

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

In the Matter of the First Amended  
Accusation Against:

Daniel Marc Goodman, M.D.

Physician's and Surgeon's  
Certificate No. G 63650

Respondent.

Case No.: 800-2018-049039

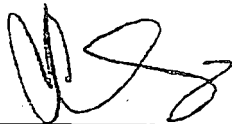
DECISION

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 August 26, 2022.

IT IS SO ORDERED: July 29, 2022.

MEDICAL BOARD OF CALIFORNIA



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Laurie Rose Lubiano, J.D., Chair  
Panel A

1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 RYAN J. MCEWAN  
Deputy Attorney General  
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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 First Amended Accusation  
13 Against:

14 **DANIEL MARC GOODMAN, M.D.**  
15 **1832 Buena Ventura Blvd., Suite B**  
**Redding, CA 96001**

16  
17 **Physician's and Surgeon's Certificate**  
18 **No. G 63650**

19 Respondent.

Case No. 800-2018-049039

OAH No. 2021070816

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
25 California (Board). He brought this action solely in his official capacity and is represented in this  
26 matter by Rob Bonta, Attorney General of the State of California, by Ryan J. McEwan, Deputy  
27 Attorney General.

28 ///







1 with any information and documents that the approved course provider may deem pertinent.  
2 Respondent shall participate in and successfully complete the classroom component of the course  
3 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
4 complete any other component of the course within one (1) year of enrollment. The prescribing  
5 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
6 Medical Education (CME) requirements for renewal of licensure.

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

12 Respondent shall submit a certification of successful completion to the Board or its  
13 designee not later than 15 calendar days after successfully completing the course, or not later than  
14 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

4 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
5 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
6 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
7 Respondent shall participate in and successfully complete that program. Respondent shall  
8 provide any information and documents that the program may deem pertinent. Respondent shall  
9 successfully complete the classroom component of the program not later than six (6) months after  
10 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
11 time specified by the program, but no later than one (1) year after attending the classroom  
12 component. The professionalism program shall be at Respondent's expense and shall be in  
13 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

14 A professionalism program 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 program would have  
17 been approved by the Board or its designee had the program 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 program or not later  
21 than 15 calendar days after the effective date of the Decision, whichever is later.

22 5. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective  
23 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a  
24 practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons  
25 whose licenses are valid and in good standing, and who are preferably American Board of  
26 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or  
27 personal 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, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
23 that the monitor submits the quarterly written reports to the Board or its designee within 10  
24 calendar days after the end of the 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 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
11 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief  
12 of Staff or the Chief Executive Officer at every hospital where privileges or membership are  
13 extended to Respondent, at any other facility where Respondent engages in the practice of  
14 medicine, including all physician and locum tenens registries or other similar agencies, and to the  
15 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage  
16 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
17 15 calendar days.

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

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

22 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
23 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of  
24 \$5,462.50 (five thousand four hundred sixty-two and fifty cents). Costs shall be payable to the  
25 Medical Board of California. Failure to pay such costs shall be considered a violation of  
26 probation.

27 Any and all requests for a payment plan shall be submitted in writing by respondent to the  
28 Board.

1 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
2 repay investigation and enforcement costs.

3 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
4 under penalty of perjury on forms provided by the Board, stating whether there has been  
5 compliance with all the conditions of probation.

6 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
7 of the preceding quarter.

8 10. GENERAL PROBATION REQUIREMENTS.

9 Compliance with Probation Unit

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

11 Address Changes

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

17 Place of Practice

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

21 License Renewal

22 Respondent shall maintain a current and renewed California physician's and surgeon's  
23 license.

24 Travel or Residence Outside California

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

28 In the event Respondent should leave the State of California to reside or to practice

1 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
2 departure and return.

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

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

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

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

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

27 Periods of non-practice for a Respondent residing outside of California will relieve  
28 Respondent of the responsibility to comply with the probationary terms and conditions with the

1 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
2 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
3 Controlled Substances; and Biological Fluid Testing..

4 13. COMPLETION OF PROBATION. Respondent shall comply with all financial  
5 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
6 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
7 be fully restored.

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

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

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

1 year.

2 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
3 a new license or certification, or petition for reinstatement of a license, by any other health care  
4 licensing action agency in the State of California, all of the charges and allegations contained in  
5 First Amended Accusation No. 800-2018-049039 shall be deemed to be true, correct, and  
6 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
7 seeking to deny or restrict license.

8 ACCEPTANCE

9 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
10 discussed it with my attorney, Robert W. Hodges, Esq. I understand the stipulation and the effect  
11 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
12 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
13 Decision and Order of the Medical Board of California.

14  
15 DATED: 6/1/2022 Daniel Goodman  
16 DANIEL MARC GOODMAN, M.D.  
Respondent

17 I have read and fully discussed with Respondent Daniel Marc Goodman, M.D. the terms  
18 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
19 Order. I approve its form and content.

20  
21 DATED: 6/2/2022 Robert Hodges  
22 ROBERT W. HODGES, ESQ.  
Attorney for Respondent

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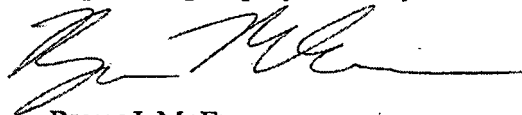
**ENDORSEMENT**

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

DATED: 6/2/2022

Respectfully submitted,

ROB BONTA  
Attorney General of California  
STEVEN D. MUNI  
Supervising Deputy Attorney General



RYAN J. MCEWAN  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**First Amended Accusation No. 800-2018-049039**

1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 AARON L. LENT  
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7

8 *Attorneys for Complainant*

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

13 In the Matter of the First Amended Accusation  
14 Against:

15 **Daniel Marc Goodman, M.D.**  
16 **1832 Buenaventura Blvd., Suite B**  
17 **Redding, CA 96001-3828**

Case No. 800-2018-049039

OAH No. 2021070816

**FIRST AMENDED ACCUSATION**

18 **Physician's and Surgeon's Certificate**  
19 **No. G 63650,**

Respondent.

20  
21 **PARTIES**

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

25 2. On or about August 8, 1988, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. G 63650 to Daniel Marc Goodman, M.D. (Respondent). The Physician's and  
27  
28



1 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
2 herein and will expire on May 31, 2024, unless renewed.

3 **JURISDICTION**

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

7 4. Section 2227 of the Code states, in pertinent part:

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

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

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

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

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

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

23 "..."

24 **STATUTORY PROVISIONS**

25 5. Section 2234 of the Code, in pertinent part:

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

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“... ”

“(b) Gross negligence.

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

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

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

“... ”

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

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

“... ”

6. Unprofessional conduct under Section 2234 of the Code is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

7. Section 2242 of the Code states:

“(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

1           “(b) No licensee shall be found to have committed unprofessional conduct within the  
2 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished,  
3 any of the following applies:

4           “(1) The licensee was a designated physician and surgeon or podiatrist serving in the  
5 absence of the patient’s physician and surgeon or podiatrist, as the case may be, and if the  
6 drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient  
7 until the return of the patient’s practitioner, but in any case no longer than 72 hours.

8           “(2) The licensee transmitted the order for the drugs to a registered nurse or to a  
9 licensed vocational nurse in an inpatient facility, and if both of the following conditions  
10 exist:

11           “(A) The practitioner had consulted with the registered nurse or licensed vocational  
12 nurse who had reviewed the patient’s records.

13           “(B) The practitioner was designated as the practitioner to serve in the absence of the  
14 patient’s physician and surgeon or podiatrist, as the case may be.

15           “(3) The licensee was a designated practitioner serving in the absence of the patient’s  
16 physician and surgeon or podiatrist, as the case may be, and was in possession of or had  
17 utilized the patient’s records and ordered the renewal of a medically indicated prescription  
18 for an amount not exceeding the original prescription in strength or amount or for more  
19 than one refill.

20           “(4) The licensee was acting in accordance with Section 120582 of the Health and  
21 Safety Code.”

22       8.     Section 4021 of the Code states:

23           “ ‘Controlled substance’ means any substance listed in Chapter 2 (commencing with  
24 Section 11053) of Division 10 of the Health and Safety Code.”

25       9.     Section 4022 of the Code states:

26           “ ‘Dangerous drug’ or ‘dangerous device’ means any drug or device unsafe for self-  
27 use in humans or animals, and includes the following:

1           “(a) Any drug that bears the legend: ‘Caution: federal law prohibits dispensing  
2 without prescription,’ ‘Rx only,’ or words of similar import.

3           “...

4           “(c) Any other drug or device that by federal or state law can be lawfully dispensed  
5 only on prescription or furnished pursuant to Section 4006.”

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

9           11. Section 2271 of the Code states: Any advertising in violation of Section 17500,  
10 relating to false or misleading advertising, constitutes unprofessional conduct.

11           12. Section 651 of the Code states, in pertinent part:

12           “(a) It is unlawful for any person licensed under this division or under any  
13 initiative act referred to in this division to disseminate or cause to be disseminated any  
14 form of public communication containing a false, fraudulent, misleading, or deceptive  
15 statement, claim, or image for the purpose of or likely to induce, directly or indirectly,  
16 the rendering of professional services or furnishing of products in connection with the  
17 professional practice or business for which he or she is licensed. A ‘public  
18 communication’ as used in this section includes, but is not limited to, communication  
19 by means of mail, television, radio, motion pictures, newspaper, book, list or directly of  
20 healing arts practitioners, Internet, or other electronic communication.

21           “(b) A false, fraudulent, misleading, or deceptive statement, claim or image  
22 includes a statement that does any of the following:

23           “(1) Contains a misrepresentation of fact.

24           “(2) Is likely to mislead or deceive because of a failure to disclose material facts.

25           “...

26           “(f) Any person so licensed who violates this section is guilty of a misdemeanor.

27           A bona fide mistake of fact shall be a defense to this subdivision, but only to this  
28 subdivision.

1           “(g) Any violation of this section by a person so licensed shall constitute good  
2 cause for revocation or suspension of his or her license or other disciplinary action.

3           “(h) Advertising by any person so licensed may include the following:

4           “...

5           “(5)(A) A statement that the practitioner is certified by a private or public board  
6 or agency or a statement that the practitioner limits his or her practice to specific fields.

7           “...

8           “(C) A physician and surgeon licensed under Chapter 5 (commencing with  
9 Section 2000) by the Medical Board of California may include a statement that he or  
10 she limits his or her practice to specific fields, but shall not include a statement that he  
11 or she is certified or eligible for certification by a private or public board or parent  
12 association, including, but not limited to, a multidisciplinary board or association,  
13 unless that board or association is (i) an American Board of Medical Specialties  
14 member board, (ii) a board or association with equivalent requirements approved by  
15 that physician’s and surgeon’s licensing board prior to January 1, 2019, or (iii) a board  
16 or association with an Accreditation Counsel for Graduate Medical Education approved  
17 postgraduate training program that provides complete training in that specialty or  
18 subspecialty.... A physician and surgeon licensed under Chapter 5 (commencing with  
19 Section 2000) by the Medical Board of California who is certified by a board or  
20 association referred to in clause (i), (ii), or (iii) shall not use the term ‘board certified’  
21 unless the full name of the certifying board is also used and given comparable  
22 prominence with the term ‘board certified’ in the statement.

23           “...

24           “(j) The Attorney General shall commence legal proceedings in the appropriate  
25 forum to enjoin advertisements disseminated or about to be disseminated in violation  
26 of this section and seek other appropriate relief to enforce this section.

27           Notwithstanding any other provision of law, the costs of enforcing this section to the  
28



1 Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section  
2 1308.12. Fentanyl is a dangerous drug pursuant to California Business and Professions Code  
3 section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety  
4 Code section 11055(c).

5 18. Midazolam – Generic name for Versed. Midazolam is a benzodiazepine medication  
6 used for anesthesia, procedural sedation, trouble sleeping, and severe agitation. Midazolam is a  
7 Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section  
8 1308.14. Midazolam is a dangerous drug pursuant to California Business and Professions Code  
9 section 4022 and is a Schedule IV controlled substance pursuant to California Health and Safety  
10 Code section 11057(d).

11 19. Tramadol – Generic name for the drug Ultram. Tramadol is an opioid pain  
12 medication used to treat moderate to moderately severe pain. Effective August 18, 2014,  
13 Tramadol was placed into Schedule IV of the Controlled Substances Act pursuant to Code of  
14 Federal Regulations Title 21 section 1308.14(b). It is a dangerous drug pursuant to Business and  
15 Professions Code section 4022.

#### 16 **FACTUAL ALLEGATIONS**

17 20. Respondent is a physician and surgeon, board certified in anesthesiology, who at all  
18 times relevant to the allegations brought herein worked at the Life-Span Center for Anti-Aging &  
19 Regenerative Medicine in Redding, California.

#### 20 Patient 1<sup>1</sup>

21 21. Patient 1 was a 42-year old obese male who first sought treatment from Respondent  
22 on or about April 9, 2014 through December 3, 2015 for fatigue, poor sleep, and decreased  
23 memory. During that time, Respondent provided wellness care, including hormone replacement  
24 therapy, to Patient 1. Patient 1 also had a primary care physician prior to and concurrent to the  
25 care and treatment provided by Respondent.

26  
27  
28 <sup>1</sup> To protect the privacy of the patients involved, patient names were not included in this pleading. Respondent is aware of the identity of each patient.

1           22.    On or about April 9, 2014, at Patient 1's first appointment and office visit with  
2 Respondent, Respondent was aware of Patient 1's height and weight, the medications Patient 1  
3 was prescribed, Patient 1's prior ankle surgeries, and Patient 1's occupation, sleep habits, and  
4 diet. Respondent did not conduct a physical examination or obtain the vital signs of Patient 1.  
5 Patient 1's medical records do not indicate any inquiry by Respondent as to Patient 1's personal  
6 or family history of prostate cancer, breast cancer, blood disorders, sleep apnea, coronary artery  
7 disease or venous thromboembolic disease. Patient 1's medical records do not indicate any  
8 inquiry by Respondent as to Patient 1's symptoms of hypogonadism (low testosterone), Patient  
9 1's libido, urinary function, headaches, vision changes, breast changes, history of heart disease or  
10 cardiovascular risks. Respondent's treatment plan for Patient 1 consisted of a melatonin  
11 supplement as a sleep aid, L-Theanine amino acid, and/or a combination of melatonin and L-  
12 Theanine.

13           23.    On or about April 10, 2014, after Patient 1's first appointment and office visit with  
14 Respondent, Respondent did not communicate with Patient 1's primary care physician; at no time  
15 did Respondent provide his medical records or notes of Patient 1 to Patient 1's primary care  
16 physician, and at no time did Respondent request Patient 1's medical records from Patient 1's  
17 primary care physician.

18           24.    On or about April 10, 2014, Respondent conducted a blood draw and analysis of  
19 Patient 1's blood work which Respondent received the results from prior to April 23, 2014.  
20 Respondent noted some of Patient 1's blood results were suboptimal and circled or highlighted  
21 some of Patient 1's results such as Patient 1's iron serum, ferritin serum, white blood count, low-  
22 density lipoprotein (LDL), high-density lipoprotein (HDL), and though not noted, Patient 1's  
23 suboptimal testosterone values. While the hormones Prolactin and thyroid stimulating hormone  
24 (TSH) were tested for, Respondent did not test for other pituitary hormones.

25           25.    On or about April 23, 2014, Respondent conducted Patient 1's second appointment  
26 and office visit during which time Respondent discussed the results of Patient 1's blood draw and  
27 analysis with Patient 1. Respondent's modified treatment plan for Patient 1 at this second  
28 appointment consisted of L-Theanine amino acid as a sleep aid, vitamin B and C complex, zinc,



1 saw palmetto, glucose tolerance factor (GTF) chromium, iodized salt, and 1,500 mg of  
2 testosterone pellets to increase Patient 1's testosterone levels. Respondent did not document in  
3 Patient 1's medical records any assessment for classifying Patient 1's low testosterone  
4 (hypogonadism) or evaluating for secondary causes of hypogonadism such as deficiencies or  
5 excesses of other pituitary hormones or a hypothalamic or pituitary tumor; nor did Respondent  
6 assess or document other pituitary hormone levels besides Prolactin and TSH.

7 26. On or about April 28, 2014, Respondent conducted a testosterone pellet insertion  
8 procedure on Patient 1. Patient 1 signed a consent form for the operation, special treatment, and  
9 procedure the same day. There is no indication in Patient 1's medical record that Respondent  
10 discussed the specific risks such as prostate enlargement, growth of prostate cancer, breast  
11 tenderness, infertility, testicular atrophy, polycythemia, cardiovascular disease stroke or blood  
12 clots for prescribing testosterone hormones as a hormone therapy; nor is there any indication that  
13 Respondent discussed with Patient 1 any alternative to improving his testosterone without  
14 medication.

15 27. On or about the following dates Respondent conducted blood draws and analyses of  
16 Patient 1's blood work which did not include a complete blood count (CBC) or means by which  
17 to measure Patient 1's hematocrit: May 28, 2014; June 30, 2014; July 28, 2014; September 16,  
18 2014; October 17, 2014; December 10, 2014; January 14, 2015; and June 24, 2015.

19 28. On or about June 11, 2014, Patient 1 returned to Respondent's office for a follow-up  
20 appointment during which Patient 1 discussed his diet, sleeping habits, sexual activity, and self-  
21 reported symptoms with Respondent.

22 29. On or about July 21, 2014, Patient 1 returned to Respondent's office for a follow-up  
23 appointment during which Patient 1 discussed his exercise activities and self-reported symptoms  
24 with Respondent. Respondent increased Patient 1's dosage of anastrozole from a half to a full  
25 tablet twice a week which was not reflected in Patient 1's medical records up to this point.

26 30. On or about August 12, 2014, Patient 1 returned to Respondent's office for a second  
27 testosterone pellet insertion procedure during which Respondent increased the amount of  
28 testosterone from 1,500 mg to 1,700 mg.

1           31. On or about September 23, 2014, Patient 1 returned to Respondent's office for a  
2 follow-up appointment during which Patient 1 discussed his exercise activities, sleeping habits  
3 and self-reported symptoms with Respondent. Respondent prescribed Patient 1 ashwagandha and  
4 rhodiola at 400 mg per day each to relieve Patient 1's stress despite a lack of documented stress in  
5 Patient 1's medical records prior to this date.

6           32. On or about November 3, 2014, Patient 1 returned to Respondent's office for a  
7 follow-up appointment during which Patient 1 discussed his diet, sleeping habits and self-reported  
8 symptoms with Respondent. Respondent noted in Patient 1's medical records a decrease in  
9 Patient 1's testosterone levels in the two months following the second testosterone pellet insertion  
10 procedure on or about August 12, 2014. Respondent then altered the treatment plan for Patient 1  
11 to switch from testosterone pellet insertions to self-administered testosterone cypionate  
12 intramuscular shots at 50 mg twice a week.

13           33. On or about January 23, 2015, Patient 1 returned to Respondent's office for a follow-  
14 up appointment during which Patient 1 discussed his diet, exercise activities and self-reported  
15 symptoms with Respondent. Respondent noted a recommendation in Patient 1's medical record to  
16 increase Patient 1's self-administered testosterone cypionate intramuscular shots to 0.5 mg and to  
17 consider platelet-rich plasma (PRP) treatment.

18           34. On or about July 21, 2015, Patient 1 returned to Respondent's office for a follow-up  
19 appointment during which Patient 1 discussed his self-reported symptoms of retaining water, sore  
20 joints and shoulder, and overall poor feeling with Respondent. Respondent conducted no  
21 examination of Patient 1 on this date. Respondent altered the treatment plan for Patient 1 to  
22 reduce the self-administered testosterone cypionate intramuscular shots to 0.4 ml twice a week.

23           35. On or about August 31, 2015, Patient 1 returned to Respondent's office for a PRP  
24 procedure and treatment.

25           36. On or about December 3, 2015, Patient 1 returned to Respondent's office for a  
26 follow-up appointment during which Patient 1 discussed his sleeping habits, exercise activities  
27 and self-reported symptoms with Respondent. Respondent noted in Respondent's medical records  
28 to consider intravenous bone marrow for Patient 1's asthma despite no documented complaints in

1 Patient 1's medical records of respiratory issues or Respondent ever conducting a physical  
2 examination of Patient 1.

3 37. On or about January 5, 2016, Patient 1 was treated in the emergency department at  
4 the Shasta Regional Medical Center in Shasta County, California by other physicians for a  
5 pulmonary embolism resulting in his death.

6 Patient 2

7 38. On or about March 20, 2017, Respondent prescribed thirty (30) 50 mg dosages of  
8 tramadol and five (5) 5 mg dosages of diazepam to his wife, Patient 2; constituting dangerous and  
9 controlled drugs without documented circumstances meriting an emergency for such prescriptions  
10 to an immediate family member.

11 Patient 3

12 39. On or about March 9, 2016, Respondent prescribed sixty (60) 10 mg dosages of  
13 dextroamphetamine to his daughter, Patient 3; constituting a dangerous and controlled drug  
14 without documented circumstances meriting an emergency for such a prescription to an  
15 immediate family member.

16 40. On or about August 1, 2018, Respondent prescribed thirty (30) 50 mg dosages of  
17 tramadol to his daughter, Patient 3; constituting a dangerous and controlled drug without  
18 documented circumstances meriting an emergency for such a prescription to an immediate family  
19 member.

20 Respondent

21 41. On or about November 30, 2017, Respondent self-prescribed 0.05 mg / 1 ml dosage  
22 of fentanyl to himself; constituting a dangerous and controlled drug without documented  
23 circumstances meriting an emergency for such a prescription to an immediate family member.

24 42. On or about December 1, 2017, Respondent self-prescribed two (2) 1 mg / 1 ml  
25 dosages of midazolam to himself; constituting a dangerous and controlled drug without  
26 documented circumstances meriting an emergency for such a prescription to an immediate family  
27 member.

28



1 C. Respondent performed a limited history and no physical examination of Patient 1,  
2 failing to note Patient 1's libido, urinary function, history of headaches, vision changes, breast  
3 changes, any history of heart disease, and cardiovascular risks;

4 D. Respondent performed a limited history and no physical examination of Patient 1,  
5 failing to examine Patient 1's vital signs, breasts, abdomen, testicles and prostate;

6 E. Respondent failed to conduct and document any discussion between Patient 1 and  
7 Respondent regarding the risks such as prostate enlargement, growth of prostate cancer, breast  
8 tenderness, infertility, testicular atrophy, polycythemia, cardiovascular disease, stroke and blood  
9 clots for hormone replacement therapy;

10 F. Respondent failed to conduct and document any discussion between Patient 1 and  
11 Respondent regarding the possible alternatives to hormone replacement therapy;

12 G. Respondent failed to monitor and perform follow-up blood count tests of Patient 1  
13 after April 2014;

14 H. Respondent adjusted Patient 1's prescribed medications based on Patient 1's self-  
15 reported symptoms rather than on Patient 1's serum testosterone; and

16 I. Respondent wrote stimulants, opiate, and benzodiazepine medication prescriptions of  
17 controlled substances for his wife, daughter, and himself under circumstances not amounting to  
18 an emergency.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Repeated Negligent Acts)**

21 49. Respondent Daniel Marc Goodman, M.D. has further subjected his Physician's and  
22 Surgeon's Certificate No. G 63650 to disciplinary action under sections 2227 and 2234, as  
23 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent  
24 acts in his care and treatment of Patients 1, 2, 3, and himself, as more particularly alleged  
25 hereafter:

26 50. Complainant re-alleges paragraphs 20 through 49, and those paragraphs are  
27 incorporated by reference as if fully set forth herein.

28

1 51. Respondent's care and treatment of Patient 1 departed from the standard of care in  
2 that:

3 A. Respondent failed to document any assessment for classifying Patient 1's low  
4 testosterone or evaluate Patient 1 for primary or secondary causes of hypogonadism, and

5 B. Respondent failed to test for pituitary hormones other than Prolactin and TSH to  
6 assess and evaluate Patient 1's low testosterone for secondary causes of hypogonadism.

7 **THIRD CAUSE FOR DISCIPLINE**

8 **(Failure to Maintain Adequate and Accurate Medical Records)**

9 52. Respondent Daniel Marc Goodman, M.D. has further subjected his Physician's and  
10 Surgeon's Certificate No. G 63650 to disciplinary action under sections 2227 and 2234, as  
11 defined by section 2266 of the Code, in that he failed to maintain adequate and accurate medical  
12 records for Patients 1, 2, 3, and himself, as more particularly alleged in paragraphs 20 through 51,  
13 above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

14 **FOURTH CAUSE FOR DISCIPLINE**

15 **(Public Communication Containing a False, Misleading or Deceptive Statement)**

16 53. Respondent Daniel Marc Goodman, M.D. has further subjected his Physician's and  
17 Surgeon's Certificate No. G 63650 to disciplinary action under section 2227 and 2234, as defined  
18 by sections 651 and 652 of the Code, in that he made a public communication containing a false,  
19 misleading or deceptive statement, as more particularly alleged hereafter:

20 54. Complainant re-alleges paragraphs 20 through 53, and those paragraphs are  
21 incorporated by reference as if fully set forth herein.

22 55. On or about September 25, 2018, Board investigators received an advertisement in  
23 the form of a scanned portable document format (PDF) in regards to the Respondent's medical  
24 practice which identifies "the field of Anti-Aging and Regenerative Medicine..." and states,  
25 "currently, Dr. Goodman is one of only a few Board Certified physicians in the United States who  
26 has specific Fellowship Training in Stem Cell Therapies." The advertisement also states that  
27 Respondent is "board certified in Anti-Aging and Regenerative Medicine" and that he is "trained  
28 and certified in the newest, most advanced medical specialty."



1 conduct, as more particularly alleged in paragraphs 20 through 58, above, which are hereby  
2 incorporated by reference and re-alleged as if fully set forth herein.

3 **DISCIPLINARY CONSIDERATIONS**

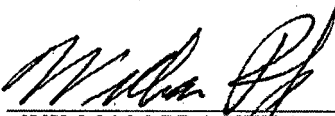
4 60. To determine the degree of discipline, if any, to be imposed on Respondent Daniel  
5 Marc Goodman, M.D., Complainant alleges that on or about March 27, 2015, in a prior  
6 disciplinary action titled "In the Matter of the Accusation Against Daniel Marc Goodman, M.D." before the Medical Board of California, in Case Number 02-2012-220917, Respondent's license  
7 was publicly reprimanded pursuant to Business and Professions Code section 2227, subdivision  
8 (a)(4) for "your act of swinging at the back of DH's head and knocking off her bouffant cap at  
9 work was inappropriate and constituted unprofessional conduct." That decision is now final and is  
10 incorporated by reference as if fully set forth herein.

11  
12 **PRAAYER**

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

- 15 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 63650, issued  
16 to Daniel Marc Goodman, M.D.;
- 17 2. Revoking, suspending or denying approval of Daniel Marc Goodman, M.D.'s  
18 authority to supervise physician assistants and advanced practice nurses;
- 19 3. Ordering Daniel Marc Goodman, M.D., to pay the Board the costs of the  
20 investigation and enforcement of this case, and if placed on probation, the costs of probation  
21 monitoring; and
- 22 4. Taking such other and further action as deemed necessary and proper.

23  
24 DATED: **MAR 24 2022**

  
25 WILLIAM PRASIEKA  
26 Executive Director  
27 Medical Board of California  
28 Department of Consumer Affairs  
State of California  
Complainant

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