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

In the Matter of the Accusation Against: Peter Edward Droubay, M.D. Physician's and Surgeon's Certificate No. G 27705 Respondent.	Case No. 800-2018-041033

DECISION

The attached Stipulated Surrender of License and 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 April 2, 2021.

IT IS SO ORDERED March 4, 2021.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

XAVIER BECERRA
Attorney General of California
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **PETER EDWARD DROUBAY, M.D.** **3428 Morro Bay Ave.** **Davis, CA 95616** **Physician's and Surgeon's Certificate** **No. G 27705** Respondent.	Case No. 800-2018-041033 **STIPULATED SURRENDER OF LICENSE AND 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. Christine J. Lally (Complainant) is the Interim 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 Ryan J. Yates, Deputy Attorney General.

2. Peter Edward Droubay, M.D. (Respondent) is represented in this proceeding by attorney Lawrence Giardina, whose address is: 400 University Ave, Sacramento, CA 95825.

3. On or about August 6, 1974, the Board issued Physician's and Surgeon's Certificate No. G 27705 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-041033 and will expire on February 28, 2021, unless renewed.

JURISDICTION

4. On or about May 19, 2020, Accusation No. 800-2018-041033 has not yet been filed before the Board, but will be filed concurrently with this document. Respondent elected to surrender his Physician's and Surgeon's Certificate No. G 27705. A copy of Accusation No. 800-2018-041033 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-041033. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2018-041033, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2018-041033 and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his 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 Surrender 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. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. 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 Order:

14. The parties understand and agree that there is an unrelated matter, Accusation No. 800-2016-024837, against Respondent's physician's and surgeon's certificate, which is currently pending before the Board (OAH No. 2019071061), currently set for a contested hearing on June 8, 2020. This stipulated surrender of Respondent's physician's and surgeon's certificate shall not

become effective until an Order or Decision on Accusation No. 800-2016-024837 has been initially rendered by the Board.

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 27705, issued to Respondent Peter Edward Droubay, M.D., is surrendered and accepted by the Board.

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

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

3. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in the Accusation No. 800-2018-041033 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

4. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in the Accusation, No. 800-2018-041033 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Lawrence Giardina. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

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DATED: 29 May 2020

PETER EDWARD DROUBAY, M.D.
Respondent

I have read and fully discussed with Respondent Peter Edward Droubay, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: June 8, 2020

LAWRENCE GIARDINA
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 6/9/20

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

RYAN J. YATES
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-041033

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Peter Edward Droubay, M.D.** **3428 Morro Bay Avenue** **Davis, CA 95616-5640** **Physician's and Surgeon's Certificate No. G 27705,** Respondent.	Case No. 800-2018-041033 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about August 6, 1974, the Medical Board issued Physician's and Surgeon's Certificate No. G 27705 to Peter Edward Droubay, 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 February 28, 2021, unless renewed.

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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 (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:

"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. 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.

"(d) Incompetence.

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

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

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

6. Section 726 of the Code states:

"(a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this or under any initiative act referred to in this division.

"(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, to his or her spouse or person in an equivalent domestic relationship."

7. Health and Safety Code section 11165, subdivision (a) states:

"(a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

"(b) The Department of Justice may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

"(c) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

"(2) (A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state,

local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, if patient information, including any information that may identify the patient, is not compromised. Further, data disclosed to any individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to any third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The Department of Justice shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

"(B) Notwithstanding subparagraph (A), a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances shall not be provided data obtained from CURES.

"(3) The Department of Justice shall, no later than July 1, 2020, adopt regulations regarding the access and use of the information within CURES. The Department of Justice shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

"(A) The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.

"(B) The purposes for which a health care practitioner may access information in CURES.

"(C) The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.

"(D) The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

"(4) In accordance with federal and state privacy laws and regulations, a health care practitioner may provide a patient with a copy of the patient's CURES patient activity report as

long as no additional CURES data is provided and keep a copy of the report in the patient's medical record in compliance with subdivision (d) of section 11165.1.

"(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice:

"(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

"(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility, if provided.

"(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

"(4) National Drug Code (NDC) number of the controlled substance dispensed.

"(5) Quantity of the controlled substance dispensed.

"(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

"(7) Number of refills ordered.

"(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

"(9) Date of origin of the prescription.

"(10) Date of dispensing of the prescription.

"(11) The serial number for the corresponding prescription form, if applicable.

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"(e) The Department of Justice may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. All prescriber and dispenser invitees shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

"(f) The Department of Justice shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

"(g) The Department of Justice may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

"(h) (1) The Department of Justice may enter into an agreement with any entity operating an interstate data sharing hub, or any agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information.

"(2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the Department of Justice pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the Department of Justice for interstate data sharing of prescription drug monitoring program information.

"(3) Any agreement entered into by the Department of Justice for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

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"(4) For purposes of interstate data sharing of CURES information pursuant to this subdivision, an authorized user of another state's prescription drug monitoring program shall not be required to register with CURES, if the authorized user is registered and in good standing with that state's prescription drug monitoring program.

"(5) The Department of Justice shall not enter into an agreement pursuant to this subdivision until the department has issued final regulations regarding the access and use of the information within CURES as required by paragraph (3) of subdivision (c)."

8. Health and Safety Code section 11165.1 states:

"(a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to section 11150 shall, before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to electronically access information regarding the controlled substance history of a patient that is maintained by the department. Upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under practitioner's care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

"(ii) A pharmacist shall, before July 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the department to obtain approval to electronically access information regarding the controlled substance history of a patient that is maintained by the department. Upon approval, the department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under pharmacist's care based on data contained in the CURES PDMP.

"(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

"(i) Materially falsifying an application to access information contained in the CURES database.

"(ii) Failing to maintain effective controls for access to the patient activity report.

"(iii) Having their federal DEA registration suspended or revoked.

"(iv) Violating a law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

"(v) Accessing information for a reason other than to diagnose or treat a patient, or to document compliance with the law.

"(C) An authorized subscriber shall notify department within 30 days of any changes to the subscriber account.

"(D) Commencing no later than October 1, 2018, an approved health care practitioner, pharmacist, and any person acting on behalf of a health care practitioner or pharmacist pursuant to subdivision (b) of Section 209 of the Business and Professions Code may use the department's online portal or a health information technology system that meets the criteria required in subparagraph (E) to access information in the CURES database pursuant to this section. A subscriber who uses a health information technology system that meets the criteria required in subparagraph (E) to access information in the CURES database may submit automated queries to the CURES database pursuant to this section.

"(E) Commencing no later than October 1, 2018, an approved health care practitioner or pharmacist may submit queries to the CURES database through a health information technology system if the entity that operates the health information technology system can certify all of the following:

"(i) The entity will not use or disclose data received from the CURES database for any purpose other than delivering the data to an approved health care practitioner or pharmacist or performing data processing activities that may be necessary to enable the delivery unless authorized by, and pursuant to, state and federal privacy and security laws and regulations.

"(ii) The health information technology system will authenticate the identity of an authorized health care practitioner or pharmacist initiating queries to the CURES database and, at the time of the query to the CURES database, the health information technology system submits the following data regarding the query to CURES:

"(I) The date of the query.

"(II) The time of the query.

"(III) The first and last name of the patient queried.

"(IV) The date of birth of the patient queried.

"(V) The identification of the CURES user for whom the system is making the query.

"(iii) The health information technology system meets applicable patient privacy and information security requirements of state and federal law.

"(iv) The entity has entered into a memorandum of understanding with the department that solely addresses the technical specifications of the health information technology system to ensure the security of the data in the CURES database and the secure transfer of data from the CURES database. The technical specification shall be universal for all health information technology systems that establish a method of system integration to retrieve information from the CURES database. The memorandum of understanding shall not govern, or in any way impact or restrict, the use of data received from the CURES database or impose any additional burdens on covered entities in compliance with regulations promulgated pursuant to the federal Health Insurance Portability and Accountability Act of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations.

"(F) No later than October 1, 2018, the department shall develop a programming interface or other method of system integration to allow health information technology systems that meet the requirements in subparagraph (E) to retrieve information in the CURES database on behalf of an authorized health care practitioner or pharmacist.

"(G) The department shall not access patient-identifiable information in an entity's health information technology system.

"(H) An entity that operates a health information technology system that is requesting to establish an integration with the CURES database shall pay a reasonable fee to cover the costs of establishing and maintaining integration with the CURES database.

"(I) The department may prohibit integration or terminate a health information technology system's ability to retrieve information in the CURES database if the health information technology

system fails to meet the requirements of subparagraph (E), or the entity operating the health information technology system does not fulfill its obligation under subparagraph (H).

"(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

"(b) A request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the department

"(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the department may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

"(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by a practitioner or pharmacist from the department pursuant to this section is medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

"(e) Information concerning a patient's controlled substance history provided to a prescriber or pharmacist pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

"(f) A health care practitioner, pharmacist, and any person acting on behalf of a health care practitioner or pharmacist, when acting with reasonable care and in good faith, is not subject to civil or administrative liability arising from any false, incomplete, inaccurate, or misattributed information submitted to, reported by, or relied upon in the CURES database or for any resulting failure of the CURES database to accurately or timely report that information.

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"(g) For purposes of this sections, the following terms have the following meanings:

"(1) "Automated basis" means using predefined criteria to trigger an automated query to the CURES database, which can be attributed to a specific health care practitioner or pharmacist.

"(2) "Department" means the Department of Justice.

"(3) "Entity" means an organization that operates, or provides or makes available, a health information technology system to health care practitioner or pharmacist.

"(4) "Health information technology system" means an information processing application using hardware and software for the storage, retrieval, sharing of or use of patient data for communication, decision making, coordination of care, or the quality, safety, or efficiency of the practice of medicine or delivery of health care services, including, but not limited to, electronic medical record applications, health information exchange systems, or other interoperable clinical or health care information system.

"(5) "User initiated basis" means an authorized health care practitioner or pharmacist has taken an action to initiate the query to the CURES database, such as clicking a button, issuing a voice command, or taking some other action that can be attributed to a specific health care practitioner or pharmacist."

PERTINENT DRUG INFORMATION

9. Alprazolam – Generic name for the drug Xanax. Alprazolam is a short acting benzodiazepine used to treat anxiety. Alprazolam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.14. Alprazolam is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057(d).

10. Lorazepam – Generic name for Ativan. Lorazepam is a member of the benzodiazepine family and is a fast acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

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11. Temazepam – Generic name for Restoril. Temazepam is an intermediate-acting benzodiazepine used to treat insomnia. Temazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

12. Butalbital with caffeine and with aspirin – Generic name for Fiorinal. Butalbital is a barbiturate with an immediate duration of action. Often combined with other medications, it is commonly used for the treatment of pain and headache. Fiorinal is a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.13. Fiorinal is a dangerous drug pursuant to Business and Professions Code section 4022.

13. Morphine – Generic name for the drug MS Contin. Morphine is an opioid analgesic drug. It is the main psychoactive chemical in opium. Like other opioids, such as oxycodone, hydromorphone, and heroin, morphine acts directly on the central nervous system (CNS) to relieve pain. Morphine is a Scheduled II controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.12. Morphine is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

14. Oxycodone with acetaminophen – Generic name for Percocet and Endocet. Percocet is a short acting opioid analgesic used to treat moderate to severe pain. Percocet is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.12. Percocet is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

15. Hydrocodone bitartrate with acetaminophen – Generic name for the drugs Vicodin, Norco, and Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.13(e). On October 6, 2014, Hydrocodone combination products were reclassified as Schedule II controlled substances. Federal Register Volume 79,

Number 163, Code of Federal Regulations Title 21, Section 1308.12. Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

16. Baclofen – Generic name for the drug Lioresal among others, is a medication used to treat muscle spasticity such as from a spinal cord injury or multiple sclerosis. It may also be used for hiccups and muscle spasms near the end of life. It is taken by mouth or by delivery into the spinal canal. Common side effects include sleepiness, weakness, and dizziness. Serious side effects may occur if baclofen is rapidly stopped including seizures and rhabdomyolysis. It is believed to work by decreasing neurotransmitters. Baclofen is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code section 4022.

17. Nortriptyline – Generic name for the drug Pamelor, among others, is a medication used to treat depression, neuropathic pain, attention deficit hyperactivity disorder (ADHD), stopping smoking and anxiety. It does not appear to be useful for young people with depression. Nortriptyline is a less preferred treatment for ADHD and stopping smoking. It is taken by mouth. Common side effects include dry mouth, constipation, blurry vision, sleepiness, low blood pressure with standing, and weakness. Serious side effects may include seizures, an increased risk of suicide in those less than 25 years of age, urinary retention, glaucoma, mania, and a number of heart issues. Nortriptyline is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code section 4022.

18. Methadone – Generic name for the drug Symoron. Methadone is a synthetic opioid. It is used medically as an analgesic and a maintenance anti-addictive and reductive preparation for use by patients with opioid dependence. Methadone is a Scheduled II controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.12. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

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19. Venlafaxine – Generic name for the drug Effexor among others, is an antidepressant medication of the serotonin-norepinephrine reuptake inhibitor (SNRI) class. It is used to treat major depressive disorder (MDD), generalized anxiety disorder (GAD), panic disorder, and social phobia. It is taken by mouth. Common side effects include loss of appetite, constipation, dry mouth, dizziness, sweating, and sexual problems. Severe side effects include an increased risk of suicide, mania, and serotonin syndrome. Antidepressant withdrawal syndrome may occur if stopped. How it works is not entirely clear but it is believed to involve alterations in neurotransmitters in the brain. Venlafaxine is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code, section 4022.

20. Duloxetine – Generic name for Cymbalta. Duloxetine is a serotonin–norepinephrine reuptake inhibitor medication used to treat major depressive disorder, generalized anxiety disorder, fibromyalgia, and neuropathic pain. Duloxetine is a dangerous drug, pursuant to Business and Professions Code, section 4022.

21. Fluoxetine – Generic name for the drugs Prozac and Sarafem among others, is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. It is used for the treatment of major depressive disorder, obsessive–compulsive disorder (OCD), bulimia nervosa, panic disorder, and premenstrual dysphoric disorder. It may decrease the risk of suicide in those over the age of 65. It has also been used to treat premature ejaculation. Fluoxetine is taken by mouth. Common side effects include trouble sleeping, sexual dysfunction, loss of appetite, dry mouth, rash, and abnormal dreams. Serious side effects include serotonin syndrome, mania, seizures, an increased risk of suicidal behavior in people under 25 years old, and an increased risk of bleeding. If stopped suddenly, a withdrawal syndrome may occur with anxiety, dizziness, and changes in sensation. Its mechanism of action is not entirely clear but believed to be related to increasing serotonin activity in the brain. Fluoxetine is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code, section 4022.

22. Diclofenac – Generic name for the drug Voltaren among others, is a nonsteroidal anti-inflammatory drug (NSAID) used to treat pain and inflammatory diseases such as gout. It is taken

by mouth or applied to the skin. Improvements in pain typically occur within half an hour and last for as much as eight hours. It is also available in combination with misoprostol in an effort to decrease stomach problems. Common side effects include abdominal pain, gastrointestinal bleeding, nausea, dizziness, headache, and swelling. Serious side effects may include heart disease, stroke, kidney problems, and stomach ulceration. Diclofenac is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code, section 4022.

23. Acetaminophen with codeine phosphate – Generic name for the drug Tylenol with Codeine, Vicodin, Norco, and Lortab. Acetaminophen with codeine phosphate is classified as an opioid analgesic and antitussive combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, acetaminophen with codeine phosphate was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.13(e). Currently, it is a Schedule II controlled substance.[1] Acetaminophen with codeine phosphate is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

24. Methocarbamol – Generic name for the drug Robaxin among others is a medication used for short-term musculoskeletal pain. It may be used together with rest and pain medication. It is less preferred in low back pain. It is not useful for cerebral palsy. Effects generally begin within half an hour. It is taken by mouth or injection into a vein. Common side effects include sleepiness and dizziness. Serious side effects may include anaphylaxis, confusion, liver problems, and seizures. Methocarbamol is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code, section 4022.

25. Meloxicam – Generic name for the drug Mobic among others, is a nonsteroidal anti-inflammatory drug (NSAID) used to treat pain and inflammation in rheumatic diseases and osteoarthritis. It is taken by mouth. It is recommended that it be used for as short a period as possible

[1] On October 6, 2014, hydrocodone combination products were reclassified as Schedule II controlled substances. Federal Register Volume 79, Number 163. Code of Federal Regulations Title 21 section 1308.12.

and at a low dose. Common side effects include abdominal pain, dizziness, swelling, headache, and a rash. Serious side effects may include heart disease, stroke, kidney problems, and stomach ulcers. Meloxicam is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code, section 4022.

26. Oxazepam – Generic name for the drugs Seraz and Alepam, is a short-to-intermediate-acting benzodiazepine. Oxazepam is used for the treatment of anxiety and insomnia and in the control of symptoms of alcohol withdrawal syndrome. It is a metabolite of diazepam, prazepam, and temazepam, and has moderate amnesic, anxiolytic, anticonvulsant, hypnotic, sedative, and skeletal muscle relaxant properties compared to other benzodiazepines. Oxazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

27. Oxymorphone – Generic name for the drugs Opana and Numorphan. Oxymorphone is a powerful semi-synthetic opioid analgesic used to treat moderate to severe pain. Opana ER is used as a long-acting, around the clock treatment that should not be used on an as-needed basis for pain. Oxyomorphone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.12. It is a Schedule II controlled substance pursuant to Health and Safety Code Section11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

28. Gabapentin – Generic name for Neurotonin. Gabapentin is an anticonvulsant medication used to treat partial seizures, neuropathic pain, hot flashes, and restless legs syndrome. It is recommended as one of a number of first-line medications for the treatment of neuropathic pain caused by diabetic neuropathy, postherpetic neuralgia, and central neuropathic pain. Gabapentin is a dangerous drug, pursuant to Business and Professions Code, section 4022.

29. Olanzapine – Generic name for the drug Zyprexa among others, is an atypical antipsychotic primarily used to treat schizophrenia and bipolar disorder. For schizophrenia, it can be used for both new onset disease and long-term maintenance. It is taken by mouth or by injection into a muscle. Common side effects include weight gain, movement disorders, dizziness, feeling

tired, constipation, and dry mouth. Other side effects include low blood pressure with standing, allergic reactions, neuroleptic malignant syndrome, high blood sugar, seizures, gynecomastia, erectile dysfunction, and tardive dyskinesia. Olanzapine is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code, section 4022.

30. Mirtazapine – Generic name for the drug Remeron among others, is an antidepressant primarily used to treat depression. Its full effect may take more than four weeks to occur, with some benefit possibly as early as one to two weeks. Often it is used in depression complicated by anxiety or trouble sleeping. It is taken by mouth. Common side effects include increased weight, sleepiness, and dizziness. Serious side effects may include mania, low white blood count, and increased suicide among children. Withdrawal symptoms may occur with stopping. Mirtazipine is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code, section 4022.

31. Methylphenidate – Generic name for Ritalin, is a central nervous system stimulant medication used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. It is a first line medication for ADHD. It is taken by mouth or applied to the skin. Methylphenidate is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.12 and Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

32. Modafinil – Generic name for the drug Provigil among others, is a medication to treat sleepiness due to narcolepsy, shift work sleep disorder, or obstructive sleep apnea (OSA). In OSA continuous positive airway pressure is the preferred treatment. While it has seen off-label use as a purported cognitive enhancer, the research on its effectiveness for this use is not conclusive. It is taken by mouth. Common side effects include headache, anxiety, trouble sleeping, and nausea. Serious side effects may include allergic reactions such as anaphylaxis, Stevens–Johnson syndrome, misuse, and hallucinations. Modafinil is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308 and a dangerous drug pursuant to Business and Professions Code section 4022.

33. Lorazepam – Generic name for Ativan. Lorazepam is a member of the benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

34. Risperidone – Generic name for the drug Risperdal among others, is an atypical antipsychotic. It is used to treat schizophrenia, bipolar disorder, and irritability associated with autism. It is taken either by mouth or by injection into a muscle. The injectable version is long-acting and lasts for about two weeks. Common side effects include movement problems, sleepiness, dizziness, trouble seeing, constipation, and increased weight. Serious side effects may include the potentially permanent movement disorder tardive dyskinesia, as well as neuroleptic malignant syndrome, an increased risk of suicide, and high blood sugar levels. Risperidone is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code section 4022.

35. Paroxetine – Generic name for the drug Paxil. Paroxetine is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). Paroxetine affects chemicals in the brain that may be unbalanced in people with depression, anxiety, or other disorders. Paroxetine is a dangerous drug pursuant to Business and Professions Code section 4022.

36. Amphetamine salts – Generic name for the drug Adderall, which is a combination drug containing four salts of the two enantiomers of amphetamine, a Central Nervous System (CNS) stimulant of the phenethylamine class. Adderall is used to treat attention deficit hyperactivity disorder and narcolepsy but can be used recreationally as an aphrodisiac and euphoriant. Adderall is habit forming. Amphetamine salts are a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.12(d) and a dangerous drug pursuant to Business and Professions Code section 4022.

37. Buprenorphine – Generic name for Butrans. Buprenorphine is an opioid used to treat opioid addiction, moderate acute pain, and moderate chronic pain. When used in combination with naloxone for treating opioid addiction, it is known by the trade name Suboxone. As a transdermal

patch, Butrans is used for chronic pain. Buprenorphine is a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.13(e). Buprenorphine is a dangerous drug pursuant to Business and Professions Code section 4022.

38. Pregabalin – Generic name for Lyrica. Pregabalin is a medication used to treat epilepsy, neuropathic pain, fibromyalgia, restless leg syndrome, and generalized anxiety disorder. Its use in epilepsy is as an add-on therapy for partial seizures. Pregbalin is a Schedule V controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.15 and Health and Safety Code, section 1107, and a dangerous drug pursuant to Business and Professions Code section 4022.

39. Clorazepate dipotassium – Generic name for Tranxene T-Tab. Clorazepate dipotassium is a member of the benzodiazepine family used for the treatment of anxiety, trouble sleeping, alcohol withdrawal, and certain types of seizures. Clorazepate dipotassium is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

40. Zolpidem tartrate – Generic name for Ambien. Zolpidem tartrate is a sedative and hypnotic used for short term treatment of insomnia. Zolpidem tartrate is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21, Section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

41. Respondent's license is subject to disciplinary action under Section 2234, subdivision (b), of the Code, in that he committed gross negligence during the care and treatment of Patients A, B, C, and D. The circumstances are as follows:

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Patient A

42. On or about December 12, 2013, Patient A[2] was first seen by Respondent, following back surgery for spinal abscess. Patient A had a history of uterine cancer, chronic abdominal pain, anxiety and depression.

43. Between on or about November 29, 2013, and July 10, 2018, Respondent prescribed Patient A high amounts of hydrocodone bitartrate – acetaminophen (up to 240 tablets per month of 325 milligram / 10 milligram doses), morphine sulfate (60 milligram doses up to approximately 90 doses per month), and methadone hydrochloride (10 milligram doses, up to 360 tablets per month). Throughout Respondent's care and treatment of Patient A, Respondent routinely prescribed opioids at high levels, which resulted in Patient A having a morphine milligram equivalent greater than 1,000.

44. On or about January 27, 2015, Patient A's urine drug test results revealed use of hydrocodone, methadone, and morphine. The detected morphine could not be matched to any of Patient A's prescriptions. Furthermore, the test results revealed 22,314 micrograms of morphine of analysis per gram of creatinine, with a cutoff for a positive test of 50 nanograms of analyte per milliliter of urine. Although Patient A appeared to be in violation of a pain agreement that she previously signed (on or about December 12, 2013), there is nothing in Respondent's records to indicate that he addressed with Patient A the high levels of morphine detected from her urine drug test.

45. On or about June 13, 2019, Respondent participated in an interview, as part of the Board's investigation. During the interview, Respondent incorrectly converted morphine millimeter equivalents regarding methadone. He additionally was not aware that as a dose of methadone is increased, it becomes exponentially more dangerous, and the multiplier increases.

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[2] To protect the privacy of all patients involved, patient names have not been included in this pleading. Respondent is aware of the identity of the patients referred to herein.

46. Respondent's care and treatment of Patient A was grossly negligent in the following respects:

a. Respondent failed to recognize and/or address with Patient A that she tested positive for morphine during her February 23, 2015 urine toxicology screen;

b. Respondent prescribed Patient A the morphine milligram equivalent greater than 1,000 throughout the duration of 2017 and 2018; and

c. Respondent failed to properly calculate the correct dosages of morphine for Patient A, during that timeframe.

Patient B

47. On or about July 23, 2009, Patient B was first seen by Respondent. Between August 15, 2013, and July 2, 2018, Respondent prescribed to Patient B high amounts of a variety of prescription drugs. Specifically, Respondent prescribed carisoprodol (up to 60 tablets per month of 325 milligram doses, clonazepam (up to 60 tablets per month of 1 milligram doses), hydrocodone bitartrate – acetaminophen (up to 180 tablets per month of 325 millgram / 10 milligram doses), t(up to 30 capsules per month of 15 milligram doses), clonazepam (up to 60 tablets per month of 1 milligram doses), and oxycodone HCL (up to 180 tablets per month of 325 milligram / 10 milligram doses). During this time period, Respondent routinely prescribed opioids in conjunction with benzodiazepines and Soma.

48. During Respondent's care and treatment of Patient B, he became aware that Patient B had been arrested and jailed for alcohol related crimes. Additionally, Respondent became aware that Patient B was obtaining narcotics from co-workers. Respondent failed to modify or discontinue Patient B's narcotic regiment, and/or otherwise address the issue.

49. On or about June 17, 2013, Patient B's urine drug test results revealed use of hydrocodone, norhydrocodone, oxycodone, noroxycodone, oxymorphone, temazepam, and oxazepam. However, at that time, Patient B was only prescribed Lidoderm, Norco, Soma, and temazepam. Although Patient B appeared to be in violation of a previously signed pain agreement, there is nothing in Respondent's records to indicate that he planned to modify or discontinue Patient B's narcotic regiment, and/or otherwise address the issue. On or about March 26, 2018, a urine

toxicology test showed positive results for oxycodone and oxymorphone—which were not being prescribed to him. Respondent subsequently failed to address, modify, or discontinue Patient B's prescription regimen.

50. Respondent's care and treatment of Patient B was grossly negligent in the following respects:

a. Respondent failed to address or modify or discontinue Patient B's prescription regimen after a June 17, 2013, urine toxicology test showed positive results for oxycodone and oxymorphone—which were not being prescribed to him, and negative for Soma—which was being prescribed to him;

b. Respondent failed to address or modify or discontinue Patient B's prescription regimen after a March 26, 2018, urine toxicology test showed positive results for oxycodone and oxymorphone—which were not being prescribed to him;

c. Respondent continued to prescribe narcotics to Patient B after becoming aware that he had been obtaining other narcotics from outside sources; and

d. Respondent continued to prescribe narcotics to Patient B after becoming aware that Patient B had been arrested for issues relating to drug and/or alcohol abuse.

Patient C

51. On or about May 10, 2000, Patient C was first seen by Respondent. Patient C was a female smoker with a history of back problems, intravenous drug use, bipolar disorder, and hepatitis C. Patient C was under the care of a psychiatrist with Yolo County, however, she was additionally seeing Respondent for her pain management needs.

52. On or about May 10, 2013, Patient C signed a pain agreement with Respondent.

53. Between on or about August 21, 2013, and July 23, 2018, Respondent prescribed to Patient C high amounts of a variety of prescription drugs. Specifically, Respondent prescribed hydrocodone bitartrate – acetaminophen (up to 180 tablets per month of 325 millgram / 10 milligram tablets doses), alprazolam (up to 60 tablets per month of 0.5 milligram doses), lorazepam (up to 30 tablets per month of 1 milligram doses), oxycodone HCL – acetaminophen (up to 40 tablets per month of 325 millgram / 10 milligram doses), hydromorphone HCL (up to 60 tablets

per month of 4 milligram tablets doses), lyrica (up to 90 tablets per month of 50 milligram doses), temazepam (up to 30 tablets per month of 30 milligram doses), tramadol HCL (up to 30 tablets per month of 50 milligram doses), and buprenoprphine-naloxone (up to 60 tablets per month of 8 milligram / 2 milligram doses). During this time, Respondent routinely prescribed opioids in conjunction with benzodiazepines.

54. During his care and treatment of Patient C, Respondent failed to perform a yearly urine toxicology screen on Patient C. Additionally, during Respondent's care and treatment of Patient C, Respondent failed to check Patient C's CURES report yearly, and/or failed to document checking Patient C's CURES report.

55. Respondent's care and treatment of Patient C was grossly negligent in the following respects:

a. Respondent failed to check Patient C's urine toxicology screen over the course of multiple visits; and

b. Respondent failed to document and/or run and review a CURES report on Patient C during the entire period of his care and treatment of her.

Patient D

56. On or about March 24, 1999, Patient D was first seen by Respondent. Patient D was a female patient with a history of chronic pain, narcolepsy, anxiety and bipolar disorder.

57. Between on or about August 8, 2013, and July 24, 2018, Respondent prescribed to Patient D high amounts of a variety of prescription drugs. Specifically, Respondent prescribed hydrocodone bitartrate – acetaminophen (up to 240 tablets per month of 500 milligram / 5 milligram doses), clorazepate dipotassium (up to 30 tablets per month of 15 milligram doses), modafinil (up to 120 tablets per month of 200 milligram doses, zolpidem tartrate (up to 10 tablets per month of 10 milligram doses), lorazepam (up to 90 tablets per month of 0.5 milligrams doses), temazepam (up to 30 tablets per month of 30 milligram doses), methylphenidate HCL (up to 30 tablets per month of 27 milligram doses), and amphetamine salts (up to 60 tablets per month of 20 milligram doses). During this time, Respondent routinely prescribed opioids in conjunction with stimulants and benzodiazepines.

58. During his care and treatment of Patient D, Respondent was unaware of the criteria for the diagnosis of narcolepsy; however, he nonetheless diagnosed Patient D with narcolepsy, and performed ongoing treatment of Patient D's narcolepsy, without referring Patient D to, and/or consulting an outside expert.

59. Respondent's care and treatment of Patient D was grossly negligent in the following respects:

a. Respondent assumed treatment for Patient D's bipolar disorder with suicidal ideation, which should have been treated by a psychiatrist; and

b. Respondent improperly diagnosed and treated Patient D for difficult to control narcolepsy.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

60. Respondent's license is further subject to disciplinary action under Section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patients A, B, C, and D, as more particularly alleged in paragraphs 41 through 59, and those paragraphs are incorporated by reference as if fully set forth therein.

61. Respondent's care and treatment of Patient B, Patient C, and Patient D, was repeatedly negligent in the following respects:

a. Respondent improperly prescribed high dosages of controlled substances and prescribed a potentially dangerous combination of benzodiazipines, Soma, and narcotics to Patient B.

b. Respondent improperly prescribed high dosages of controlled substances and prescribed a potentially dangerous combination of sedatives, stimulants, and narcotics to Patient C.

c. Respondent improperly prescribed high dosages of controlled substances and prescribed a potentially dangerous combination of sedatives, stimulants, and narcotics to Patient D.

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THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

62. Respondent's license is further subject to disciplinary action under Section 2266, of the Code, in that he failed to maintain adequate and accurate medical records relating to his care and treatment of Patients A, B, C, and D, as more fully described in paragraphs 41 through 61, above, and those paragraphs are incorporated by reference as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Excessive Prescribing)

63. Respondent's license is further subject to disciplinary action under Section 725 of the Code, in that he has engaged in excessive prescribing, as more particularly alleged in paragraphs 41 through 62, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

64. To determine the degree of discipline, if any, to be imposed on Respondent Peter Edward Droubay, M.D., Complainant alleges that in a prior disciplinary action entitled, "In the Matter of the Accusation Against Peter Edward Droubay, M.D." before the Medical Board of California, in Case Number 800-2014-003735, effective March 25, 2016, Respondent was publicly reprimanded for gross negligence and failure to maintain adequate and accurate medical records, in the care and treatment of a patient. That decision is now final and is incorporated by reference as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 27705, issued to Peter Edward Droubay, M.D.;

2. Revoking, suspending or denying approval of Peter Edward Droubay, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Peter Edward Droubay, 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: JUN 05 2020

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

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