

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

In the Matter of the Accusation Against:

Renato P. Monaco, M.D.

Physician's and Surgeon's  
Certificate No. C 18379

Respondent.

Case No. 800-2018-045245

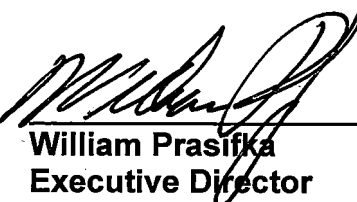
**DECISION**

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 December 14, 2021.

IT IS SO ORDERED December 7, 2021.

MEDICAL BOARD OF CALIFORNIA



\_\_\_\_\_  
William Prasifka  
Executive Director

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 LEANNA E. SHIELDS  
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4 State Bar No. 239872  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **RENATO P. MONACO, M.D.**  
15 1506 Lincoln Lane  
Newport Beach, CA 92660

16 **Physician's and Surgeon's Certificate**  
17 **No. C 18379,**

18 Respondent.

Case No. 800-2018-045245

OAH No. 2021070918

**STIPULATED SURRENDER OF  
LICENSE 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 Rob Bonta, Attorney General of the State of California, by LeAnna E. Shields, Deputy  
25 Attorney General.

26 2. Renato P. Monaco, M.D. (Respondent) is represented in this proceeding by attorney  
27 Raymond J. McMahon, Esq., with Doyle, Schafer, McMahon, LLP, whose address is: 5440  
28 Trabuco Road, Irvine, CA 92620.



1 Surgeon's Certificate No. C 18379 to disciplinary action, and hereby surrenders his Physician's  
2 and Surgeon's Certificate No. C 18379 for the Board's formal acceptance.

3 9. Respondent agrees that if he files a petition for reinstatement or relicensure, or an  
4 accusation and/or petition to revoke probation is filed against him before the Medical Board of  
5 California, all of the charges and allegations contained in Accusation No. 800-2018-045245 shall  
6 be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or  
7 any other licensing proceeding involving Respondent in the State of California.

8 10. Respondent understands that by signing this stipulation he enables the Board to issue  
9 an order accepting the surrender of his Physician's and Surgeon's Certificate No. C 18379  
10 without further notice to, or opportunity to be heard by, Respondent.

### 11 CONTINGENCY

12 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent  
13 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...  
14 stipulation for surrender of a license."

15 12. Respondent understands that, by signing this stipulation, he enables the Executive  
16 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his  
17 Physician's and Surgeon's Certificate No. C 18379, without further notice to, or opportunity to be  
18 heard by, Respondent.

19 13. This Stipulated Surrender of License and Disciplinary Order shall be subject to the  
20 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated  
21 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his  
22 consideration in the above-entitled matter and, further, that the Executive Director shall have a  
23 reasonable period of time in which to consider and act on this Stipulated Surrender of License and  
24 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands  
25 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the  
26 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

27 14. The parties agree that this Stipulated Surrender of License and Disciplinary Order  
28 shall be null and void and not binding upon the parties unless approved and adopted by the

1 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full  
2 force and effect. Respondent fully understands and agrees that in deciding whether or not to  
3 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive  
4 Director and/or the Board may receive oral and written communications from its staff and/or the  
5 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the  
6 Executive Director, the Board, any member thereof, and/or any other person from future  
7 participation in this or any other matter affecting or involving Respondent. In the event that the  
8 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this  
9 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it  
10 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied  
11 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees  
12 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason  
13 by the Executive Director on behalf of the Board, Respondent will assert no claim that the  
14 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,  
15 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or  
16 of any matter or matters related hereto.

17 **ADDITIONAL PROVISIONS**

18 15. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
19 herein to be an integrated writing representing the complete, final and exclusive embodiment of  
20 the agreements of the parties in the above-entitled matter.

21 16. The parties agree that copies of this Stipulated Surrender of License and Disciplinary  
22 Order, including copies of the signatures of the parties, may be used in lieu of original documents  
23 and signatures and, further, that such copies shall have the same force and effect as originals.

24 17. In consideration of the foregoing admissions and stipulations, the parties agree the  
25 Executive Director of the Board may, without further notice to or opportunity to be heard by  
26 Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

27 ///

28 ///

1 **ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 18379, issued  
3 to Respondent RENATO P. MONACO, M.D., is hereby surrendered and accepted by the Medical  
4 Board of California.

5 1. The surrender of Respondent's Physician's and Surgeon's Certificate No. C 18379  
6 and the acceptance of the surrendered license by the Board shall constitute the imposition of  
7 discipline against Respondent. This stipulation constitutes a record of the discipline and shall  
8 become a part of Respondent's license history with the Board.

9 2. Respondent shall lose all rights and privileges as a physician and surgeon in  
10 California as of the effective date of the Board's Decision and Order.

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

13 4. If Respondent ever files an application for licensure or a petition for reinstatement in  
14 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must  
15 comply with all the laws, regulations and procedures for reinstatement of a revoked or  
16 surrendered license in effect at the time the petition is filed, and all of the charges and allegations  
17 contained in Accusation No. 800-2018-045245 shall be deemed to be true, correct and fully  
18 admitted by Respondent when the Board determines whether to grant or deny the petition.

19 5. If Respondent should ever apply or reapply for a new license or certification, or  
20 petition for reinstatement of a license, by any other health care licensing agency in the State of  
21 California, all of the charges and allegations contained in Accusation, No. 800-2018-045245 shall  
22 be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement  
23 of Issues or any other proceeding seeking to deny or restrict licensure.

24 **ACCEPTANCE**

25 I have carefully read the above Stipulated Surrender of License and Disciplinary Order and  
26 have fully discussed it with my attorney Raymond J. McMahon, Esq. I fully understand the  
27 stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. C 18379. I  
28 enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and

1 intelligently, and agree to be bound by the Decision and Order of the Medical Board of  
2 California.

3  
4 DATED: 11/10/2021 Renato P. Monaco M.D.  
5 RENATO P. MONACO, M.D.  
6 Respondent

7 I have read and fully discussed with Respondent Renato P. Monaco, M.D., the terms and  
8 conditions and other matters contained in this Stipulated Surrender of License and Disciplinary  
9 Order. I approve its form and content.

10 DATED: November 22, 2021 [Signature]  
11 RAYMOND J. MCMAHON, ESQ.  
12 Attorney for Respondent

13 ENDORSEMENT

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

17 DATED: Nov. 29, 2021

18 Respectfully submitted,  
19 ROB BONTA  
20 Attorney General of California  
21 MATTHEW M. DAVIS  
22 Supervising Deputy Attorney General

23 [Signature]  
24 LEANNA E. SHIELDS  
25 Deputy Attorney General  
26 Attorneys for Complainant

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28 83091178.docx

**Exhibit A**

**Accusation No. 800-2018-045245**



1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 LEANNA E. SHIELDS  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2018-045245

14 **RENATO P. MONACO, M.D.**  
15 **1506 Lincoln Lane**  
**Newport Beach, CA 92660**

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

16 **Physician's and Surgeon's Certificate**  
17 **No. C 18379,**

18 Respondent.

19  
20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about February 19, 1957, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. C 18379 to Renato P. Monaco, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein, and expired on December 31, 2020.

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 118 of the Code states, in pertinent part:

6 ...

7 (b) The suspension, expiration, or forfeiture by operation of law of a license  
8 issued by a board in the department, or its suspension, forfeiture, or cancellation by  
9 order of the board or by order of a court of law, or its surrender without the written  
10 consent of the board, shall not, during any period in which it may be renewed,  
11 restored, reissued, or reinstated, deprive the board of its authority to institute or  
12 continue a disciplinary proceeding against the licensee upon any ground provided by  
13 law or to enter an order suspending or revoking the license or otherwise taking  
14 disciplinary action against the licensee on any such ground.

12 ...

13 5. Section 2227 of the Code states:

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

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

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

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

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

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

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

///

1 6. Section 2234 of the Code, states, in pertinent part:

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

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

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

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

17 **FIRST CAUSE FOR DISCIPLINE**

18 **(Repeated Negligent Acts)**

19 7. Respondent Renato P. Monaco, M.D. has subjected his Physician's and Surgeon's  
20 Certificate No. C 18379 to disciplinary action under sections 2227 and 2234, as defined by 2234,  
21 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and  
22 treatment of Patients A, B and C,<sup>1</sup> as more particularly alleged hereinafter.

23 **Patient A**

24 8. On or about September 3, 2009,<sup>2</sup> Patient A, a then 65-year-old male, first presented  
25 for treatment with Respondent with a history significant for mood swings. According to records,  
26 based upon his evaluation of Patient A, Respondent diagnosed Patient A with, among other

27 ///

28 \_\_\_\_\_  
<sup>1</sup> For patient privacy purposes, patients' true names are not used in the instant Accusation to  
maintain patient confidentiality. The patients' identities are known to Respondent or will be disclosed to  
Respondent upon receipt of a duly issued request for discovery and in accordance with Government Code  
section 11507.6.

<sup>2</sup> Any medical care or treatment rendered by Respondent more than seven (7) years prior to the  
filing of the instant Accusation is described for informational purposes only and not alleged as a basis for  
disciplinary action.

1 things, major depressive disorder with anxiety, bipolar II disorder, obsessive compulsive disorder  
2 (OCD), and attention deficit disorder (ADD).

3 9. According to records, Respondent provided care and treatment to Patient A from on  
4 or about September 3, 2009, through on or about May 1, 2017.

5 10. Over the course of Respondent's care and treatment for Patient A, records indicate  
6 Respondent prescribed several controlled substances to Patient A, including, but not limited to,  
7 diazepam,<sup>3</sup> alprazolam,<sup>4</sup> amphetamine salt combo,<sup>5</sup> dextroamphetamine,<sup>6</sup> Ambien,<sup>7</sup> and  
8 Vyvanse.<sup>8</sup>

9 11. Patient A's last recorded visit with Respondent was on or about May 1, 2017.  
10 However, Respondent's treatment records for Patient A do not indicate this was intended to be  
11 their last visit and do not document any reason for ending treatment.

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12  
13 <sup>3</sup> Diazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section  
14 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It  
is a benzodiazepine commonly used to treat anxiety.

15 <sup>4</sup> Alprazolam, brand name Xanax, is a Schedule IV controlled substance pursuant to Health and  
16 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions  
17 Code section 4022. It is a benzodiazepine commonly used to treat anxiety. Concomitant use of Xanax  
with opioids "may result in profound sedation, respiratory depression, coma, and death." The DEA has  
18 identified benzodiazepines, such as Xanax, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide  
19 (2011 Edition), at p. 53.)

20 <sup>5</sup> Amphetamine salt combo, brand name Adderall, is a Schedule II controlled substance pursuant  
21 to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and  
22 Professions Code section 4022. It is a central nervous system stimulant commonly used to treat attention-  
23 deficit hyperactivity disorder (ADHD) and narcolepsy. Adderall carries a black box warning indicating  
that it has high abuse potential.

24 <sup>6</sup> Dextroamphetamine, brand name Adderall, is a Schedule II controlled substance pursuant to  
25 Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and  
26 Professions Code section 4022. It is a central nervous system stimulant commonly used to treat ADHD  
27 and narcolepsy. Adderall carries a black box warning indicating that it has high abuse potential.

28 <sup>7</sup> Ambien, brand name for zolpidem tartrate, is a Schedule IV controlled substance pursuant to  
Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and  
Professions Code section 4022. It is a benzodiazepine analog and sedative hypnotic commonly used to  
treat insomnia.

<sup>8</sup> Vyvanse, brand name for lisdexamfetamine dimesylate, is a Schedule II controlled substance  
pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to  
Business and Professions Code section 4022. It is a central nervous system stimulant commonly used to  
treat ADHD.

1           12. After May 1, 2017, Patient A continued to fill controlled substances prescribed by  
2 Respondent for approximately one year. However, Respondent's treatment records for Patient A  
3 do not reflect any evaluations by Respondent after May 1, 2017.

4           13. In or around 2013, according to a Controlled Substance Utilization Review and  
5 Evaluation System<sup>9</sup> report, Patient A received and filled several prescriptions issued by  
6 Respondent, including, but not limited to, two (2) prescriptions for diazepam (10 mg) and one (1)  
7 prescription for alprazolam (0.5 mg).

8           14. In or around 2014, according to a CURES report, Patient A received and filled several  
9 prescriptions issued by Respondent, including, but not limited to, five (5) prescriptions for  
10 diazepam (10 mg) and eight (8) prescriptions for alprazolam (0.5 mg).

11           15. In or around 2015, according to a CURES report, Patient A received and filled several  
12 prescriptions issued by Respondent, including, but not limited to, six (6) prescriptions for  
13 diazepam (10 mg), seven (7) prescriptions for alprazolam (0.5 mg), nine (9) prescriptions for  
14 amphetamine salt combo (20-30 mg), and three (3) prescriptions for Ambien (10 mg).

15           16. In or around 2016, according to a CURES report, Patient A received and filled several  
16 prescriptions issued by Respondent, including, but not limited to, three (3) prescriptions for  
17 diazepam (10 mg), three (3) prescriptions for alprazolam (0.5 mg), twelve (12) prescriptions for  
18 Ambien (10 mg), three (3) prescriptions for amphetamine salt combo (30 mg), one (1)  
19 prescription for dextroamphetamine (30 mg), and three (3) prescriptions for Vyvanse (70 mg).

20           17. In or around 2017, according to a CURES report, Patient A received and filled several  
21 prescriptions issued by Respondent, including, but not limited to, eight (8) prescriptions for  
22 diazepam (10 mg), seven (7) prescriptions for alprazolam (0.5 mg), nine (9) prescriptions for  
23

24           <sup>9</sup> The Controlled Substance Utilization Review and Evaluation System (CURES) is a program  
25 operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to  
26 ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in  
27 their efforts to control diversion and abuse of controlled substances. (Health & Saf. Code, § 11165.)  
28 CURES is a database of Schedule II, III, and IV controlled substance prescriptions dispensed in California.  
California law requires dispensing pharmacies to report to the DOJ the dispensing of Schedule II, III, and  
IV controlled substances as soon as reasonably possible after the prescriptions are filled. (Health & Saf.  
Code, § 11165, subd. (d).) The history of controlled substances dispensed to a specific patient based on  
the data contained in CURES is available to a health care practitioner who is treating that patient. (Health  
& Saf. Code, § 11165.1, subd. (a).)

1 Ambien (10 mg), one (1) prescription for dextroamphetamine (20 mg), and one (1) prescription  
2 for amphetamine salt combo (20 mg).

3 18. In or around 2018, according to a CURES report, Patient A received and filled several  
4 prescriptions issued by Respondent, including, but not limited to, five (5) prescriptions for  
5 diazepam (10 mg) and seven (7) prescriptions for Ambien (10 mg).

6 19. Respondent committed repeated negligent acts in his care and treatment of Patient A  
7 which included, but was not limited to, the following:

8 A. Paragraphs 8 through 18, above, are hereby incorporated by reference and  
9 realleged as if fully set forth herein;

10 B. Respondent failed to appropriately monitor Patient A for adverse side effects  
11 while prescribing controlled substances to Patient A, including, but not limited  
12 to, prescribing alprazolam, diazepam, and Ambien to Patient A for over one  
13 year without evaluation after May 1, 2017; and

14 C. Respondent failed to prevent the long-term use of benzodiazepines.

15 **Patient B**

16 20. On or about August 7, 2004, Patient B, a then 29-year-old female, first presented for  
17 treatment with Respondent with a history significant for severe childhood trauma. According to  
18 records, based upon his evaluation of Patient B, Respondent diagnosed Patient B with, among  
19 other things, major depression, ADD, OCD, bipolar II disorder, and possible post-traumatic stress  
20 disorder (PTSD).

21 21. According to records, Respondent provided care and treatment to Patient B from on  
22 or about August 7, 2004, through on or about December 14, 2018.

23 22. From on or about 2008 through on or about 2011, Respondent's records for Patient B  
24 do not document any visits with Respondent.

25 ///

26 ///

27 ///

28 ///

1           23. Over the course of Respondent's care and treatment for Patient B, records indicate  
2 Respondent issued several prescriptions to Patient B, including, but not limited to, prescriptions  
3 for clonazepam,<sup>10</sup> Ambien, eszopiclone,<sup>11</sup> amphetamine salt combo, dextroamphetamine, and  
4 methylphenidate.<sup>12</sup>

5           24. In or around 2005, Respondent noted Patient B was not able to function without  
6 methadone,<sup>13</sup> which was being prescribed to Patient B by another physician for pain.

7           25. On or about January 26, 2012, Respondent noted Patient B seemed to exhibit  
8 symptoms of withdrawal from methadone. According to records, Patient B had stopped taking  
9 methadone for approximately one (1) month and was experiencing vomiting and diarrhea.  
10 According to Respondent's notes, Patient B had been prescribed methadone for approximately ten  
11 (10) years for pain.

12           26. On or about March 24, 2016, according to Respondent's treatment records, Patient B  
13 was experiencing difficulty breathing and her oxygen levels were measured to be forty percent  
14 (40%) saturation.

15           27. On or about March 31, 2016, according to Respondent's treatment records for Patient  
16 B, Respondent received information that Patient B was falling asleep while talking to her  
17 instructor and that Patient B had experienced an increased difficulty in breathing. However,  
18 Respondent's treatment records for Patient B make no mention of changing her medications.

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19  
20           <sup>10</sup> Clonazepam, brand name Klonopin, is a Schedule IV controlled substance pursuant to Health  
21 and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and  
22 Professions Code section 4022. It is a benzodiazepine commonly used to treat anxiety.

22           <sup>11</sup> Eszopiclone, brand name Lunesta, is a Schedule IV controlled substance pursuant to Health and  
23 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions  
24 Code section 4022. It is a sedative commonly used to treat insomnia.

24           <sup>12</sup> Methylphenidate, brand name Ritalin, is a Schedule II controlled substance pursuant to Health  
25 and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and  
26 Professions Code section 4022. It is a stimulant commonly used to treat ADHD and narcolepsy.

26           <sup>13</sup> Methadone is a Schedule II controlled substance pursuant to Health and Safety Code section  
27 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. It  
28 is an opioid commonly used to treat drug addiction and pain. All opioids carry a Black Box Warning that  
states, in part, "Concomitant opioid use with benzodiazepines... may result in profound sedation,  
respiratory depression, coma, and death; reserve concomitant use for patients with inadequate alternative  
treatment options; limit to minimum required dosage and duration."

1           28. On or about September 28, 2017, Respondent noted Patient B was having issues  
2 staying awake during the day, but made no changes to Patient B's medications.

3           29. On or about August 23, 2018, Respondent noted Patient B was still receiving  
4 prescriptions for methadone.

5           30. Patient B's last recorded visit with Respondent was on or about December 14, 2018.  
6 Respondent's notes indicate he prescribed Ritalin, Adderall and Ambien to Patient B during this  
7 visit. Respondent's treatment records for Patient B do not indicate this was intended to be their  
8 last visit and do not document any reason for ending treatment.

9           31. During an interview with investigators of the Health Quality Investigation Unit,  
10 Respondent admitted he reviewed CURES and was aware Patient B was receiving opioid pain  
11 medications, including, but not limited to, methadone, issued by other physicians throughout  
12 Respondent's care and treatment of Patient B.

13           32. In or around 2013, the Food and Drug Administration (FDA) issued an update  
14 regarding Ambien prescriptions for women. According to the FDA, the previously recommended  
15 maximum dose of 10 mg per day was lowered to 5 mg per day.

16           33. From in or around 2013, through in or around 2019, Respondent continued to issue  
17 recurring prescriptions to Patient B for Ambien (10 mg, two tablets per night).

18           34. From in or around 2016, through in or around 2019, Respondent issued recurring  
19 prescriptions to Patient B for clonazepam. However, on several occasions, Respondent's  
20 treatment records for Patient B failed to mention these prescriptions.

21           35. In or around 2013, according to a CURES report, Patient B received and filled several  
22 prescriptions issued by Respondent, including, but not limited to, four (4) prescriptions for  
23 zolpidem tartrate (10 mg) for a total of 240 tablets.

24           36. In or around 2013, according to a CURES report, Patient B received and filled several  
25 prescriptions issued by other physicians, for methadone.

26           37. In or around 2014, according to a CURES report, Patient B received and filled several  
27 prescriptions issued by Respondent, including, but not limited to, twelve (12) prescriptions for  
28 zolpidem tartrate (10 mg) for a total of 720 tablets.



1 38. In or around 2014, according to a CURES report, Patient B received and filled several  
2 prescriptions issued by other physicians, for methadone.

3 39. In or around 2015, according to a CURES report, Patient B received and filled several  
4 prescriptions issued by Respondent, including, but not limited to, nine (9) prescriptions for  
5 zolpidem tartrate (10 mg) for a total of 540 tablets.

6 40. In or around 2015, according to a CURES report, Patient B received and filled several  
7 prescriptions issued by other physicians, for methadone and tramadol.<sup>14</sup>

8 41. In or around 2016, according to a CURES report, Patient B received and filled several  
9 prescriptions issued by Respondent, including, but not limited to, ten (10) prescriptions for  
10 zolpidem tartrate (10 mg) for a total of 600 tablets, seven (7) prescriptions for clonazepam, three  
11 (3) prescriptions for amphetamine salt combo, and one (1) prescription for eszopiclone.

12 42. In or around 2016, according to a CURES report, Patient B received and filled several  
13 prescriptions issued by other physicians, for methadone, tramadol, diazepam and Norco.<sup>15</sup>

14 43. In or around 2017, according to a CURES report, Patient B received and filled several  
15 prescriptions issued by Respondent, including, but not limited to, twelve (12) prescriptions for  
16 zolpidem tartrate (10 mg) for a total of 720 tablets, thirteen (13) prescriptions for clonazepam,  
17 five (5) prescriptions for amphetamine salt combo, two (2) prescriptions for dextroamphetamine,  
18 and two (2) prescriptions for methylphenidate.

19 44. In or around 2017, according to a CURES report, Patient B received and filled several  
20 prescriptions issued by other physicians, for methadone, Norco, tramadol, and Percocet.<sup>16</sup>

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23 <sup>14</sup> Tramadol is a Schedule IV controlled substance pursuant to 21 C.F.R. § 1308.14, and a  
24 dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid pain medication.

25 <sup>15</sup> Norco is a brand name for the drug combination of hydrocodone (5 mg, 7.5 mg, or 10 mg) and  
26 acetaminophen (325 mg). Hydrocodone is a Schedule II controlled substance pursuant to Health and  
27 Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions  
28 Code section 4022. It is an opioid commonly used to treat pain.

<sup>16</sup> Percocet is a brand name for the drug combination of oxycodone (2.5 mg, 5 mg, 7.5 mg, or 10  
mg) and acetaminophen (325 mg). Oxycodone is a Schedule II controlled substance pursuant to Health  
and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and  
Professions Code section 4022. It is an opioid commonly used to treat pain.

1 45. In or around 2018, according to a CURES report, Patient B received and filled several  
2 prescriptions issued by Respondent, including, but not limited to, twelve (12) prescriptions for  
3 zolpidem tartrate (10 mg) for a total of 720 tablets, one (1) prescription for zolpidem tartrate (12.5  
4 mg) for a total of 30 tablets, eleven (11) prescriptions for clonazepam, five (5) prescriptions for  
5 amphetamine salt combo, two (2) prescriptions for dextroamphetamine, and ten (10) prescriptions  
6 for methylphenidate.

7 46. In or around 2018, according to a CURES report, Patient B received and filled several  
8 prescriptions issued by other physicians, for methadone.

9 47. In or around 2019, according to a CURES report, Patient B received and filled several  
10 prescriptions issued by Respondent, including, but not limited to, five (5) prescriptions for  
11 zolpidem tartrate (10 mg) for a total of 300 tablets, three (3) prescriptions for clonazepam, three  
12 (3) prescriptions for amphetamine salt combo, and four (4) prescriptions for methylphenidate.

13 48. In or around 2019, according to a CURES report, Patient B received and filled several  
14 prescriptions issued by other physicians, for methadone.

15 49. Respondent committed repeated negligent acts in his care and treatment of Patient B  
16 which included, but was not limited to, the following:

- 17 A. Paragraphs 20 through 48, above, are hereby incorporated by reference and  
18 realleged as if fully set forth herein;
- 19 B. Respondent failed to appropriately prescribe Ambien to Patient B by continuing  
20 to prescribe a daily dose of 20 mg per night despite the FDA's recommendation  
21 to lower the dose to 5 mg per night;
- 22 C. Respondent failed to mitigate the risk of overdose by continuing to prescribe  
23 Ambien and clonazepam to Patient B knowing Patient B was also receiving  
24 regular prescriptions for opioids; and
- 25 D. Respondent failed to prevent the long-term use of benzodiazepines.

26 **Patient C**

27 50. On or about February 4, 2005, Patient C, a then 65-year-old female, first presented for  
28 treatment with Respondent with complaints of chronic anxiety, history of head trauma, and a

1 family history of alcoholism and schizophrenia. According to records, based upon his evaluation  
2 of Patient C, Respondent diagnosed Patient C with, among other things, general anxiety disorder,  
3 obsessive compulsive disorder, post-traumatic stress disorder, and mood disorder. According to  
4 records, Respondent's treatment plan for Patient C included continuing her prescription for  
5 Zoloft<sup>17</sup> and undergoing psychotherapy.

6 51. According to records, Respondent provided care and treatment to Patient C from on  
7 or about February 4, 2005, through on or about August 8, 2019.

8 52. On or about February 26, 2009, according to Respondent's treatment records for  
9 Patient C, Respondent began prescribing Lunesta<sup>18</sup> to Patient C.

10 53. On or about October 13, 2010, according to Respondent's treatment records for  
11 Patient C, Patient C reported developing delusions after forgetting to drink water for two (2) days.

12 54. From in or around November 2010, through in or around April 2016, Respondent did  
13 not provide care or treatment to Patient C.

14 55. On or about May 27, 2016, Patient C returned to continue treatment with Respondent.  
15 According to records, Patient C had gone to the emergency department due to delusions and  
16 received a prescription for lorazepam.<sup>19</sup> According to Respondent's treatment records for Patient  
17 C, Respondent diagnosed Patient C with bipolar I disorder, mild ADD, generalized anxiety

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23 <sup>17</sup> Zoloft, brand name for sertraline, is a dangerous drug pursuant to Business and Professions  
24 Code section 4022. It is a selective serotonin reuptake inhibitor (SSRI) commonly used to treat  
depression, OCD, PTSD, and panic disorder.

25 <sup>18</sup> Lunesta, brand name for eszopiclone, is a Schedule IV controlled substance pursuant to Health  
26 and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and  
Professions Code section 4022. It is a sedative commonly used to treat insomnia.

27 <sup>19</sup> Lorazepam, brand name Ativan, is a Schedule IV controlled substance pursuant to Health and  
28 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions  
Code section 4022. It belongs to a group of drugs called benzodiazepines.

1 disorder with panic, and OCD. According to records, Respondent issued several prescriptions to  
2 Patient C, including, but not limited to, prescriptions for Abilify,<sup>20</sup> Prozac,<sup>21</sup> and Valium.<sup>22</sup>

3 56. On or about August 23, 2016, according to Respondent's treatment records for Patient  
4 C, Respondent noted Patient C displayed symptoms of being disconnected "like a zombie" with  
5 tremor and hypersalivation. According to records, Respondent reduced Patient C's prescription  
6 for Abilify.

7 57. On or about August 31, 2016, according to Respondent's treatment records for Patient  
8 C, Respondent discontinued Patient C's prescriptions for Abilify and Prozac, and reissued a  
9 prescription for Zoloft.

10 58. On or about October 24, 2016, according to records, Respondent noted Patient C was  
11 experiencing severe back pain from a motor vehicle accident and noted Patient C was receiving  
12 prescriptions for hydrocodone<sup>23</sup> by another physician.

13 59. On or about February 9, 2017, according to Respondent's treatment records for  
14 Patient C, Respondent discontinued Patient C's prescription for lithium<sup>24</sup> due to reports of  
15 nightmares and inability to find her words to speak.

16 60. On or about February 15, 2017, according to Respondent's treatment records for  
17 Patient C, Respondent resumed Patient C's prescription for lithium.

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19 <sup>20</sup> Abilify, brand name for aripiprazole, is a dangerous drug pursuant to Business and Professions  
20 Code section 4022. It is an antipsychotic commonly used to treat bipolar disorder, schizophrenia, and  
depression.

21 <sup>21</sup> Prozac, brand name for fluoxetine, is a dangerous drug pursuant to Business and Professions  
22 Code section 4022. It is a selective serotonin reuptake inhibitor commonly used to treat depression, panic  
disorder, and OCD.

23 <sup>22</sup> Valium, brand name for diazepam, is a Schedule IV controlled substance pursuant to Health and  
24 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions  
Code section 4022. It is a sedative commonly used to treat anxiety, muscle spasms, and seizures.

25 <sup>23</sup> Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section  
26 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. It  
is an opioid commonly used to treat pain.

27 <sup>24</sup> Lithium is a dangerous drug pursuant to Business and Professions Code section 4022. It is an  
28 antimanic drug commonly used to treat bipolar disorder, schizoaffective disorder, and mania.

1           61. On or about February 20, 2017, according to Respondent's treatment records for  
2 Patient C, Respondent received a call from Patient C's husband reporting she had become  
3 delusional and suffered a fall and was hospitalized.

4           62. On or about March 8, 2017, after Patient C's hospitalization, records indicate Patient  
5 C was prescribed Haldol,<sup>25</sup> Keppra,<sup>26</sup> Cytomel,<sup>27</sup> Zoloft, lithium, and Valium by other physicians.

6           63. On or about May 25, 2017, according to Respondent's treatment records for Patient  
7 C, Respondent noted Patient C had difficulty walking and impaired balance. Records for this  
8 visit indicate Respondent reduced Patient C's prescription for Haldol and issued a prescription for  
9 Risperdal.<sup>28</sup>

10          64. On or about May 31, 2017, according to Respondent's treatment records for Patient  
11 C, Respondent discontinued Patient C's prescription for Risperdal, noting it caused Patient C to  
12 act like a zombie.

13          65. On or about June 4, 2018, according to Respondent's treatment records for Patient C,  
14 Respondent noted Patient C was still taking narcotics for pain.

15          66. On or about July 9, 2018, according to Respondent's treatment records for Patient C,  
16 Respondent warned Patient C about Valium, however, records did not indicate any mention of  
17 misuse or potential adverse side effects.

18          67. On or about November 12, 2018, according to Respondent's treatment records for  
19 Patient C, Respondent discontinued Patient C's prescription for Valium, however, records do not  
20 indicate the reason for this change.

21 \_\_\_\_\_  
22           <sup>25</sup> Haldol, brand name for haloperidol, is a dangerous drug pursuant to Business and Professions  
23 Code section 4022. It is an antipsychotic drug commonly used to treat dementia.

24           <sup>26</sup> Keppra, brand name for levetiracetam, is a dangerous drug pursuant to Business and Professions  
Code section 4022. It is an anticonvulsant drug commonly used to treat seizures.

25           <sup>27</sup> Cytomel, brand name for liothyronine sodium, is a dangerous drug pursuant to Business and  
26 Professions Code section 4022. It is commonly used to treat hypothyroidism.

27           <sup>28</sup> Risperdal, brand name for risperdone, is a dangerous drug pursuant to Business and Professions  
28 Code section 4022. It is an antipsychotic commonly used to treat schizophrenia, bipolar disorder, and  
other mood disorders.

1           68. On or about December 14, 2018, according to Respondent's treatment records for  
2 Patient C, Respondent noted Patient C was confabulating but seemed to improve with an increase  
3 in her Haldol prescription.

4           69. On or about January 16, 2019, according to Respondent's treatment records for  
5 Patient C, Respondent noted Patient C was experiencing difficulty with impulse, speech and  
6 short-term memory. According to records, Respondent discontinued Patient C's prescription for  
7 gabapentin<sup>29</sup> and noted Patient C was still receiving prescriptions for hydrocodone.

8           70. On or about February 13, 2019, according to Respondent's treatment records for  
9 Patient C, Respondent noted gabapentin was causing Patient C to sleep too much and began  
10 prescribing Lamictal<sup>30</sup> to Patient C.

11           71. On or about March 26, 2019, according to Respondent's treatment records for Patient  
12 C, Respondent increased Patient C's prescription for Keppra, however, records do not indicate  
13 any consultation with a neurologist or the reason for this change.

14           72. On or about May 16, 2019, according to Respondent's treatment records for Patient  
15 C, Respondent discontinued Patient C's prescription for Haldol due to worsening tardive  
16 dyskinesia<sup>31</sup> affecting Patient C's speech and resulting in falls.

17           73. On or about June 4, 2019, according to Respondent's treatment records for Patient C,  
18 Respondent reduced Patient C's prescription for Keppra, however, records do not indicate any  
19 consultation with a neurologist or the reason for this change.

20           74. On or about July 16, 2019, according to Respondent's treatment records for Patient C,  
21 Respondent noted increasing cognitive impairment and hospitalization of Patient C for  
22 hallucinations.

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25 <sup>29</sup> Gabapentin is a dangerous drug pursuant to Business and Professions Code section 4022. It is  
an anticonvulsant drug commonly used to treat seizures and pain.

26 <sup>30</sup> Lamictal, brand name for lamotrigine, is a dangerous drug pursuant to Business and Professions  
27 Code section 4022. It is an anticonvulsant drug commonly used to treat epilepsy and bipolar disorder.

28 <sup>31</sup> Tardive Dyskinesia (TD) is a known side effect of antipsychotic meds, causing uncontrollable  
stiff jerky movements of the body.

1       75. In or around 2016, according to a CURES report, Patient C received and filled several  
2 prescriptions issued by Respondent, including, but not limited to, nine (9) prescriptions for  
3 diazepam (5 mg).

4       76. In or around 2016, according to a CURES report, Patient C received and filled several  
5 prescriptions issued by other physicians, for Norco.

6       77. In or around 2017, according to a CURES report, Patient C received and filled several  
7 prescriptions issued by Respondent, including, but not limited to, twelve (12) prescriptions for  
8 diazepam (5 mg).

9       78. In or around 2017, according to a CURES report, Patient C received and filled several  
10 prescriptions issued by other physicians, for Norco,

11       79. In or around 2018, according to a CURES report, Patient C received and filled several  
12 prescriptions issued by Respondent, including, but not limited to, two (2) prescriptions for  
13 diazepam (5 mg), one (1) prescription for tramadol (50 mg), and one (1) prescription for Norco.

14       80. In or around 2018, according to a CURES report, Patient C received and filled several  
15 prescriptions issued by other physicians, for Norco.

16       81. In or around 2019, according to a CURES report, Patient C received and filled several  
17 prescriptions issued by Respondent, including, but not limited to, one (1) prescription for  
18 amphetamine salt combo (10 mg).

19       82. In or around 2019, according to a CURES report, Patient C received and filled several  
20 prescriptions issued by other physicians, for Norco.

21       83. From on or about May 27, 2016, through on or about July 1, 2019, according to a  
22 CURES report, Patient C received and filled thirty-two (32) prescriptions issued by other  
23 physicians for Norco for a total of 2,970 tablets.

24       84. From on or about May 27, 2016, through on or about July 1, 2019, according to a  
25 CURES report, Patient C received and filled twenty-three (23) prescriptions issued by  
26 Respondent, for diazepam (5 mg) for a total of 1,110 tablets.

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1 85. Respondent committed repeated negligent acts in his care and treatment of Patient C  
2 which included, but was not limited to, the following:

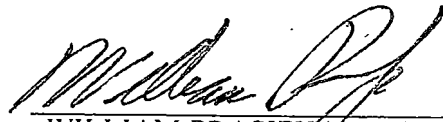
- 3 A. Paragraphs 50 through 84, above, are hereby incorporated by reference and  
4 realleged as if fully set forth herein;
- 5 B. Respondent failed to mitigate the risk of overdose by continuing to prescribe  
6 benzodiazepines to Patient C while knowing Patient C was also receiving  
7 regular monthly prescriptions for opioids; and
- 8 C. Respondent failed to prevent the long-term use of benzodiazepines.

9 **PRAYER**

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

- 12 1. Revoking or suspending Physician's and Surgeon's Certificate No. C 18379, issued to  
13 Respondent Renato P. Monaco, M.D.;
- 14 2. Revoking, suspending or denying approval of Respondent Renato P. Monaco, M.D.'s  
15 authority to supervise physician assistants and advanced practice nurses;
- 16 3. Ordering Respondent Renato P. Monaco, M.D., if placed on probation, to pay the  
17 Board the costs of probation monitoring; and
- 18 4. Taking such other and further action as deemed necessary and proper.

19  
20 DATED: JUN 09 2021

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

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