

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

In the Matter of the Accusation
Against:

Karen N. Carothers, M.D.

Physician's & Surgeon's
Certificate No G71913

Respondent

Case No. 800-2017-030495

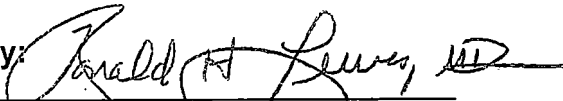
DECISION

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 March 31, 2021.

IT IS SO ORDERED March 1, 2021.

MEDICAL BOARD OF CALIFORNIA

By: 

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

1 XAVIER BECERRA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 REBECCA D. WAGNER
Deputy Attorney General
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2017-030495

13 **KAREN N. CAROTHERS, M.D.**
14 **26 Cedar Lane**
15 **Orinda, CA 94563**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate No.**
17 **G 71913**

Respondent.

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 Rebecca D. Wagner,
24 Deputy Attorney General.

25 2. Respondent Karen N. Carothers, M.D. (Respondent) is represented in this proceeding
26 by attorney Joseph R. Picchi whose address is: Galloway, Lucchese, Everson & Picchi,
27 2300 Contra Costa Boulevard, Suite 350, Pleasant Hill, California 94523-2398.
28

1 pursuant to Business and Professions Code section 2227. This public reprimand is issued as a
2 result of the conduct by Respondent as set forth in Accusation No. 800-2017-030495.

3 **B. EDUCATION COURSE.** Within 60 calendar days of the effective date of this
4 Decision, Respondent shall submit to the Board or its designee for its prior approval educational
5 program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or
6 course(s) shall be aimed at correcting any areas of deficient practice or knowledge, with an
7 emphasis on high-risk headache assessment, and shall be Category I certified. The educational
8 program(s) or course(s) shall be at Respondent's expense and shall be in addition to the
9 Continuing Medical Education (CME) requirements for renewal of licensure. Following the
10 completion of each course, the Board or its designee may administer an examination to test
11 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
12 hours of CME of which 40 hours were in satisfaction of this condition. Failure to enroll in,
13 participate in, or successfully complete the education course within the designated time period
14 shall constitute unprofessional conduct and grounds for further disciplinary action.

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

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

1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than 15 calendar days after successfully completing the course, or not later than
3 15 calendar days after the effective date of the Decision, whichever is later. Failure to enroll in,
4 participate in , or successfully complete the medical records course within the designated time
5 period shall constitute unprofessional conduct and grounds for further disciplinary action.

6 **D. FUTURE ADMISSIONS CLAUSE.** If Respondent should ever apply or reapply for
7 a new license or certification, or petition for reinstatement of a license, by any other health care
8 licensing action agency in the State of California, all of the charges and allegations contained in
9 Accusation No. 800-2017-030495 shall be deemed to be true, correct, and admitted by
10 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
11 restrict license.

12 **ACCEPTANCE**

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

18
19 DATED: 12/30/2020

20 
KAREN N. CAROTHERS, M.D.
Respondent

21 I have read and fully discussed with Respondent Karen N. Carothers, M.D. the terms and
22 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
23 I approve its form and content.

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25 DATED: December 30, 2020

26 
JOSEPH R. PICCHI
Attorney 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 31, 2020

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

Rebecca D. Wagner

REBECCA D. WAGNER
Deputy Attorney General
Attorneys for Complainant

SF2019202278
Karen Carothers Stipulated Settlement and Disciplinary Order

Exhibit A

Accusation No. 800-2017-030495

1 XAVIER BECERRA
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Supervising Deputy Attorney General
3 EMILY L. BRINKMAN
Deputy Attorney General
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 11 2019
BY Anna Hogan ANALYST

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

12 In the Matter of the Accusation Against:

Case No. 800-2017-030495

13 **Karen N. Carothers, M.D.**
14 26 Cedar Lane
Orinda, CA 94563

ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. G 71913,**

17 Respondent.

18
19 **PARTIES**

20 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity
21 as the Interim Executive Director of the Medical Board of California, Department of Consumer
22 Affairs (Board).

23 2. On or about July 17, 1991, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 71913 to Karen N. Carothers, 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 December 31, 2020, unless renewed.

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1 JURISDICTION

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

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

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

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

12 " "

13 (b) Gross negligence.

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

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

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

26 (d) Incompetence.

27 " "

28 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.

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1 CAUSES FOR DISCIPLINE

2 **(Unprofessional Conduct: (Gross Negligence and/or Repeated Negligent Acts and/or**
3 **Incompetence; Inadequate Medical Record Keeping)**

4 7. Respondent Karen N. Carothers, M.D. is subject to disciplinary action under sections
5 2234 [unprofessional conduct]; and/or 2234 (b) [gross negligence]; and/or 2234 (c) [repeated
6 negligent acts]; and/or 2234 (d) [incompetence]; and/or 2266 [inadequate medical records] based
7 on the care she provided to Patient A.¹ The circumstances are as follows:

8 8. On or about January 16, 2014 (Thursday) at approximately 12:15 a.m., Patient A
9 arrived at the Emergency Department (ED) at Alta Bates Summit-Merritt Medical Center. Patient
10 A was a 37-year old female who complained of a headache. She reported vomiting after having a
11 few drinks on the previous Friday, then slept all day Sunday. On Monday, Patient A noticed that
12 the vision in her right eye was blurry, but by Tuesday her vision was normal. Patient A did not
13 report any dizziness to the triage nurse, but she was sensitive to light, and reported a history of
14 migraine headaches and hypertension. The triage nurse documented Patient A's blood pressure
15 as 161/106 and pain at a six out of ten.²

16 9. At approximately 3:00 a.m., a nurse took Patient A to an examination room. In the
17 nursing Flowchart, she documented that Patient A has "disconjugate gaze³ with right eye" along
18 with double vision in her right eye.⁴

19 10. At approximately 3:10 a.m., Respondent first met Patient A in the ED. Respondent
20 documented in the provider notes that Patient A had not taken any hypertension medications for
21 the past six weeks. According to the physical examination, Respondent documented that Patient
22 A was positive for hearing loss (without any further explanation), positive for light sensitivity and
23

24 ¹ In order to protect the patient's privacy, she will be referred to as Patient A. Respondent
learned the name of the patient during the related Board investigation.

25 ² A normal blood pressure has a systolic reading of less than 120 and diastolic less than
80. Patient A's blood pressure was abnormal, in the hypertensive range.

26 ³ Disconjugate gaze means that the patient's eyes are not moving together. This is a
possible sign in a person having a stroke, among other medical conditions.

27 ⁴ The nurse never told Respondent about the patient's disconjugate gaze and at the time,
28 the ED was using a new version of the electronic medical record. Respondent claims that she was
not aware of the nursing Flowchart sheets in the electronic medical record.

1 visual disturbance, but all other systems were negative or normal. Respondent also documented
2 that the patient's pupils were equal, round, reactive to light and accommodation, and extraocular
3 movements were intact. Respondent documented that Patient A was taking hydrochlorothiazide⁵
4 and Sertraline⁶. Respondent ordered intravenous medications for pain and nausea. Respondent
5 did not order any imaging or testing. She diagnosed Patient A with an acute migraine headache
6 and hypertension.⁷

7 11. Patient A was accompanied by a friend who reported that the entire examination
8 lasted less than five minutes and she advised Respondent that Patient A was having visual
9 problems, specifically a "wandering eye," which was not common for Patient A's migraines. The
10 friend also reported that the only time Respondent touched Patient A during the examination was
11 when she looked at Patient A's eyes. It is not clear from the medical record whether Patient A
12 and her friend used the term "migraine headache" or Respondent just assumed the headache was a
13 migraine.

14 12. There is no documentation in the medical record that Respondent fully examined
15 Patient A's headache or her history of headache. For example, was this headache similar to past
16 headaches, how was it different, was this the worst headache of her life, when was she diagnosed
17 with having migraine headaches, who diagnosed her, or if she had ever undergone any imaging
18 for migraines? Respondent also did not document any inquiry into the location of the headache
19 or the quality of the pain (dull, sharp, pounding, waxing, or waning).

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24 ⁵ Hydrochlorothiazide is a diuretic that helps to prevent the body from absorbing too much
25 salt. It treats both fluid retention and high blood pressure (hypertension). It is a dangerous drug
within the meaning of Business and Professions Code section 4022.

26 ⁶ Sertraline is the generic name for Zoloft. It is an anti-depressant used to treat
depression, anxiety disorders, post-traumatic stress disorders, obsessive-compulsive disorder, and
premenstrual dysphoric disorder.

27 ⁷ As part of the provider note, Respondent documented that she reviewed the nursing
28 notes.

1 13. At approximately 3:45 a.m. a nurse administered 15 milligrams (mg) of Toradol,⁸ one
2 mg of Dilaudid,⁹ and two mg of Zofran¹⁰.

3 14. At approximately 4:00 a.m., a nurse documented Patient A's blood pressure of
4 140/107, which was still in the hypertensive range. According to the nursing notes, Patient A
5 reported that her pain had improved after receiving pain medications. A nurse documented the
6 patient's pain level at five.

7 15. At approximately 4:16 a.m., Respondent began discharge paperwork for Patient A
8 and she was formally discharged from the ED at 4:39 a.m. A nurse documented Patient A's
9 blood pressure at discharge as 166/94, and her pain level at four. Respondent provided written
10 discharge instructions for arterial hypertension and migraine headache and advised her to follow
11 up with her primary care provider. Respondent wrote prescriptions for hydrochlorothiazide (30
12 pills), 5/325 mg Norco (20 pills),¹¹ and Compazine (12 pills)¹².

13 16. On or about January 21, 2014, Patient A returned to the ED where she was diagnosed
14 with a subarachnoid bleed,¹³ cerebral aneurysm,¹⁴ altered level of consciousness, hypertension,

15 ⁸ Toradol is the trade name for ketoralac tromethamine, a nonsteroidal anti-inflammatory
16 drug (NSAID) indicated for the short-term management of moderately severe, acute pain, that
17 requires analgesia at the opioid level. It is a dangerous drug within the meaning of Business and
18 Professions Code section 4022.

19 ⁹ Dilaudid is the trade name for hydromorphone hydrochloride and is principally used for
20 pain relief. It is a dangerous drug as defined in section 4022 and a schedule II controlled
21 substance as defined by section 11055, subdivision (d) of the Health and Safety Code.

22 ¹⁰ Zofran is the trade name for ondansetron hydrochloride. It is an anti-emetic and is
23 generally used to prevent nausea and vomiting associated with chemotherapy and/or radiotherapy
24 and/or to prevent post-operative nausea and vomiting. It is a dangerous drug as defined by
25 section 4022.

26 ¹¹ Norco is the trade name for hydrocodone bitartrate with acetaminophen. Norco tablets
27 contain 5 mg of hydrocodone bitartrate and 325 mg of acetaminophen. Acetaminophen is a non-
28 opiate, non-salicylate analgesic and antipyretic. Hydrocodone bitartrate is semisynthetic narcotic
analgesic and a dangerous drug as defined in section 4022. Norco is a Schedule III controlled
substance and narcotic as defined by section 11056, subdivision (e) of the Health and Safety
Code.

¹² Compazine is the trade name for prochlorperazine, an anti-anxiety agent. It is a
dangerous drug within the meaning of Business and Professions Code section 4022.

¹³ A subarachnoid bleed is bleeding into the subarachnoid space of the brain, which is
between the brain and the membrane covering the brain. A sudden headache, nausea and
vomiting, drowsiness, pain in the eyes, hypertension, photophobia (light sensitivity), cranial nerve
deficits are some of the symptoms of a subarachnoid bleed.

¹⁴ A cerebral aneurysm is a bulging, weakened area in the wall of an artery in the brain,
which poses a risk of rupturing. People with hypertension are at higher risks of developing an
aneurysm. Symptoms of an aneurysm are headaches, eye pain, vision problems, and eye
movement problems.

1 and a fever. She was eventually transferred to another hospital for surgery and a higher level of
2 care.

3 17. During a July 29, 2019, interview with Board investigators, Respondent stated that
4 patients with hypertension often complain of headaches.

5 18. Respondent departed from the standard of care based on the following:

6 a) Failing to perform and document an adequate history and physical to
7 differentiate between a benign medical condition or a potentially life-threatening
8 condition;

9 b) Failing to perform an adequate physical examination due to Respondent's
10 assumption that Patient A suffered only from a migraine;

11 19. Respondent showed a lack of knowledge regarding the relationship between
12 hypertension and headaches, especially in a patient presenting with elevated blood pressure and
13 another symptom, such as pain, and the effect that the symptom has on blood pressure.

14 **PRAYER**

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

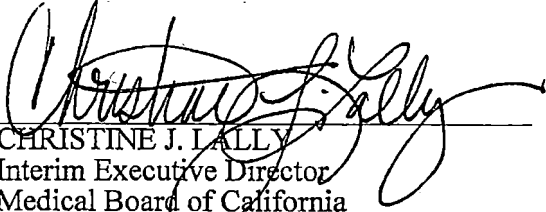
- 17 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 71913,
18 issued to Karen N. Carothers, M.D.;
- 19 2. Revoking, suspending or denying approval of Karen N. Carothers, M.D.'s authority to
20 supervise physician assistants and advanced practice nurses;
- 21 3. Ordering Karen N. Carothers, M.D., if placed on probation, to pay the Board the costs
22 of probation monitoring; and

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

DATED: December 11, 2019


CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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