

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

In the Matter of the Accusation
Against:

Kristin Maura Levitan, M.D.

Physician's and Surgeon's
Certificate No. G 61477

Respondent.

Case No. 800-2017-035378

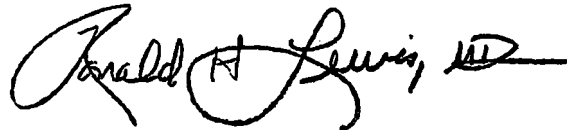
DECISION

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 July 2, 2021.

IT IS SO ORDERED: June 3, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 MATTHEW RODRIQUEZ
Acting Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 LAWRENCE MERCER
Deputy Attorney General
4 State Bar No. 111898
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5 San Francisco, CA 94102-7004
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Attorneys for Complainant

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

12 In the Matter of the Accusation Against:
13 **KRISTIN MAURA LEVITAN, M.D.**
14 16230 Monterey Road, Suite 204
Morgan Hill, CA 95307-5456
15
16 Physician's and Surgeon's Certificate No. G 61477
17 Respondent.

Case No. 800-2017-035378

OAH No. 2021020088

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
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 Matthew Rodriquez, Acting Attorney General of the State of California, by Lawrence
25 Mercer, Deputy Attorney General.

26 2. Respondent Kristin Maura Levitan, M.D. (Respondent) is represented in this
27 proceeding by her attorneys Thomas E. Still, and Hinshaw, Marsh, Still & Hinshaw, LLP, 12901
28 Saratoga Ave, Saratoga CA 95070.

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 61477 issued
3 to Respondent KRISTIN MAURA LEVITAN, M.D is revoked. However, the revocation is
4 stayed and Respondent is placed on probation for three (3) years on the following terms and
5 conditions:

6 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
7 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
8 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
9 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
10 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
11 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
12 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
13 completion of each course, the Board or its designee may administer an examination to test
14 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
15 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its
3 designee not later than 15 calendar days after successfully completing the course, or not later than
4 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

22 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
23 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
24 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
25 licenses are valid and in good standing, and who are preferably American Board of Medical
26 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
27 relationship with Respondent, or other relationship that could reasonably be expected to
28 compromise the ability of the monitor to render fair and unbiased reports to the Board, including

1 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
2 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

3 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
4 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
5 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
6 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
7 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
8 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
9 signed statement for approval by the Board or its designee.

10 Within 60 calendar days of the effective date of this Decision, and continuing throughout
11 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
12 make all records available for immediate inspection and copying on the premises by the monitor
13 at all times during business hours and shall retain the records for the entire term of probation.

14 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
15 date of this Decision, Respondent shall receive a notification from the Board or its designee to
16 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
17 shall cease the practice of medicine until a monitor is approved to provide monitoring
18 responsibility.

19 The monitor(s) shall submit a quarterly written report to the Board or its designee which
20 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
21 are within the standards of practice of medicine, and whether Respondent is practicing medicine
22 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
23 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
24 preceding quarter.

25 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
26 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
27 name and qualifications of a replacement monitor who will be assuming that responsibility within
28 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

1 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
2 notification from the Board or its designee to cease the practice of medicine within three (3)
3 calendar days after being so notified. Respondent shall cease the practice of medicine until a
4 replacement monitor is approved and assumes monitoring responsibility.

5 In lieu of a monitor, Respondent may participate in a professional enhancement program
6 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
7 review, semi-annual practice assessment, and semi-annual review of professional growth and
8 education. Respondent shall participate in the professional enhancement program at Respondent's
9 expense during the term of probation.

10 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
11 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
12 Chief Executive Officer at every hospital where privileges or membership are extended to
13 Respondent, at any other facility where Respondent engages in the practice of medicine,
14 including all physician and locum tenens registries or other similar agencies, and to the Chief
15 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
16 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
17 calendar days.

18 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

19 6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
20 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
21 advanced practice nurses.

22 7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
23 governing the practice of medicine in California and remain in full compliance with any court
24 ordered criminal probation, payments, and other orders.

25 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
26 under penalty of perjury on forms provided by the Board, stating whether there has been
27 compliance with all the conditions of probation.

28 Respondent shall submit quarterly declarations not later than 10 calendar days after the end

1 of the preceding quarter.

2 9. GENERAL PROBATION REQUIREMENTS.

3 Compliance with Probation Unit

4 Respondent shall comply with the Board's probation unit.

5 Address Changes

6 Respondent shall, at all times, keep the Board informed of Respondent's business and
7 residence addresses, email address (if available), and telephone number. Changes of such
8 addresses shall be immediately communicated in writing to the Board or its designee. Under no
9 circumstances shall a post office box serve as an address of record, except as allowed by Business
10 and Professions Code section 2021, subdivision (b).

11 Place of Practice

12 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
13 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
14 facility.

15 License Renewal

16 Respondent shall maintain a current and renewed California physician's and surgeon's
17 license.

18 Travel or Residence Outside California

19 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
20 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
21 (30) calendar days.

22 In the event Respondent should leave the State of California to reside or to practice
23 ,Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
24 departure and return.

25 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
26 available in person upon request for interviews either at Respondent's place of business or at the
27 probation unit office, with or without prior notice throughout the term of probation.

28 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or

1 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
2 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
3 defined as any period of time Respondent is not practicing medicine as defined in Business and
4 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
5 patient care, clinical activity or teaching, or other activity as approved by the Board. If
6 Respondent resides in California and is considered to be in non-practice, Respondent shall
7 comply with all terms and conditions of probation. All time spent in an intensive training
8 program which has been approved by the Board or its designee shall not be considered non-
9 practice and does not relieve Respondent from complying with all the terms and conditions of
10 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
11 on probation with the medical licensing authority of that state or jurisdiction shall not be
12 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
13 period of non-practice.

14 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
15 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
16 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
17 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
18 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

19 Respondent's period of non-practice while on probation shall not exceed two (2) years.

20 Periods of non-practice will not apply to the reduction of the probationary term.

21 Periods of non-practice for a Respondent residing outside of California will relieve
22 Respondent of the responsibility to comply with the probationary terms and conditions with the
23 exception of this condition and the following terms and conditions of probation: Obey All Laws;
24 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
25 Controlled Substances; and Biological Fluid Testing..

26 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
27 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
28 completion of probation. Upon successful completion of probation, Respondent's certificate shall

1 be fully restored.

2 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
3 of probation is a violation of probation. If Respondent violates probation in any respect, the
4 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
5 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
6 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
7 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
8 the matter is final.

9 14. LICENSE SURRENDER. Following the effective date of this Decision, if
10 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
11 the terms and conditions of probation, Respondent may request to surrender his or her license.
12 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
13 determining whether or not to grant the request, or to take any other action deemed appropriate
14 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
15 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
16 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
17 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
18 application shall be treated as a petition for reinstatement of a revoked certificate.

19 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
20 with probation monitoring each and every year of probation, as designated by the Board, which
21 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
22 California and delivered to the Board or its designee no later than January 31 of each calendar
23 year.

24 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
25 a new license or certification, or petition for reinstatement of a license, by any other health care
26 licensing action agency in the State of California, all of the charges and allegations contained in
27 Accusation No. 800-2017-035378 shall be deemed to be true, correct, and admitted by
28 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or

1 restrict license.

2

ACCEPTANCE

3

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
4 discussed it with my attorney, Thomas E. Still. I understand the stipulation and the effect it will
5 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
6 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
7 Decision and Order of the Medical Board of California.

8

9

DATED: _____

KRISTIN MAURA LEVITAN, M.D.
Respondent

10

11

I have read and fully discussed with Respondent Kristin Maura Levitan, M.D. the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

12

13

I approve its form and content.

14

DATED: _____

THOMAS E. STILL
Attorney for Respondent

15

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1 restrict license.

2 ACCEPTANCE

3 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
4 discussed it with my attorney, Thomas E. Stille. I understand the stipulation and the effect it will
5 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
6 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
7 Decision and Order of the Medical Board of California.

8
9 DATED

4-9-21


KRISTIN MAURA LEVITAN, M.D.
Respondent

11 I have read and fully discussed with Respondent Kristin Maura Levitan, M.D. the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
13 I approve its form and content.

14 DATED

4-12-2021


THOMAS E. STILLE
Attorney for Respondent

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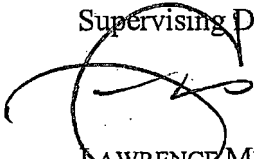
ENDORSEMENT

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

DATED: April 12, 2021

Respectfully submitted,

MATTHEW RODRIQUEZ
Acting Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General



LAWRENCE MERCER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-035378

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Jan. 21 20 20
BY A. Carmona ANALYST

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

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

12 In the Matter of the Accusation Against:	Case No. 800-2017-035378
13 Kristin Maura Levitan, M.D.	ACCUSATION
14 151 Bernal Rd. Ste. 1B	
15 San Jose CA 95119-1306	
16 Physician's and Surgeon's Certificate	
17 No. G 61477,	
18 Respondent.	

19 **PARTIES**

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

23 2. On or about October 5, 1987, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 61477 to Kristin Maura Levitan, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on March 31, 2021, unless renewed.
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28

JURISDICTION

1
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 in pertinent part:

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:

“(b) Gross negligence.

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

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

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

6 (d) Incompetence. . .”

7 6. Section 725, in pertinent part, states:

8 “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or
9 administering of drugs or treatment . . . as determined by the standard of the
10 community of licensees is unprofessional conduct for a physician and surgeon . . .”

11 **CAUSE FOR DISCIPLINARY ACTION**

12 (Gross negligence/repeated negligent acts/excessive prescribing/incompetence)

13 7. Respondent is subject to disciplinary action under Business and Professions Code
14 section 2234 and/or 2234(b) and/or 2234(c) and/or 2234(d) and/or 725 in that Respondent was
15 grossly negligent and/or committed repeated acts of negligence and/or excessively prescribed
16 and/or was incompetent in the care and treatment of multiple patients. The circumstances are as
17 follows:

18 Patient 1¹

19 8. Patient 1, a 45-year old female, came under Respondent's care and treatment from
20 May 18, 2012, at which time the patient stated that she was taking Valium, 10 mg, BID, for neck
21 and back spasms. The patient gave a history of substance abuse, including alcohol and Vicodin
22 (an opiate), but advised that she had been taking Valium² for at least 10 years and had “never
23 been addicted” to it. Without conducting a full evaluation of the patient's past substance abuse,
24 Respondent prescribed Valium, 10 mg, BID. Over the course of treatment, Respondent would add
25 Klonopin³, .5 mg, and alprazolam⁴, 2 mg, to the patient's regimen of benzodiazepines, as well as

26 ¹ Patient names are withheld to protect privacy rights.

27 ² Valium (diazepam) is a benzodiazepine used to treat anxiety disorders, muscle spasms
28 and other conditions. Misuse of this medication can cause addiction, overdose or death. Valium
should not be used in combination with opioid medications or alcohol.

³ Klonopin (clonazepam) is a benzodiazepine used to treat panic attacks, seizures and
other conditions. Use of this medication along with opioid drugs can have serious side effects.

⁴ Alprazolam, marketed under the trade name Xanax, is a benzodiazepine used to treat
anxiety disorders. Use of this medication in conjunction with other benzodiazepines can cause
dangerous side effects.

1 Ambien⁵, 10 mg, a hypnotic with properties similar to benzodiazepines. There is no medical
2 benefit and potential for significant harmful interactions combining three medications of the same
3 class with a hypnotic. Respondent continued the patient on this regimen through 2018. Review of
4 a Controlled Substance Utilization Review and Evaluation System (CURES) report for the period
5 from May 2017 to May 2018 showed that Respondent was prescribing amounts of these
6 controlled substances such that the patient would be on an average daily dose of 15 mg of
7 Valium, 3.3 mg of alprazolam, 1.3 mg of Klonopin and 7.5 mg of Ambien.

8 9. On August 28, 2012, Patient 1 reported difficulty with focus. Respondent used an
9 adult ADHD self-report survey to assess the patient for possible ADD/ADHD. Based on the
10 results of that survey, Respondent diagnosed the patient with ADD and began prescribing
11 Adderall⁶, 10 mg, BID. The use of amphetamine and other stimulants to treat Attention Deficit
12 Disorder requires careful and thorough evaluation and is relatively contraindicated in a patient
13 with substance abuse and alcohol dependency issues. The 2017-2018 CURES report showed that
14 Respondent was prescribing Adderall and a mixed amphetamine in quantities sufficient to
15 provide the patient with an average daily dose of 94 mg.

16 10. During the period 2012-2019 when Respondent inappropriately prescribed a
17 combination of amphetamine salts, multiple benzodiazepines and a hypnotic to Patient 1,
18 Respondent failed to monitor the patient for possible abuse or diversion of her medications.
19 CURES reports show that while she was under Respondent's care, Patient 1 did resume use of
20 Vicodin. Combining benzodiazepines with an opiate posed the risk of serious side effects for the
21 patient and Respondent should have monitored her drug use via CURES reports to detect abuse
22 and doctor shopping. Given the patient's self-reported history of alcohol and opiate abuse,
23 Respondent should have required periodic urine toxicology screens and required that the patient
24 use only one pharmacy to fill her prescriptions. Respondent failed to maintain appropriate
25

26 ⁵ Ambien (zolpidem) is a hypnotic used to treat insomnia. Use of this medication in
27 conjunction with benzodiazepines may increase side effects such as dizziness, drowsiness,
28 confusion and difficulty concentrating.

⁶ Adderall is a combination medication containing four salts of amphetamine and used in
treatment of attention deficit disorder.

1 boundaries in that Respondent repeatedly accommodated the patient's requests for medications
2 and failed to wean her from them.

3 Patient 2

4 11. Patient 2, a 42 year old female with a complex psychiatric history, began treatment
5 with Respondent on January 28, 2000. Respondent described the patient as catatonic and mute,
6 with suicidal thoughts and auditory hallucinations. Respondent diagnosed the patient with Major
7 Depression, rule out Psychosis. At the first appointment, Respondent prescribed Xanax for
8 anxiety and Prozac for depression. To address the patient's severe, resistant insomnia,
9 Respondent prescribed Ambien and had the patient sign an informed consent for Ambien, 5-10
10 mg; however, Patient 2's use of Ambien equaled or exceeded 25 mg/day over a 20 year period,
11 which dosage Respondent stated was necessary to enable her to sleep in two four-hour shifts. The
12 recommended initial dose for Ambien CR is 6.25 mg for women, which can be increased to 12.5
13 mg if the lower dose is not effective. Higher doses pose the risk of next day impairment. During
14 the 20 year period, Patient 2 exhibited dependency on this hypnotic and resisted all efforts to
15 substitute other drugs and therapies to treat her insomnia.

16 12. In addition to sleep medications, Respondent also prescribed the benzodiazepines
17 Ativan⁷, 6 mg/day, and Klonopin, 4 mg/day. There is no benefit and potential for significant
18 harmful effects combining three benzodiazepines and benzodiazepine-like medications. In
19 addition, between 2015 and 2018, the patient was also being prescribed hydrocodone, an opiate,
20 by another physician, placing her at increased risk of life threatening drug interactions. Only in
21 2019, after many years of high dose benzodiazepine therapy, did Respondent significantly reduce
22 the amount of medications prescribed.

23 Patient 3

24 13. Patient 3, a 17 year old female, came under Respondent's care on January 29, 2013
25 for severe depression, with anxiety, mood swings and bipolar tendencies. Respondent started the
26 patient on Prozac, an antidepressant, and Xanax, .25 mg, as needed for anxiety and panic attacks.

27 ⁷ Ativan (lorazepam) is used to treat anxiety and insomnia. Used in combination with
28 other CNS depressants it may cause respiratory depression. Long-term use also poses a risk for
physical and psychological dependence.

1 In 2014, Respondent added Valium to treat the patient's neck/back spasms. Combining two
2 medications of the same class does not provide significant benefits and potentially can have
3 harmful effects. The patient continued to receive prescriptions for these medications for several
4 years, between 2014 and 2018. Long-term use of these medications poses a risk of patient harm,
5 including dependency, cognitive decline and falls. Benzodiazepines should be used restrictively
6 when treating patients with Bipolar Disorder and prescribing benzodiazepines may be associated
7 with a more severe course of illness.

8 14. In June 2013, Respondent used a psychometric scale to diagnose ADD, after which
9 she began prescribing Adderall, 20 mg, BID, which was later increased to 20 mg, TID.
10 Prescribing benzodiazepines and amphetamines concurrently and on a daily basis causes
11 secondary mood swings and aberrant behaviors that can be mistaken for the patient's underlying
12 condition. Patient 3 reported that her mood swings increased after taking Adderall.

13 15. Although Respondent prescribed drugs with the potential for dependency and abuse,
14 she did not perform routine urine toxicology screens. Patient 3 was using multiple pharmacies to
15 fill her medications, which can be a sign of abuse, but Respondent was not regularly utilizing
16 CURES reports to detect abuse or diversion and did not become aware of this until after the
17 Board began its investigation.

18 Patient 4

19 16. On August 16, 2017, the Board received a CURES report relating to Respondent's
20 overall prescribing. That report revealed that on July 6, 2015 and September 9, 2015, Respondent
21 prescribed Vicodin ES, 300/7.5 mg, #60, to Patient 4. Patient 4 did not receive prescriptions for
22 any psychiatric medications and she resided more than 60 miles from Respondent's office;
23 moreover, the patient had the same surname as Respondent. The Board sent Respondent a
24 subpoena for records relating to her treatment of Patient 4 and Respondent provided a
25 certification that in fact no records existed. Prescribing controlled substances to a family member
26 is below the standard of care.

27 17. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject
28 to disciplinary action based on her gross negligence, repeated negligent acts, excessive

1 prescribing and/or incompetence as set forth above and including, but not limited to, the
2 following:

3 A. Respondent prescribed inappropriate combinations of multiple benzodiazepines for
4 long-term use;

5 B. Respondent inappropriately prescribed benzodiazepines and amphetamines to patients
6 whose substance abuse history and/or psychiatric diagnosis was a contraindication and/or
7 precaution.

8 PRAYER

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

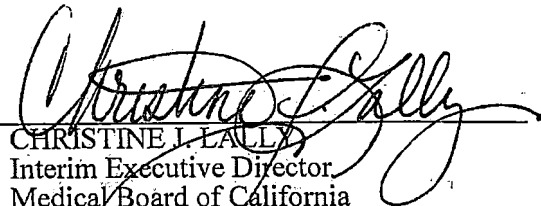
11 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 61477,
12 issued to Kristin Maura Levitan, M.D.;

13 2. Revoking, suspending or denying approval of Kristin Maura Levitan, M.D.'s
14 authority to supervise physician assistants and advanced practice nurses;

15 3. Ordering Kristin Maura Levitan, M.D., if placed on probation, to pay the Board the
16 costs of probation monitoring; and

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

18
19 DATED: JAN. 24, 2020


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

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