

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

**In the Matter of the Second Amended  
Accusation Against:**

**Silvia Margarita Diego, M.D.**

**Physician's and Surgeon's  
Certificate No. A 54944**

**Respondent.**

**Case No.: 800-2018-044775**

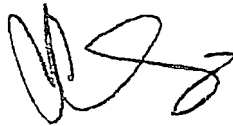
**DECISION**

**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 March 16, 2023.**

**IT IS SO ORDERED: February 14, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



---

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

1 ROB BONTA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 MARIANNE A. PANSA  
Deputy Attorney General  
4 State Bar No. 270928  
California Department of Justice  
5 2550 Mariposa Mall, Room 5090  
Fresno, CA 93721  
6 Telephone: (559) 705-2329  
Facsimile: (559) 445-5106  
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 Second Amended  
13 Accusation Against:

14 **SILVIA MARGARITA DIEGO, M.D.**  
15 **1317 Oakdale Road, Suite 440**  
**Modesto, CA 95355**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 54944**

18 Respondent.

Case No. 800-2018-044775

OAH No. 2021080552

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

22 **PARTIES**

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

27 ///

28 ///



1 and all other rights accorded by the California Administrative Procedure Act and other applicable  
2 laws.

3 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
4 every right set forth above.

#### 5 CULPABILITY

6 9. Respondent does not contest that, at an administrative hearing, Complainant could  
7 establish a prima facie case with respect to the charges and allegations in Second Amended  
8 Accusation No. 800-2018-044775, a true and correct copy of which is attached hereto as Exhibit  
9 A, and that she has thereby subjected her Physician's and Surgeon's Certificate, No. A 54944, to  
10 disciplinary action.

11 10. Respondent agrees that her Physician's and Surgeon's Certificate is subject to  
12 discipline and she agrees to be bound by the Board's probationary terms as set forth in the  
13 Disciplinary Order below.

#### 14 CONTINGENCY

15 11. This stipulation shall be subject to approval by the Medical Board of California.  
16 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
17 Board of California may communicate directly with the Board regarding this stipulation and  
18 settlement, without notice to or participation by Respondent or her counsel. By signing the  
19 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
20 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
21 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
22 Order shall be of no force or effect, except for this paragraph; it shall be inadmissible in any legal  
23 action between the parties; and the Board shall not be disqualified from further action by having  
24 considered this matter.

25 12. Respondent agrees that if she ever petitions for early termination or modification of  
26 probation, or if an accusation and/or petition to revoke probation is filed against her before the  
27 Board, all of the charges and allegations contained in Second Amended Accusation No. 800-  
28 2018-044775 shall be deemed true, correct and fully admitted by Respondent for purposes of any

1 such proceeding or any other licensing proceeding involving Respondent in the State of  
2 California.

3 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
4 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
5 signatures thereto, shall have the same force and effect as the originals.

6 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
7 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
8 enter the following Disciplinary Order:

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 54944 issued  
11 to Respondent Silvia Margarita Diego, M.D. is revoked. However, the revocation is stayed and  
12 Respondent is placed on probation for thirty-five (35) months on the following terms and  
13 conditions:

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

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

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

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

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

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

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

27 Respondent shall submit a certification of successful completion to the Board or its  
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later.

2 4. MONITORING – PRACTICE. Within 30 calendar days of the effective date of this  
3 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
4 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
5 licenses are valid and in good standing, and who are preferably American Board of Medical  
6 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
7 relationship with Respondent, or other relationship that could reasonably be expected to  
8 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
9 but not limited to any form of bartering; shall be in Respondent's field of practice; and must agree  
10 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

11 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
12 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
13 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
14 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
15 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
16 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
17 signed statement for approval by the Board or its designee.

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

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

27 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
28 includes an evaluation of Respondent's performance, indicating whether Respondent's practices

1 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
2 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
3 that the monitor submits the quarterly written reports to the Board or its designee within 10  
4 calendar days after the end of the preceding quarter.

5 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar  
6 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,  
7 the name and qualifications of a replacement monitor who will be assuming that responsibility  
8 within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within  
9 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
10 notification from the Board or its designee to cease the practice of medicine within three (3)  
11 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
12 replacement monitor is approved and assumes monitoring responsibility.

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

18 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
19 Respondent shall provide a true copy of this Decision and Second Amended Accusation to the  
20 Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership  
21 are extended to Respondent, at any other facility where Respondent engages in the practice of  
22 medicine, including all physician and locum tenens registries or other similar agencies, and to the  
23 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage  
24 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
25 15 calendar days.

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

27 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
28 governing the practice of medicine in California and remain in full compliance with any court



1 ordered criminal probation, payments, and other orders.

2 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
3 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
4 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena  
5 enforcement, as applicable, in the amount of \$18,000.00 (eighteen thousand dollars). Costs shall  
6 be payable to the Medical Board of California. Failure to pay such costs shall be considered a  
7 violation of probation.

8 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
9 by a payment plan approved by the Medical Board of California. Any and all requests for a  
10 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with  
11 the payment plan shall be considered a violation of probation.

12 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
13 to repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

19 9. GENERAL PROBATION REQUIREMENTS.

20 Compliance with Probation Unit

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

22 Address Changes

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

28 ///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

1 on probation with the medical licensing authority of that state or jurisdiction shall not be  
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
3 period of non-practice.

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

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

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

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

16 12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
17 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
18 completion of probation. This term does not include cost recovery, which is due within 30  
19 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
20 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
21 shall be fully restored.

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

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

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

16       16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
17 a new license or certification, or petition for reinstatement of a license, by any other health care  
18 licensing action agency in the State of California, all of the charges and allegations contained in  
19 Second Amended Accusation No. 800-2018-044775 shall be deemed to be true, correct, and  
20 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
21 seeking to deny or restrict the license.

22       ///

23       ///

24       ///

25       ///

26       ///

27       ///

28       ///

1 ACCEPTANCE

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

7  
8 DATED: 8/31/22

Silvia M. Diego  
9 SILVIA MARGARITA DIEGO, M.D.  
Respondent

10 I have read and fully discussed with Respondent Silvia Margarita Diego, M.D. the terms  
11 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
12 Order. I approve its form and content.

13  
14 DATED: 08/31/2022

Nicole Hendrickson  
15 NICOLE D. HENDRICKSON  
Attorney for Respondent

16  
17 ENDORSEMENT

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

20  
21 DATED: 8/31/2022

Respectfully submitted,

22 ROB BONTA  
Attorney General of California  
23 STEVE DIEHL,  
Supervising Deputy Attorney General

24 Marianne A. Pansa  
25 MARIANNE A. PANSA  
26 Deputy Attorney General  
27 Attorneys for Complainant  
28

1 ROB BONTA  
Attorney General of California  
2 STEVE DIHL  
Supervising Deputy Attorney General  
3 MARIANNE A. PANSA  
Deputy Attorney General  
4 State Bar No. 270928  
California Department of Justice  
5 2550 Mariposa Mall, Room 5090  
Fresno, CA 93721  
6 Telephone: (559) 705-2329  
Facsimile: (559) 445-5106  
7 E-mail: Marianne.Pansa@doj.ca.gov  
*Attorneys for Complainant*

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

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

Case No. 800-2018-044775

15 **SILVIA MARGARITA DIEGO, M.D.**  
1317 Oakdale Road, Suite 440  
16 Modesto, CA 95355

**SECOND AMENDED ACCUSATION**

17 **Physician's and Surgeon's Certificate**  
18 **No. A 54944,**

Respondent.

19  
20 **PARTIES**

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

24 2. On or about October 11, 1995, the Board issued Physician's and Surgeon's Certificate  
25 Number A 54944 to Silvia Margarita Diego, M.D. (Respondent). The Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on February 28, 2023, unless renewed.

28 ///

1 JURISDICTION

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

5 Section 2227 states, in pertinent part:

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

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

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

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

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

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

21 [P] . . . [P]

22 STATUTORY PROVISIONS

23 4. Unprofessional conduct under section 2234 is conduct that breaches the rules or  
24 ethical code of the medical profession, or conduct which is unbecoming to a member in good  
25 standing of the medical profession, and which demonstrates an unfitness to practice medicine.<sup>1</sup>

26 5. Section 2234 states, in pertinent part:

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

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

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more

<sup>1</sup> *Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.

1 negligent acts or omissions. An initial negligent act or omission followed by a  
2 separate and distinct departure from the applicable standard of care shall constitute  
3 repeated negligent acts.

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

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

12 [P] . . . [P]

### 13 COST RECOVERY

14 6. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
15 administrative law judge to direct a licensee found to have committed a violation or violations of  
16 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
17 enforcement of the case,<sup>2</sup> with failure of the licensee to comply subjecting the license to not being  
18 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
19 included in a stipulated settlement.

### 20 DEFINITIONS

21 7. Norco® (acetaminophen and hydrocodone bitartrate) is an opiate/narcotic medication  
22 that has a high potential for abuse. Norco is a Schedule II controlled substance under Health and  
23 Safety Code section 11055, and a Schedule II controlled substance under section 1308.12 of Title  
24 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business and  
25 Professions Code section 4022.

26 8. Hydrocodone Bitartrate – Acetaminophen or Acetaminophen – Hydrocodone  
27 Bitartrate is also known under the brand names of Lorcet®, Lortab®, Norco® and Vicodin®.  
28 Hydrocodone Bitartrate – Acetaminophen or Acetaminophen – Hydrocodone Bitartrate is an  
opioid pain medication used for relief from moderate to moderately severe pain and has a high  
potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code

<sup>2</sup> As of November 18, 2021, Section 125.3 of the Code has been amended to remove  
subsection (k), which precluded the Board from collecting costs. The Board may collect  
investigation, prosecution, and other costs incurred for a disciplinary proceeding against a  
licensee as of January 1, 2022.



1 section 11055, subdivision (e), and is a dangerous drug pursuant to Business and Professions  
2 Code section 4022.

3 9. Tramadol (Ultram®) is a narcotic-like pain reliever used to treat severe pain.  
4 Tramadol has the potential for abuse. Tramadol is a Schedule IV controlled substance pursuant to  
5 Health and Safety Code section 11057, subdivision (d), and is a dangerous drug pursuant to  
6 Business and Professions Code section 4022.

7 10. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodon®, Xtampza ER®) is a  
8 white odorless crystalline powder derived from an opium alkaloid. It is a pure agonist opioid  
9 whose principal therapeutic action is analgesia. Other therapeutic effects of Oxycodone include  
10 anxiolysis, euphoria and feelings of relaxation. Oxycodone has a high potential for abuse.  
11 Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055,  
12 subdivision (b)(1) of the Health and Safety Code, and is a Schedule II controlled substance as  
13 defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations. It is also a  
14 dangerous drug as defined in Business and Professions Code section 4022. Respiratory  
15 depression is the chief hazard from all opioid agonist preparations. Oxycodone should be used  
16 with caution and started in a reduced dosage (1/3 to 1/2 of the usual dosage) in patients who are  
17 concurrently receiving other central nervous system depressants including sedatives or hypnotics,  
18 general anesthetics, phenothiazines, other tranquilizers and alcohol.

19 11. Percocet® (oxycodone and acetaminophen) from the opioid class of medications, is a  
20 Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision  
21 (b), and is a dangerous drug pursuant to Business and Professions Code section 4022. When  
22 properly prescribed as indicated, it is used for the treatment of moderate to moderately severe  
23 pain. The Drug Enforcement Administration (DEA) has identified opioids, such as Oxycodone,  
24 as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 41.)

25 12. Ambien® (zolpidem tartrate), a centrally acting hypnotic-sedative, is a Schedule IV  
26 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and is a  
27 dangerous drug pursuant to Business and Professions Code section 4022. When properly  
28

1 prescribed as indicated, it is used for the short-term treatment of insomnia characterized by  
2 difficulties with sleep initiation.

3 13. Benzodiazepines are a class of agents that work on the central nervous system, acting  
4 on select receptors in the brain that inhibit or reduce the activity of nerve cells within the brain.  
5 They are a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,  
6 subdivision (d), and are classified as a dangerous drug pursuant to Business and Professions Code  
7 section 4022. Valium, diazepam, alprazolam, and temazepam are all examples of  
8 benzodiazepines.

9 **FACTUAL ALLEGATIONS**

10 14. PATIENT A<sup>3</sup>

- 11 a) Patient A was a 59 year-old female. She had a diagnosis of fibromyalgia, systemic  
12 lupus, rheumatoid arthritis, headache, other sleep disturbances, symptomatic  
13 menopause, acute reaction to stress, anxiety disorder, attention deficit hyperactivity  
14 disorder, essential hypertension, and psoriasis. According to the records provided,  
15 Respondent was her primary care physician from approximately 2017 to 2019.
- 16 b) There is no documented patient education regarding respiratory depression and  
17 opiate use. There is no patient education documented regarding concurrent use of  
18 benzodiazepines and opiates.
- 19 c) In 2016, there is a documented discussion between Patient A and Respondent  
20 regarding a pain management referral while she was taking a morphine milligram  
21 equivalent (MME) of 40 per day, but the Continuity of Care documentation referral  
22 was never made. On October 7, 2016, Respondent stopped Patient A's Tramadol  
23 prescription and started Norco 325/10 mg with 60 pills per month. Respondent then  
24 increased Norco to 120 pills per month on November 14, 2016. On February 1,  
25 2017, Respondent stopped Patient A's Norco prescription and instead prescribed  
26 Patient A Percocet 325/10 mg with 120 pills per month.

27  
28 <sup>3</sup> For the sake of patient privacy, the patients concerned are designated only as "Patient A"  
or "Patient B." Their identity is known to all parties involved.

1 d) In 2016, Patient A attended counseling for a three-month period, but did not  
2 continue. Respondent documented a neurology consult referral for Patient A, but  
3 there is no documentation that it occurred or was sent. As a part of Patient A's  
4 disability paperwork, Respondent noted the following life functions were affected:  
5 caring for oneself, performing manual tasks, working, remembering, and reasoning.  
6 Patient A eventually received permanent disability. Respondent neither referred  
7 Patient A to psychiatry nor documented involving any caregivers or family  
8 member's involvement. Considering Patient A was prescribed a high dosage of  
9 opioids with concomitant use of clonazepam, Patient A's memory issues should  
10 have been further evaluated by a specialist.

11 e) In May of 2017, Patient A was diagnosed with opioid dependence in a medical  
12 record notation. After this diagnosis, Respondent documented that Patient A's  
13 condition was "stable." In April of 2017, Respondent stopped Percocet and began  
14 prescribing oxycodone HCl 15 mg with 120 pills per month. However, in June of  
15 2017, Respondent began prescribing both Percocet and oxycodone HCl  
16 concomitantly. Patient A's opioid dependence was not further addressed and did not  
17 appear to be "stable."

18 f) In 2017, after Respondent increased Patient A's MME from 90 to 150, Patient A  
19 still complained of daily body aches and pain. Respondent prescribed Patient A  
20 oxycodone 15 mg with a quantity of 120 pills per month (90 MME per day).  
21 Respondent then added Percocet 325/10 mg with a quantity of 120 pills per month  
22 concomitantly with the oxycodone prescription (equating to a total of 150 MME per  
23 day). While Patient A's diagnosis of Rheumatoid Arthritis does provide some  
24 justification for prescribing a dosage of opioids greater than 90 MME equivalents per  
25 day, the risk of Respondent prescribing 150 MME per day does not outweigh the  
26 benefits. Patient A's pain was not being properly managed in the primary care setting.

27  
28 ///

1 g) On September 26, 2018, Patient A had an office visit with Respondent complaining  
2 of knee pain and Respondent noted, "... knee is hurting more due to 5 days without  
3 her medication." Respondent further noted Patient A was experiencing fever, chills,  
4 night sweats, right ear pain, and a pulse of 120 beats per minute. Yet, Respondent  
5 did not evaluate Patient A for opioid dependence and instead diagnosed her with  
6 sinusitis without documenting any physical exam of the sinuses or ears.

7 15. PATIENT B

8 a) Patient B was a 68-year-old female suffering from chronic kidney disease, type 2  
9 diabetes, history of stroke, dorsopathy, essential hypertension, multiple acute  
10 injuries, nicotine dependence, osteoarthritis of the knee, and mellitus without  
11 complication. According to the records provided, Respondent was her primary care  
12 physician from approximately 2017 to 2019.

13 b) On June 23, 2017, Respondent increased Patient B's oxycodone HCl from 60 pills  
14 per month to 90 pills per month.

15 c) In November of 2018, the Emergency Department made a recommendation for  
16 Patient B to attend pain management after diagnosing Patient B with narcotics  
17 dependency. However, Respondent did not refer Patient B to pain management  
18 until November of 2019. Respondent also notes in her medical records a discussion  
19 regarding behavior therapy in patient education, but she did not make any referrals for  
20 outpatient behavior therapy or psychiatry.

21 d) In 2019, Respondent was prescribing Patient B oxycodone and Norco, which totaled  
22 approximately 370 MME per day. In Patient B's April of 2019 visit with  
23 Respondent, she stated that her shoulder pain was "getting worse." According to  
24 Respondent's medical records, on April 9, 2019, she increased Patient B's Norco  
25 prescription from 325/10 mg with a quantity of 30 pills per month, to 120 pills per  
26 month, which increased her MME to 400 MME per day.

27 e) On November 25, 2019, Respondent noted that Patient B continued to have  
28 persistent lower abdominal pain at a pain scale of 10 out of 10. They also discussed

1 that Patient B takes more pain medication than she should and that Respondent  
2 spoke to her about it. Respondent continued to refill concomitantly Norco with 120  
3 pills per month, oxycodone HCl with 90 pills per month, and Ambien 10 mg with  
4 30 pills per month up to the last CURES record entry in September of 2019. These  
5 increases do not follow the "start low and go slow" guidelines.

6 f) Respondent performed multiple urine drug screens on Patient B, but failed to  
7 document why more than yearly urine drug screens were performed. In 2018,  
8 Respondent concomitantly prescribed Patient B Norco 325/10 mg with 30 pills per  
9 month and oxycodone HCl 80 mg with 90 pills each month. There were six urine  
10 drug screens performed in 2018 which showed Patient B was positive for opioids  
11 (e.g., hydrocodone), but negative for oxycodone. In 2019, Patient B's Norco  
12 prescription was increased from 30 tablets monthly to 120 tablets monthly, but four  
13 of the urine drug screens performed in 2019 showed as negative for opioids; Norco  
14 is an opioid.

15 **CAUSE FOR DISCIPLINE**

16 **(Repeated Negligent Acts)**

17 16. Respondent Silvia Margarita Diego, M.D. is subject to disciplinary action under  
18 section 2234, subdivision (c) of the Code, in that she committed repeated negligent acts in her  
19 care and treatment of Patient A and Patient B, which include, but are not limited to, the  
20 following circumstances (which are more particularly alleged in paragraphs 14 and 15 above,  
21 which are hereby realleged and incorporated by this reference as if fully set forth herein):

22 17. The standard of care is for a physician to document that education regarding the use  
23 of Naloxone was provided to patients at risk of an opioid-related overdose. Naloxone is  
24 recommended for patients on long-term, high dose opioids as it prevents and reverses overdose  
25 from opioid use.

26 a) Patient A was on long-term opioids (beginning in 2011, according to the provided  
27 medical records, and continuing to 2019). At one point, Patient A had a high dosage  
28 of opioids equating to approximately 150 MME per day. Respondent's failure to

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

document that she provided education regarding Naloxone to Patient A was a simple departure from the standard of care.

b) Patient B was on long-term opioids (beginning in 2017, according to the provided medical records, and continuing to 2019). Patient B had a high dosage of opioids equating to approximately 370 to 400 MME per day. Respondent's failure to document that she provided education regarding Naloxone to Patient B was a simple departure from the standard of care.

18. The standard of care when prescribing opioids for long-term use is that a urine drug screen should be performed annually, and significant or unexpected results should be confirmed, discussed with the patient, and documented in the file. Once confirmed, the physician should consult with an addiction medicine specialist or mental health specialist.

a) On October 5, 2019, there is documentation of one urine drug screen that is positive for alcohol and marijuana for Patient A. Respondent failed to confirm the urine drug screen results, failed to perform any substance abuse screening tools (e.g., CAGE-AID) or assessments, or consult with an addiction medicine specialist or mental health specialist. While there were in-house urine drug screens for Patient A, there is no documentation of this in Patient A's medical records. Respondent's failure to properly confirm the urine drug screen results, document Patient A's medical record regarding urine drug screens, or consult with an addiction medicine specialist or mental health specialist, were simple departures from the standard of care.

b) Patient B's urine screening results yielded the following unexpected results: 1) in 2018, six results were negative for oxycodone while Patient B was prescribed oxycodone with 90 pills each month; and 2) in 2019, Respondent increased Patient B's Norco prescription from 30 to 120 tablets monthly, yet four urine drug screens were negative for opioids. Respondent failed to document that these inconsistent urine drug screen results were consistently discussed with Patient B, which is a simple departure from the standard of care.

1 19. The standard of care requires evaluation for opioid dependence or opioid use disorder  
2 when physicians prescribe long-term opioid therapy and use of screening tools to screen for risk  
3 of opioid use disorder.

4 a) Patient A was diagnosed with opioid dependence in a 2017 medical record  
5 notation. Respondent's failure to address and document Patient A's physical  
6 opioid dependence, perform an opioid risk tool to screen for opioid dependence,  
7 and to consider beginning any therapy (e.g., MAT) for opioid dependence was a  
8 simple departure from the standard of care.

9 b) Patient B was diagnosed with narcotics dependence in a 2018 Emergency  
10 Department visit. Respondent's failure to timely address and document Patient B's  
11 narcotic dependence, perform an opioid risk tool to screen for opioid dependence,  
12 and to consider beginning any therapy (e.g., MAT) for opioid dependence was a  
13 simple departure from the standard of care.

14 20. The standard of care requires appropriate medical justification for prescribing greater  
15 than 90 MME per day for chronic pain, with a careful justification based on diagnosis and on an  
16 individualized assessment of benefits and risks. A patient is nine times more likely to experience  
17 a drug overdose when taking over 100 MME per day.

18 a) Respondent's failure to provide appropriate medical justification for prescribing  
19 Patient A 150 MME per day and properly balance the risks and benefits was a  
20 simple departure from the standard of care.

21 b) Respondent's failure to provide appropriate medical justification for prescribing  
22 Patient B 370 to 400 MME per day, as there is no medical justification for such  
23 a long-term high dosage, was a simple departure from the standard of care.

24 21. The standard of care requires that when starting opioids for chronic pain, the lowest  
25 effective dosage should be prescribed and titrated slowly.

26 a) Respondent failed to titrate Patient B's opioid prescriptions for OxyCodone and  
27 Norco slowly, which was a simple departure from the standard of care.

28 ///


1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 54944, issued to Silvia Margarita Diego, M.D.;
2. Revoking, suspending or denying approval of Silvia Margarita Diego, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Silvia Margarita Diego, M.D., to pay the Board the costs of the investigation and enforcement of this action, and if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: AUG 30 2022

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

FR202030362A