On or about May 10, 2012, Respondent referred Patient 1 to the Chronic Pain
9 Program (CPP). This was Respondent’s first referral of Patient 1 to the program, but the third
10 referral made on the patient’s behalf. The CPP rejected Patient 1 from the program because his
11 diabetes was not controlled which might be aggravating his pain. CPP would accept Patient 1
12 into the program only if he was able to get his diabetes under control.

13 14. Over the next seven months, Respondent increased Patient 1’s fentanyl patch from 75
14 mcg to 100 mcg. During this same period, Patient 1 regularly requested early refills of all of his
15 medications for various excuses (i.e. travel for work, lost, or stolen). Respondent granted the
16 refill requests every time; however, it is almost impossible to determine how much the patient
17 was getting at any one time because the quantities were different for all the prescriptions. The
18 patient also reported overusing the hydromorphone.¹³

19 15. On or about January 8, 2013, Patient 1 went to the KED for abdominal pain. He was
20 found to have a liver mass and admitted to the ICU. The discharging physician wrote, “Etiology
21 could be sec [secondary] to IV drug abuse 3 to 4 weeks ago as he reported his friend injecting
22 powdered Dilaudid mixed with water 3 to 4 weeks ago in his rt [right] forearm.” Patient 1 was
23 discharged home with a PICC line for in-home antibiotics infusions for the next six weeks.

24
25 ¹³ On September 5, 2012, Patient 1 was seen by another physician requesting early refills
26 of his medications because he was leaving town and Respondent was out of the office. The
27 physician only refilled the Percocet and noted that Patient 1 smelled of alcohol during the
28 appointment. Two days later, Patient 1 saw yet another physician claiming he hit his head four
days earlier and needed a refill of the hydromorphone and fentanyl. The doctor did not see any
signs or symptoms of a head injury and noted that Patient 1 received a seven-day supply of these
two medications two days ago.

1 16. On or about March 24, 2013, Patient 1's surgeon saw him for possible anal abscesses
2 and noted that Patient 1 pulled out his PICC line and relapsed in his alcohol use.

3 17. Once again, on or about April 17, 2013, Patient 1 requested early refills of his
4 medications because they were stolen. The clinic physician refused to provide the patient
5 hydromorphone because he believed Patient 1 was drug seeking. The physician did offer to
6 prescribe clonidine to prevent withdrawal, but Patient 1 refused. Over the next several days,
7 Patient 1 continued to email Respondent requesting refills of his medications and that he reported
8 the stolen medications to the police. Respondent asked him to bring the police report to their next
9 appointment on April 19, 2013.

10 18. On or about April 19, 2013, Respondent saw Patient 1 but Patient 1 did not bring in
11 the police report. Respondent did not discuss with Patient 1 any of the prior drug-seeking
12 concerns noted by the other Kaiser physicians, the use of alcohol, or the admission that he had
13 been injecting powdered hydromorphone. Respondent prescribed 60 pills of hydromorphone and
14 told him to "make it last." Finally, Patient 1 reported that he drank a "fifth of alcohol for the pain
15 and stress." Respondent documented in the progress note that he reminded the patient of his
16 chronic pancreatitis.

17 19. On or about April 22, 2013, Patient 1 emailed Respondent again asking for early
18 refills of his medications since Respondent did not fill all the medications he claimed were stolen.
19 The patient also reported he had to "replace some with a nurse friend who only had Norco to
20 spare." According to CURES, Respondent prescribed both the Percocet (60#) and
21 hydromorphone (100#) as Patient 1 requested in his April 22, 2013 email to Respondent.

22 20. Between June and August 2013, Patient 1 entered an alternative medicine program in
23 Southern California to treat his chronic pain and to reduce or eliminate his use of controlled
24 substance. Before Patient 1 left for the program, he requested six weeks' worth of medications
25 claiming the program required this.

26 21. On June 24, 2013, Respondent filled Percocet (180#), hydromorphone (300#), and
27 100 mcg fentanyl (10 patches).
28

1 22. According to CURES reports, Patient 1 received Xanax, Valium,¹⁴ Suboxone,¹⁵ and
2 hydromorphone from another physician on July 15, 2013. That same day, Patient 1 emailed
3 Respondent reporting that he was no longer taking hydromorphone, no longer drinking alcohol,
4 and was weaning off of fentanyl, but that he needed two weeks' worth of Percocet.

5 23. On or about July 19, 2018, a Kaiser Medical Assistant (MA) talked to Patient 1's
6 father about the request for Percocet. The MA requested that Patient 1 provide a release so
7 Kaiser staff could speak with representatives from the rehabilitation center. Patient 1's father
8 advised the MA that Patient 1 should no longer be on any controlled substances.

9 24. On or about August 13, 2013, Patient 1 and Respondent had a telephone appointment.
10 Patient 1 reported that he had been kicked out of the program when they found marijuana in his
11 property. He further asserted that they took all of his controlled substances and destroyed them
12 when he entered the program. He stated the Suboxone only helped with withdrawal but did not
13 control his pain. He further advised that he obtained hydromorphone and Percocet from two
14 different Southern California Kaiser doctors when he left the rehabilitation facility. Respondent
15 wrote, "It seems that he cannot function well without some type of pain relief of aggressive
16 degree, according to what he presents to me in his history, as in the past." Respondent wrote
17 prescriptions for hydromorphone (100#), Percocet (60#), and fentanyl (10 patches). The
18 following day, Respondent referred Patient 1 to the San Francisco Chronic Pain Program.

19 25. On or about August 15, 2013, Patient 1 died from septic and cardiogenic shock, acute
20 renal failure-end stage renal disease, diabetic ketoacidosis, and metabolic and respiratory
21 acidosis.

22 _____
23 ¹⁴ Valium is the trade name for diazepam and is used for the short-term relief of the
24 symptoms of anxiety and management of anxiety disorders. It is a dangerous drug as defined in
25 section 4022 and a Schedule IV controlled substance as defined by Health and Safety Code
26 section 11057. Diazepam can produce psychological and physical dependence and it should be
27 prescribed with caution particularly to addiction-prone individuals (such as drug addicts and
28 alcoholics) because of the predisposition of such patients to habituation and dependence.

¹⁵ 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. It is a dangerous drug as defined in section 4022 and
a Schedule III controlled substance.

1 29. On or about March 5, 2013, Patient 2 began emailing Respondent requesting a
2 stronger muscle relaxer for back spasms because the trial of baclofen¹⁹ previously prescribed was
3 not working. Patient 2 specifically requested Soma. Respondent prescribed 350 mg Soma²⁰
4 (30#) after the patient rejected suggestions for valium and prednisone.

5 30. On or about May 20, 2013, Respondent increased Patient 2's Soma prescription from
6 30 pills to 90 pills for 30 days. Respondent also referred Patient 2 to the Chronic Pain Program
7 (CPP). Within one month, Respondent increased the Soma to 100 pills.

8 31. Between June 4, 2013 to July 9, 2014, Patient 2 reported that he lost his controlled
9 substance medications on six occasions. Respondent replaced the lost medications without any
10 discussion except to remind Patient 2 to be careful with his medications.

11 32. On or about July 24, 2013, Patient 2 requested Respondent fill the Soma prescription
12 for 30 days rather than 20 days in order to save money; however, Respondent was already
13 prescribing for 30 days.

14 33. While Patient 2 attended the CPP, the CPP physician was responsible for prescribing
15 Patient 2's pain management medications; however, Patient 2 still emailed Respondent on several
16 occasions to request refills or alterations to his prescriptions. For example, on or about August 7,
17 2013, Patient 2 tried to refill the Soma prescription but the CPP physician prescribed another
18 muscle relaxer a few days earlier. Then, on or about August 8, 2013, Respondent refilled 90 pills
19 of Soma based on emails from Patient 2 that the other muscle relaxer was not working well.
20
21

22 (...continued)
23 defined by section 4022.

24 ¹⁸ Following the MRI, Respondent referred Patient 2 to a neurologist. The neurologist
25 reported that the arachnoid cyst was asymptomatic and should be left alone. Additionally, the
26 MRI revealed "small disc herniation lateralized" to the left side. The neurosurgeon offered to
27 perform a left L5-S1 discectomy to possibly relieve Patient 2's discomfort.

28 ¹⁹ Baclofen is a muscle relaxant and antispastic. It is a dangerous drug as defined in
section 4022.

²⁰ Soma is the trade name or carisoprodol, which is a muscle-relaxant and sedative. It is a
dangerous drug as defined in section 4022. Since the effects of Soma and alcohol or Soma and
other central nervous system depressants or psychotropic drugs may be addictive, appropriate
caution should be exercised with patients who take more than one of these agents simultaneously.

1 34. On or about August 14, 2013, Patient 2's CPP physician added Norco²¹ for ten days,
2 despite writing that opioids were not recommended for Patient 2. The CPP physician also
3 recommended that Soma be stopped and be replaced with tizanidine.²²

4 35. On August 21, 2013, Patient 2 withdrew from the CPP because it did not work with
5 his job schedule.

6 36. On or about September 4, 2013, Respondent saw Patient 2 for an assessment of his
7 lower back pain. Under the assessment and plan portion, Respondent wrote the he prescribed 15
8 mg of morphine sulfate (90 pills for 45 days).

9 37. On or about January 3, 2014, Patient 2 saw Respondent for an appointment regarding
10 pain control and refills of both the morphine and Norco. Patient 2 reported he was taking four to
11 five pills of morphine a day. Respondent wrote in the progress note that Patient 2 should not be
12 taking both morphine and Norco at the same time, that Patient 2 was taking more morphine than
13 he should have, the patient should only take the medications as prescribed, and not to adjust the
14 dosage without first discussing it with Respondent. Despite documenting that Patient 2 should
15 not be taking morphine and Norco at the same time, Respondent continued to prescribe Norco.

16 38. Over the next several months, Patient 2 continued to request an increase in the Soma
17 dosage to allow four pills per day. Respondent finally denied the patient's request on April 1,
18 2014, stating that Patient 2 should only be taking one pill of Soma per day.

19 39. On or about April 17, 2014, Patient 2 met with Respondent for medication
20 management. Patient 2 reported that he was taking four Soma pills per day, and three to four
21 Norco per day. Even though Respondent advised Patient 2 on April 1, 2014 that he should only
22 be taking one Soma per day, he continued to prescribe 100 pills for 30 days (approximately three
23

24 ²¹ Norco is the trade name for acetaminophen and hydrocodone. Norco tablets contain
25 five to 10 mg of hydrocodone bitartrate and 350 to 550 mg of acetaminophen. Acetaminophen is
26 a non-opiate, non-salicylate analgesic and antipyretic. Hydrocodone bitartrate is a semisynthetic
27 narcotic analgesic and a dangerous drug as defined in section 4022. Norco is a schedule II
28 controlled substance as defined by Health and Safety Code section 11055. Repeated
administration of hydrocodone over a course of several weeks may result in psychic and physical
dependence.

²² Tizanidine is a short-acting muscle relaxer. It is a dangerous drug as defined by section
4022.

1 pills per day). Respondent also increased Patient 2's Norco from 60 to 90 pills for 30 days, and
2 prescribed morphine (150#), Vyvanse, and Wellbutrin.²³

3 40. By September 17, 2014, Respondent began refilling 200 pills of Soma for Patient 2 to
4 last for 25 to 50 days (amounting to four to eight to pills per day depending on the dosage
5 instructions).

6 41. Between February 24, 2014 through September 29, 2015, Patient 2 made at least 13
7 requests for early refills of his various controlled substances from Respondent because he was
8 traveling. Respondent granted the requests.

9 42. On or about October 2, 2015, Respondent had a telephone appointment with Patient 2
10 regarding his most recent early refill request. Respondent told Patient 2 that he should not be
11 taking more than three to four Soma pills per day. There was also discussion about a disruption
12 caused by Patient 2's partner at Respondent's medical office that same day. According to
13 Respondent, the partner was picking up an early refill prescription for Patient 2 while also
14 complaining that Respondent was over-medicating Patient 2. Respondent wrote: "I explained to
15 the patient that I was trying to help him with his chronic pain issue that seems to be usually
16 apparently under fairly good control, which he reiterated, and that I did not feel comfortable with
17 the threats and behavior of his partner here today." Another physician took over Patient 2's care
18 after this conversation.

19 43. Respondent departed from the standard of care based on his failure to take
20 appropriate action following evidence of Patient's 2's misuse of his controlled substances.
21 Respondent failed to set limits with the patient after reporting lost medications and requesting
22 early refills. Respondent also failed to consider that Patient 2 was also taking two other habit-
23 forming medications (Ambien and Vyvanse) along with the other addictive controlled substance
24 medications he prescribed.

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26 \\\

27 ²³ Wellbutrin, the trade name for bupropion hydrochloride, is an antidepressant. It is a
28 dangerous drug as defined by section 4022.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 55606, issued to Henry Antonio Braa, M.D.;
2. Revoking, suspending or denying approval of Henry Antonio Braa, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Henry Antonio Braa, 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 2, 2019


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

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