

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

In the Matter of the Accusation  
Against:

Eric Carney Denley, M.D.

Case No. 800-2017-035266

Physician's & Surgeon's  
Certificate No. A 121927

Respondent.

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 2, 2021.

IT IS SO ORDERED May 3, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 VLADIMIR SHALKEVICH  
Deputy Attorney General  
4 State Bar No. 173955  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6538  
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:  
13 **ERIC CARNEY DENLEY, M.D.**  
14 **40327 Preston Road**  
15 **Palmdale, CA 93551**  
16 **Physician's and Surgeon's Certificate**  
**No. A 121927,**  
17  
18 Respondent.

Case No. 800-2017-035266  
OAH No. 2020100609

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

21 **PARTIES**

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

26 2. Respondent Eric Carney Denley, M.D. (Respondent) is represented in this proceeding  
27 by attorney Raymond J. McMahon, whose address is: 5440 Trabuco Road, Irvine, CA 92620.

28 ///





1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 121927 issued  
3 to Respondent ERIC CARNEY DENLEY, M.D. is hereby publicly reprimanded pursuant to  
4 Business and Professions Code section 2227. This Public Reprimand is issued in connection with  
5 Respondent's actions as set forth in Accusation No. 800-2017-035266.

6 IT IS FURTHER ORDERED:

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

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

21 Respondent shall submit a certification of successful completion to the Board or its  
22 designee not later than 15 calendar days after successfully completing the course, or not later than  
23 15 calendar days after the effective date of the Decision, whichever is later.

24 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
25 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
26 advance by the Board or its designee. Respondent shall provide the approved course provider  
27 with any information and documents that the approved course provider may deem pertinent.  
28 Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
2 complete any other component of the course within one (1) year of enrollment. The medical  
3 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
4 Medical Education (CME) requirements for renewal of licensure.

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

10 Respondent shall submit a certification of successful completion to the Board or its  
11 designee not later than 15 calendar days after successfully completing the course, or not later than  
12 15 calendar days after the effective date of the Decision, whichever is later.

13 3. VIOLATION OF THIS AGREEMENT. Failure to comply with any term or  
14 condition of this Stipulated Settlement and Disciplinary Order is unprofessional conduct in  
15 violation of Business and Profession Code section 2234. If Respondent violates this Stipulated  
16 Settlement and Disciplinary Order in any manner, the Board may file an Accusation and, after a  
17 hearing, discipline Respondent's license for unprofessional conduct. In the event of such a  
18 proceeding, all of the allegations and charges contained in Accusation No. 800-2017-035266 shall  
19 be deemed admitted by Respondent for the purposes of that proceeding.

20 ACCEPTANCE

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

26  
27 DATED: 3-12-2021

28   
ERIC CARNEY DENLEY, M.D.  
Respondent

1 I have read and fully discussed with Respondent Eric Carney Denley, M.D. the terms and  
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
3 I approve its form and content.

4 DATED: March 12, 2021

  
RAYMOND J. MCMAHON  
Attorney for Respondent


6  
7 **ENDORSEMENT**

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

10 DATED: March 17, 2021

Respectfully submitted,

11 XAVIER BECERRA  
12 Attorney General of California  
13 JUDITH T. ALVARADO  
14 Supervising Deputy Attorney General

  
15 VLADIMIR SHALKEVICH  
16 Deputy Attorney General  
17 Attorneys for Complainant

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**Exhibit A**

**Accusation No. 800-2017-035266**



1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 VLADIMIR SHALKEVICH  
Deputy Attorney General  
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9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2017-035266

13 **Eric Carney Denley, M.D.**  
14 **40327 Preston Road**  
**Palmdale, CA 93551**

**A C C U S A T I O N**

15 **Physician's and Surgeon's Certificate**  
16 **No. A 121927,**

17 Respondent.

18  
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs  
22 (Board).

23 2. On or about July 3, 2012, the Medical Board issued a Probationary Physician's and  
24 Surgeon's Certificate Number A 121927 to Eric Carney Denley, M.D. (Respondent). The  
25 probationary period ended on or about June 25, 2015. Respondent's Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on February 28, 2022, unless renewed.  
28

1 JURISDICTION

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

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of  
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government  
8 Code, or whose default has been entered, and who is found guilty, or who has entered  
9 into a stipulation for disciplinary action with the board, may, in accordance with the  
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one  
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation  
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a  
17 requirement that the licensee complete relevant educational courses approved by the  
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of  
20 probation, as the board or an administrative law judge may deem proper.

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
22 medical review or advisory conferences, professional competency examinations,  
23 continuing education activities, and cost reimbursement associated therewith that are  
24 agreed to with the board and successfully completed by the licensee, or other matters  
25 made confidential or privileged by existing law, is deemed public, and shall be made  
26 available to the public by the board pursuant to Section 803.1.

27 5. Section 2234 of the Code, states:

28 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

1 appropriate for that negligent diagnosis of the patient shall constitute a single  
2 negligent act.

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

8 (d) Incompetence.

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

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

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

16 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
17 adequate and accurate records relating to the provision of services to their patients constitutes  
18 unprofessional conduct.

#### 19 FACTUAL ALLEGATIONS

20 7. Patient 1,<sup>1</sup> a female, was 64-years-old when she became a patient at Quartz Hill  
21 Walk-in Medical Group. Respondent became her primary care physician on or about June 20,  
22 2014. Patient 1 passed away on April 28, 2019, aged 69, one day after her final visit with  
23 Respondent.

24 8. On February 11, 2015, November 11, 2016, December 19, 2016, June 5, 2018 and  
25 November 20, 2018, Respondent ordered a B-12 injection in response to Patient 1 reporting  
26 symptoms of fatigue, Patient 1's request, or for no reason apparent from Patient 1's record. At  
27 no time did Patient 1's blood analysis demonstrate anemia or macrocytosis, a Vitamin B-12  
28 deficiency, or any other indication for injection of Vitamin B-12.

9. On June 5, 2017, Patient 1 was seen by Respondent with swelling of both feet, which  
Patient 1 told Respondent, she suspected was caused by eating too much salt. On exam,  
Respondent noted a 3-4 + pitting edema halfway to the patient's knees. Respondent diagnosed

<sup>1</sup> The patient is described as "Patient 1" for privacy considerations. The identity of Patient 1 is known to Respondent, and/or will be provided to Respondent upon a written Request for Discovery.

1 Patient 1 with severe pitting edema, and ordered blood tests to rule out heart or kidney failure.  
2 Respondent prescribed Lasix, 40 mg for 10 days, a powerful diuretic to treat Patient 1's edema.  
3 Respondent also noted a diagnosis of "worsening overactive bladder," in Patient 1. Respondent  
4 prescribed Vesicare, an antispasmodic medication, to treat overactive bladder. Respondent did  
5 not consider and/or did not document consideration of risks and benefits of prescribing Lasix,  
6 which would exacerbate the patient's overactive bladder.

7 10. During the approximately five years when Respondent cared for Patient 1, at nearly  
8 every visit, Respondent documents that Patient 1 complained of mild to moderate low back pain.  
9 During the entire five year period, Respondent's pertinent back exam of Patient 1 was limited to  
10 palpation showing tenderness. Respondent did not elicit and/or document an adequate history,  
11 and did not perform and/or document performing a detailed focal region or system specific back  
12 examination. No diagnostic cause of Patient 1's pain symptoms was pursued or made. Other,  
13 potentially serious causes for the patient's back pain, such as aortic aneurysm, epidural abscess  
14 or malignancy, were never ruled out. One of Respondent's colleagues who occasionally saw  
15 Patient 1, ordered a referral for physical therapy on March 24, 2016 and April 22, 2016.  
16 Respondent ordered physical therapy as well, on November 20, 2018. One of his colleagues  
17 ordered a plain film X-ray of Patient 1's lumbar spine on November 16, 2017. Yet, no record in  
18 Patient 1's chart documents that she received an X-ray of the lumbar spine, or attended physical  
19 therapy. Respondent consistently prescribed Norco<sup>2</sup> and tramadol<sup>3</sup> to treat Patient 1's back pain.  
20 Respondent prescribed tramadol during the initial, June 20, 2014, visit, at a dose of one 50 mg  
21 tablet as needed. On April 11, 2015, Respondent added Norco, at 5 mg once a day, and over time  
22

23 \_\_\_\_\_  
24 <sup>2</sup> Norco is a combination narcotic used for relief of moderate to severe pain. It contains an  
25 opioid pain reliever hydrocodone and a non-opioid pain reliever acetaminophen. Norco is a  
26 dangerous drug pursuant to Business and Professions Code section 4022, and, because it contains  
hydrocodone, it a Schedule II controlled substance pursuant Health and Safety Code section  
11055, subdivision (I).

27 <sup>3</sup> Tramadol is an opioid analgesic used for relief of moderate to severe pain. It is a  
28 dangerous drug pursuant to Business and Professions Code section 4022, and as of July 2, 2014,  
it was designated by the Drug Enforcement Agency as a Schedule IV controlled substance under  
21 CFR Part 1308.

1 increased Norco to 10 mg twice a day. Tramadol was last filled on June 5, 2018, following which  
2 Respondent discontinued tramadol but increased Norco to 7.5 mg three times per day.

3 11. During the approximately five years when Respondent cared for Patient 1, he treated  
4 her insomnia. Respondent mainly used non-controlled substance antidepressants purposefully  
5 chosen for their potential effect of sedation, in conjunction with modest doses of Norco and  
6 tramadol, to help Patient 1 sleep. On two occasions, Respondent prescribed controlled  
7 substance sedatives – hypnotics to Patient 1 in addition to Norco and/or tramadol. On January 13,  
8 2015, Respondent prescribed 30 tablets of Ambien,<sup>4</sup> 5 mg, to take at bedtime, in conjunction with  
9 a tramadol refill. Respondent discontinued Ambien on the next visit. On October 28, 2015,  
10 Respondent prescribed 60 tablets of Xanax<sup>5</sup> 0.5 mg, to be taken twice a day, together with refills  
11 of Norco and trazadone, while Patient 1 was also taking tramadol prescribed by Respondent. On  
12 or about December 9, 2015, the patient had a roll-over auto accident. She reported that she fell  
13 asleep behind the wheel after taking Xanax.

14 12. During the time Respondent cared for Patient 1, she suffered from cardiac conditions.  
15 In February, 2016, Patient 1 was hospitalized at the Antelope Valley Hospital for a complete heart  
16 block, a cardiac condition that prevents electrical impulses from passing through the heart  
17 normally, causing arrhythmia. Respondent retained Patient 1's hospital evaluation, which  
18 showed that that she was suffering from cardiomegaly with bilateral enlargement. A pacemaker  
19 was implanted during that hospital stay.

20 13. Patient 1 had a decades-long history of smoking, even though Respondent repeatedly  
21 documented that she was a non-smoker and never smoked, in her medical record. Other notations  
22 in Patient 1's chart indicate that while she was Respondent's patient, she smoked several

23  
24 <sup>4</sup> Ambien is a brand name for a sedative – hypnotic medication that contains zolpidem  
25 tartrate. It is used to treat insomnia. It is a dangerous drug pursuant to Business and Professions  
26 Code section 4022, and a Schedule IV controlled substance pursuant Health and Safety Code  
section 110575, subdivision (d)(32).

27 <sup>5</sup> Xanax is a brand name of alprazolam, a benzodiazepine depressant, used to treat anxiety.  
28 Xanax is a dangerous drug pursuant to Business and Professions Code section 4022, and a  
Schedule IV controlled substance pursuant Health and Safety Code section 11057, subdivision  
(d)(1).

1 cigarettes every day. Throughout her treatment with Respondent, Patient 1 periodically suffered  
2 from shortness of breath and other respiratory complaints. Respondent was, or should have been,  
3 aware of Patient 1's persistent breathing difficulties. His records are replete with recorded  
4 diagnosis of chronic lung disease variously ascribed to asthma, chronic obstructive pulmonary  
5 disease (COPD), pneumonia, and restrictive lung disease treated with steroid/long acting beta  
6 blocker, rescue inhalers and antibiotics.

7 14. During her initial visit with Respondent on or about June 20, 2014, Patient 1's chief  
8 complaint was congestion and she reported a history of allergies and coughing. Respondent's  
9 physical exam documented bilateral nasal congestion. Respondent diagnosed Patient 1 with  
10 allergic rhinitis for which he gave her a 10 mg intra-muscular injection of Decadron,<sup>6</sup> and cough.  
11 Respondent also prescribed Xyzal, a non-sedating antihistamine. Respondent did not explore the  
12 cause for the patient's cough and did not establish and/or record a diagnosis to justify  
13 administering systemic steroids. Patient 1 complained of a history of sneezing, on or about  
14 February 11, 2015, as well as other non-respiratory symptoms. Respondent documented bilateral  
15 rhonchi on a physical exam and diagnosed Patient 1 with upper respiratory infection (URI) and  
16 coughing. Once again, Respondent administered a 10 mg intra-muscular injection of Decadron  
17 and prescribed an oral "Z-pack" antibiotic. Once again, Respondent did not consider, and did not  
18 note, a diagnosis that justified administering systemic steroids to this patient on or about February  
19 11, 2015. Patient 1 returned on about April 28, 2015 with complaints of being short-winded and  
20 coughing at night. There were no abnormal respiratory findings, but Respondent diagnosed  
21 Patient 1 with shortness of breath, URI and cough, and prescribed oral "Z-pack" antibiotic.  
22 Respondent's prescribing of "Z-pack" antibiotics for Patient 1's URI on or about February 15,  
23 2015 and April 28, 2015, was unwarranted for an upper respiratory infection. Respondent's  
24 "diagnosis" of shortness of breath and cough on April 28, 2015, warranted further evaluation and  
25 testing for more specific causes for these symptoms, which Respondent did not perform. When  
26 the patient returned on May 20, 2015, Respondent once again recorded a diagnoses of "shortness  
27 of breath" and chronic asthma with a history of sleep apnea.

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28 <sup>6</sup> Decadron is a corticosteroid, used to relieve inflammation in various parts of the body.

1           15. When Respondent saw Patient 1 on or about May 4, 2018, she was in severe  
2 respiratory distress. She was unable to speak full sentences, because of severe respiratory  
3 difficulty, and appeared lethargic. Respondent noted reduced air sounds and bilateral ronchi.  
4 Respondent's differential diagnosis was that Patient 1 was suffering from severe shortness of  
5 breath and hypoxemia, secondary to a probable pneumonia, or bronchitis, which was worsening.  
6 Respondent treated this episode with Solu Medrol,<sup>7</sup> a steroid, an injection of antibiotic Rocephin,  
7 and by administering an albuterol nebulizer treatment. Respondent had his office call 911, and  
8 transferred Patient 1 to Antelope Valley Hospital Emergency Room. She was discharged several  
9 days later with oxygen supplementation. Patient 1 returned to see Respondent on May 8, 2018, at  
10 which time her oxygen saturation was recorded at 90, but with no notation whether Patient 1 was  
11 being supplemented by oxygen at the time that reading was obtained and recorded. Respondent  
12 recorded that Patient 1 had no office concerns, had no chest pain, no shortness of breath and no  
13 edema. Respondent wrote that the patient's chest was clear to auscultation, and that her COPD,  
14 hypoxia and pneumonia were all resolved. His plan was to prescribe a Pro-Air inhaler and  
15 Symbicort. At that time, Respondent also refilled all of Patient 1's medication, including  
16 tramadol and Norco.

17           16. On or about April 5, 2019, Patient 1 came to see Respondent in acute pain. She  
18 reported a pain in her right buttock, radiating to her right thigh to the knee, after dancing on or  
19 about April 1. The pain level was of 10 out of 10, which was significantly higher than her prior  
20 pain complaint, on March 19, 2019, when she reported pain level 3 to 5 out of 10. Her blood  
21 pressure was 177/95, with pulse at 82 and oxygen saturation at 91. With the exception of pain,  
22 Respondent's notes of the physical exam were completely normal, and no evaluation of non-  
23 musculoskeletal causes was performed and/or noted. No imaging was ordered or reviewed and  
24 no recognized indication for steroid injection was noted. Respondent diagnosed Patient 1 with  
25 sciatica and administered an intramuscular steroid (Solu-Medrol 40 mg) injection.

26  
27  
28

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<sup>7</sup> Solu-Medrol is a steroid used to treat inflammation.

1           17. Patient 1 went to the Emergency Department at Antelope Valley Hospital on April 6,  
2 2019, where she complained of pain and difficulty breathing. She was administered naproxen, an  
3 over-the-counter non-steroid inflammatory drug (NSAID), and topical capsaicin cream for back  
4 pain. She received two albuterol nebulizer treatments for her difficulty breathing. She was  
5 discharged from the emergency department the same day.

6           18. Patient 1 returned to see Respondent on April 16, 2019. She reported that her severe  
7 sciatica pain was continuing. Respondent noted pain level of 8 out of 10, and ordered an  
8 intramuscular steroid (Solu Medrol 40 mg) injection. Respondent also prescribed Norco to  
9 Patient 1. On that day, April 16, 2016, Quartz Hill pharmacy dispensed a 30 day supply of 90  
10 -325/7.5 Norco pills to Patient 1.

11           19. On or about April 27, 2019, Patient 1 again returned to see Respondent complaining  
12 of excruciating pain. Patient 1 described her pain level as 10 out of 10. Respondent documented  
13 that the pain was worsening and “left sciatica pain shifting over to the right side,” even though the  
14 patient’s pain was previously documented to be on the right side. Respondent also noted that  
15 Patient 1 had bilateral ankle edema, that she was suffering from a shortness of breath and had  
16 difficulty ambulating. Respondent’s history documented that the previous injection of  
17 “Decadron”<sup>8</sup> did not work, and that the patient was semi-ambulatory, using a walker, and needed  
18 assistance with her activities of daily living. Respondent ordered labs to evaluate Patient 1’s  
19 liver, kidneys, and heart, prescribed Lasix for her ankle edema and ordered Patient 1 another  
20 intramuscular steroid (Solu-Medrol 40 mg) injection, even though two prior Solu Medrol  
21 injections on April 5, 2019 and April 16, 2019 did nothing for the patient’s pain.

22           20. Patient 1 passed away the following day, on April 28, 2019, due to cardiopulmonary  
23 arrest. After her death, only two of the 90 Norco pills that she was dispensed on April 16, 2019,  
24 remained.

25           ///

26           ///

27 \_\_\_\_\_  
28           <sup>8</sup> In fact, according to Respondent’s records, Patient 1 previously received an injection of Solu-Medrol, not Decadron.



1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 21. Respondent Eric Carney Denley, M.D. is subject to disciplinary action under section  
4 2234, subdivision (b) in that he was grossly negligent in his care and treatment of Patient 1. The  
5 circumstances are as follows:

6 22. Allegations of paragraphs 7 through 20 are incorporated herein by reference.

7 23. Respondent's management of Patient 1's acute and chronic low back pain with  
8 steroids was an extreme departure from the standard of care. Over five years of presentations and  
9 monthly prescriptions of controlled substances for low back pain, Patient 1 never had an adequate  
10 history or exam, and no diagnostic cause of Patient 1's pain symptoms was pursued or made.  
11 Evaluation for severe causes with potential for disability or death including aortic aneurysm,  
12 epidural abscess, or malignancy never occurred. Imaging to look for nerve compression to  
13 support equivocal indications for steroid use never occurred, and a recognized indication for the  
14 steroid injections given to justify the side effect risks was never shown. The steroid injection for  
15 acute low back pain was repeated on April 27, 2019, despite documentation that previous Solu-  
16 Medrol injection or injections did not help. Potentially serious disabling or life-threatening  
17 causes of severe exacerbation of low back pain and sciatica were not pursued.

18 **SECOND CAUSE FOR DISCIPLINE**

19 **(Repeated Negligent Acts)**

20 24. Respondent Eric Carney Denley, M.D. is subject to disciplinary action under section  
21 2234, subdivision (c) in that Respondent committed repeated acts of negligence in the care and  
22 treatment of Patient 1. The circumstances are as follows:

23 25. The allegations of the First Cause for Discipline are incorporated herein by reference.

24 26. Each of the following represents a departure from the standard of care:

25 A. Respondent's care and treatment of Patient 1's chronic and acute low back pain  
26 with steroids was a departure from the standard of care.

27 B. Respondent's prescriptions of Ambien and Xanax concurrently with  
28 prescriptions of Norco and tramadol was a departure from the standard of care.

1 C. Respondent's evaluation and management of respiratory complaints with  
2 steroids or antibiotics on June 20, 2014, February 11, 2015 and April 28, 2015, was a departure  
3 from the standard of care.

4 D. Vitamin B-12 injection therapy for Patient 1, in the absence of a recognized  
5 indication, on February 11, 2015, November 11, 2016, December 19, 2016, June 5, 2018, and  
6 November 20, 2018 was a departure from the standard of care.

7 E. Respondent's use of diuretics for Patient 1's edema on June 5, 2017 and April  
8 27, 2019 was a departure from the standard of care.

9 **THIRD CAUSE FOR DISCIPLINE**

10 **(Record Keeping)**

11 27. Respondent Eric Carney Denley, M.D. is subject to disciplinary action under section  
12 2266 in that he failed to keep accurate and adequate records of his care and treatment of Patient 1.  
13 The circumstances are as follows:

14 28. Allegations of First and Second Causes for Discipline are incorporated herein by  
15 reference.

16 29. Respondent began to utilize Electronic Medical Records (EMR) on or about May 8,  
17 2018. After instituting the use of EMR, Respondent continued to maintain paper chart entries in  
18 addition to the use of EMR. Before he began to use EMR, Respondent's records of his care and  
19 treatment of Patient 1 do not contain a Problem List. Prior to the utilization of EMR, there is a  
20 single Medication and Allergy List, but it lacks any dates markedly impeding the interpretation  
21 over time of when medications were introduced or discontinued. Respondent made no record of  
22 Patient 1's surgeries before he began to use EMR, and after he did begin to use EMR Respondent  
23 still omitted information pertaining to Patient 1's pacemaker insertion procedure and the  
24 umbilical hernia repair. Respondent's records omit past history of nonsurgical hospitalizations.  
25 Prior to the utilization of EMR, no social or family history was documented. All EMR records  
26 misidentify the patient's gender as male, and indicate both that she is a smoker and a non-smoker.  
27 Patient 1 had ongoing respiratory illness, but Respondent omitted from his records the Patient's  
28 respiratory rate. Even though the patient has been discharged from two hospital stays with

1 supplemental oxygen, Respondent's record of oxygen saturation measurements omits whether or  
2 not the patient was on supplemental oxygen.

3 30. The single page handwritten visit notes (used before and after Respondent began to  
4 use EMR) utilize a preprinted general exam normal findings that are inadequate in scope and  
5 focal detail for dates when the patient is being evaluated for back and leg pain, as are the minimal  
6 handwritten additional exam findings, omitting waist and hip ROM, and lower extremity strength  
7 and sensory findings.

8 31. Respondent's records are not sufficient to ascertain the dose, directions, and  
9 quantities of some prescribed medications from Respondent's handwritten and EMR notes. Prior  
10 to his use of EMR, prescription refill details were absent from Respondent's records for Patient 1.  
11 After he began to utilize the EMR, the scant handwritten positive exam findings exceptions to the  
12 preprinted templated normal exam were not consistently forwarded to the EMR, which contained  
13 template normal exam findings, leading Respondent to keep internally inconsistent or  
14 contradictory records of the care he rendered to Patient 1.

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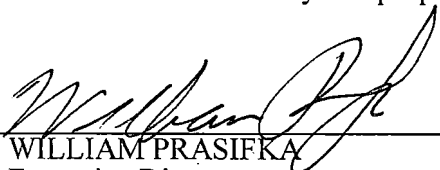
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**PRAYER**

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 121927, issued to Eric Carney Denley, M.D.;
2. Revoking, suspending or denying approval of Eric Carney Denley, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Eric Carney Denley, 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: JUL 29 2020

  
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WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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