

**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**

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 RYAN J. YATES
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7 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

Case No. 800-2018-041033

15 **PETER EDWARD DROUBAY, M.D.**
16 **3428 Morro Bay Ave.**
Davis, CA 95616

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

17 **Physician's and Surgeon's Certificate**

18 **No. G 27705**

19 Respondent.

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

23 **PARTIES**

24 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical
25 Board of California (Board). She brought this action solely in her official capacity and is
26 represented in this matter by Xavier Becerra, Attorney General of the State of California, by Ryan
27 J. Yates, Deputy Attorney General.
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1 9. For the purpose of resolving the Accusation without the expense and uncertainty of
2 further proceedings, Respondent agrees that, at a hearing, complainant could establish a *prima*
3 *facie* case with respect to the charges and allegations contained in Accusation No. 800-2018-
4 041033 and that those charges constitute cause for discipline. Respondent hereby gives up his
5 right to contest that cause for discipline exists based on those charges.

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

9 **CONTINGENCY**

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

19 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
20 copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures
21 thereto, shall have the same force and effect as the originals.

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

24 14. The parties understand and agree that there is an unrelated matter, Accusation No.
25 800-2016-024837, against Respondent's physician's and surgeon's certificate, which is currently
26 pending before the Board (OAH No. 2019071061), currently set for a contested hearing on June
27 8, 2020. This stipulated surrender of Respondent's physician's and surgeon's certificate shall not
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1 become effective until an Order or Decision on Accusation No. 800-2016-024837 has been
2 initially rendered by the Board.

3 **ORDER**

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

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

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

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

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

21 **ACCEPTANCE**

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

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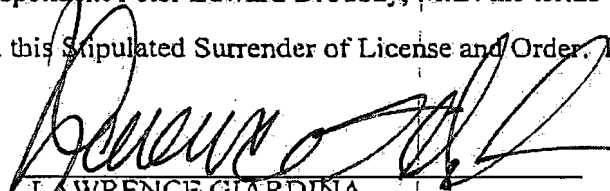
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DATED: 29 May 2020


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: 6/8/20

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

1 XAVIER BECERRA
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12 **DEPARTMENT OF CONSUMER AFFAIRS**
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13 In the Matter of the Accusation Against:

Case No. 800-2018-041033

14 **Peter Edward Droubay, M.D.**
15 **3428 Morro Bay Avenue**
Davis, CA 95616-5640

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. G 27705,**

Respondent.

18
19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about August 6, 1974, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 27705 to Peter Edward Droubay, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein
27 and will expire on February 28, 2021, unless renewed.

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1 JURISDICTION

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

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

8 5. Section 2234 of the Code, states:

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

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

14 "(b) Gross negligence.

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

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

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

25 "(d) Incompetence.

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

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

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

4 6. Section 726 of the Code states:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 “(4) In accordance with federal and state privacy laws and regulations, a health care
27 practitioner may provide a patient with a copy of the patient’s CURES patient activity report as
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1 long as no additional CURES data is provided and keep a copy of the report in the patient's medical
2 record in compliance with subdivision (d) of section 11165.1.

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

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

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

17 “(3) Pharmacy prescription number, license number, NPI number, and federal controlled
18 substance registration number.

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

20 “(5) Quantity of the controlled substance dispensed.

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

23 “(7) Number of refills ordered.

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

25 “(9) Date of origin of the prescription.

26 “(10) Date of dispensing of the prescription.

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

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

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

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

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

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

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

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

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

8 8. Health and Safety Code section 11165.1 states:

9 “(a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish,
10 or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to section
11 11150 shall, before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration
12 (DEA) registration, whichever occurs later, submit an application developed by the Department of
13 Justice to obtain approval to electronically access information regarding the controlled substance
14 history of a patient that is maintained by the department. Upon approval, the department shall
15 release to that practitioner the electronic history of controlled substances dispensed to an individual
16 under practitioner’s care based on data contained in the CURES Prescription Drug Monitoring
17 Program (PDMP).

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

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

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

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

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

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

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

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

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

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

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

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

28 “(I) The date of the query.

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“(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

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

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

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

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

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

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

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

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

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

4 “(2) “Department” means the Department of Justice.

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

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

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

17 **PERTINENT DRUG INFORMATION**

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

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

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

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

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

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

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

1 Number 163, Code of Federal Regulations Title 21, Section 1308.12. Hydrocodone with
2 acetaminophen is a dangerous drug pursuant to California Business and Professions Code section
3 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code
4 section 11055, subdivision (b).

5 16. Baclofen – Generic name for the drug Lioresal among others, is a medication used to
6 treat muscle spasticity such as from a spinal cord injury or multiple sclerosis. It may also be used
7 for hiccups and muscle spasms near the end of life. It is taken by mouth or by delivery into the
8 spinal canal. Common side effects include sleepiness, weakness, and dizziness. Serious side effects
9 may occur if baclofen is rapidly stopped including seizures and rhabdomyolysis. It is believed to
10 work by decreasing neurotransmitters. Baclofen is not currently controlled under the Controlled
11 Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code section
12 4022.

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

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

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

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

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

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

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

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

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

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

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

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

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

13 27. Oxymorphone – Generic name for the drugs Opana and Numorphan. Oxymorphone is
14 a powerful semi-synthetic opioid analgesic used to treat moderate to severe pain. Opana ER is used
15 as a long-acting, around the clock treatment that should not be used on an as-needed basis for pain.
16 Oxymorphone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title
17 21, Section 1308.12. It is a Schedule II controlled substance pursuant to Health and Safety Code
18 Section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code
19 section 4022.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 **FIRST CAUSE FOR DISCIPLINE**

21 **(Gross Negligence)**

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

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1 **Patient A**

2 42. On or about December 12, 2013, Patient A² was first seen by Respondent, following
3 back surgery for spinal abscess. Patient A had a history of uterine cancer, chronic abdominal pain,
4 anxiety and depression.

5 43. Between on or about November 29, 2013, and July 10, 2018, Respondent prescribed
6 Patient A high amounts of hydrocodone bitartrate – acetaminophen (up to 240 tablets per month of
7 325 milligram / 10 milligram doses), morphine sulfate (60 milligram doses up to approximately 90
8 doses per month), and methadone hydrochloride (10 milligram doses, up to 360 tablets per month).
9 Throughout Respondent's care and treatment of Patient A, Respondent routinely prescribed opioids
10 at high levels, which resulted in Patient A having a morphine milligram equivalent greater than
11 1,000.

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

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

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28 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.

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

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

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

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

9 **Patient B**

10 47. On or about July 23, 2009, Patient B was first seen by Respondent. Between August
11 15, 2013, and July 2, 2018, Respondent prescribed to Patient B high amounts of a variety of
12 prescription drugs. Specifically, Respondent prescribed carisoprodol (up to 60 tablets per month of
13 325 milligram doses, clonazepam (up to 60 tablets per month of 1 milligram doses), hydrocodone
14 bitartrate – acetaminophen (up to 180 tablets per month of 325 milligram / 10 milligram doses), (up
15 to 30 capsules per month of 15 milligram doses), clonazepam (up to 60 tablets per month of 1
16 milligram doses), and oxycodone HCL (up to 180 tablets per month of 325 milligram / 10 milligram
17 doses). During this time period, Respondent routinely prescribed opioids in conjunction with
18 benzodiazepines and Soma.

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

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

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

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

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

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

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

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

17 **Patient C**

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

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

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

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

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

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

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

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

16 **Patient D**

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

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

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

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

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

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

11 **SECOND CAUSE FOR DISCIPLINE**

12 **(Repeated Negligent Acts)**

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

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

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

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

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

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Records)**

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

7 **FOURTH CAUSE FOR DISCIPLINE**

8 **(Excessive Prescribing)**

9 63. Respondent's license is further subject to disciplinary action under Section 725 of the
10 Code, in that he has engaged in excessive prescribing, as more particularly alleged in paragraphs
11 41 through 62, above, which are hereby incorporated by reference and re-alleged as if fully set forth
12 herein.

13 **DISCIPLINARY CONSIDERATIONS**

14 64. To determine the degree of discipline, if any, to be imposed on Respondent Peter
15 Edward Droubay, M.D., Complainant alleges that in a prior disciplinary action entitled, "In the
16 Matter of the Accusation Against Peter Edward Droubay, M.D." before the Medical Board of
17 California, in Case Number 800-2014-003735, effective March 25, 2016, Respondent was publicly
18 reprimanded for gross negligence and failure to maintain adequate and accurate medical records,
19 in the care and treatment of a patient. That decision is now final and is incorporated by reference
20 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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