

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

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

**John Timothy Katzen, M.D.**

**Physician's and Surgeon's  
Certificate No. G 85745**

**Respondent.**

**Case No.: 800-2018-051240**

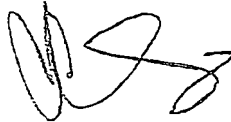
**DECISION**

**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**



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

1 ROB BONTA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 RYAN J. MCEWAN  
Deputy Attorney General  
4 State Bar No. 285595  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 210-7548  
Facsimile: (916) 327-2247  
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 **JOHN TIMOTHY KATZEN, M.D.**  
15 **9735 Wilshire Blvd., Suite 407**  
**BEverly Hills, CA 90212**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 85745**

18 Respondent.

Case No. 800-2018-051240

OAH No. 2022010235

**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 Ryan J. McEwan, Deputy  
26 Attorney General.

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2. Respondent John Timothy Katzen, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, Esq., and Derek F. O'Reilly-Jones, whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071.

3. On or about June 1, 2000, the Board issued Physician's and Surgeon's Certificate No. G 85745 to John Timothy Katzen, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-051240, and will expire on June 30, 2024, unless renewed.

### JURISDICTION

4. Accusation No. 800-2018-051240 was filed before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on September 17, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. The First Amended Accusation No. 800-2018-051240 was filed on April 14, 2022, and is currently pending against Respondent.

5. A copy of the First Amended Accusation No. 800-2018-051240 is attached as exhibit A and incorporated herein by reference.

### ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the First Amended Accusation No. 800-2018-051240. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

3 **CULPABILITY**

4 9. Respondent understands and agrees that the charges and allegations in the First  
5 Amended Accusation No. 800-2018-051240, if proven at a hearing, constitute cause for imposing  
6 discipline upon his Physician's and Surgeon's Certificate.

7 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
8 for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to  
9 contest those charges.

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

13 **CONTINGENCY**

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

24 13. Respondent agrees that if he ever petitions for early termination or modification of  
25 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
26 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-  
27 051240 shall be deemed true, correct and fully admitted by respondent for purposes of any such  
28 proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 85745 issued  
9 to Respondent JOHN TIMOTHY KATZEN, M.D. is revoked. However, the revocation is stayed  
10 and Respondent is placed on probation for five (5) years on the following terms and conditions:

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

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

1 Medical Education (CME) requirements for renewal of licensure.

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

7 Respondent shall submit a certification of successful completion to the Board or its  
8 designee not later than 15 calendar days after successfully completing the course, or not later than  
9 15 calendar days after the effective date of the Decision, whichever is later.

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

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

24 Respondent shall submit a certification of successful completion to the Board or its  
25 designee not later than 15 calendar days after successfully completing the course, or not later than  
26 15 calendar days after the effective date of the Decision, whichever is later.

27 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
28 the effective date of this Decision, Respondent shall enroll in a professionalism program, that

1 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
2 Respondent shall participate in and successfully complete that program. Respondent shall  
3 provide any information and documents that the program may deem pertinent. Respondent shall  
4 successfully complete the classroom component of the program not later than six (6) months after  
5 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
6 time specified by the program, but no later than one (1) year after attending the classroom  
7 component. The professionalism program shall be at Respondent's expense and shall be in  
8 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

26 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
27 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
28 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed

1 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
2 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
3 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
4 signed statement for approval by the Board or its designee.

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

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

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

20 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
21 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
22 name and qualifications of a replacement monitor who will be assuming that responsibility within  
23 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
24 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
25 notification from the Board or its designee to cease the practice of medicine within three (3)  
26 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
27 replacement monitor is approved and assumes monitoring responsibility.

28 In lieu of a monitor, Respondent may participate in a professional enhancement program



1 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
2 review, semi-annual practice assessment, and semi-annual review of professional growth and  
3 education. Respondent shall participate in the professional enhancement program at Respondent's  
4 expense during the term of probation.

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

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

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

17 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
18 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of  
19 \$8,085.00. Costs shall be payable to the Medical Board of California. Failure to pay such costs  
20 shall be considered a violation of probation.

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

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

27 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
28 under penalty of perjury on forms provided by the Board, stating whether there has been

1 compliance with all the conditions of probation.

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

4 10. GENERAL PROBATION REQUIREMENTS.

5 Compliance with Probation Unit

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

7 Address Changes

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

13 Place of Practice

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

17 License Renewal

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

20 Travel or Residence Outside California

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

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

27 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
28 available in person upon request for interviews either at Respondent's place of business or at the

1 probation unit office, with or without prior notice throughout the term of probation.

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

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

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

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

23 Periods of non-practice for a Respondent residing outside of California will relieve  
24 Respondent of the responsibility to comply with the probationary terms and conditions with the  
25 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
26 General Probation Requirements; and Quarterly Declarations.

27 13. COMPLETION OF PROBATION. Respondent shall comply with all financial  
28 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

1 completion of probation. This term does not include cost recovery, which is due within 30  
2 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
3 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
4 shall be fully restored.

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

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

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

27 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
28 a new license or certification, or petition for reinstatement of a license, by any other health care

1 licensing action agency in the State of California, all of the charges and allegations contained in  
2 the First Amended Accusation No. 800-2018-051240 shall be deemed to be true, correct, and  
3 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
4 seeking to deny or restrict license.

5 ACCEPTANCE

6 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
7 discussed it with my attorney, Derek F. O'Reilly-Jones, Esq. I understand the stipulation and the  
8 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated  
9 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
10 bound by the Decision and Order of the Medical Board of California.

11  
12 DATED:

9/12/2022

J. Timothy Katzen, M.D.  
13 JOHN TIMOTHY KATZEN, M.D.  
Respondent

14 I have read and fully discussed with Respondent John Timothy Katzen, M.D. the terms and  
15 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
16 I approve its form and content.

17 DATED:

09/12/2022

Derek F. O'Reilly-Jones  
18 DEREK F. O'REILLY-JONES, 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: 9/13/2022

Respectfully submitted,

ROB BONTA  
Attorney General of California  
STEVE DIEHL  
Supervising Deputy Attorney General



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

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1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 RYAN J. MCEWAN  
Deputy Attorney General  
4 State Bar No. 285595  
California Department of Justice  
5 1300 I Street, Suite 125  
P.O. Box 944255  
6 Sacramento, CA 94244-2550  
Telephone: (916) 210-7548  
7 Facsimile: (916) 327-2247  
*Attorneys for Complainant*  
8

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

13 In the Matter of the First Amended Accusation  
Against:

Case No. 800-2018-051240

**FIRST AMENDED ACCUSATION**

14 **JOHN TIMOTHY KATZEN, M.D.**  
15 **9735 Wilshire Blvd., Suite 407**  
16 **Beverly Hills, CA 90212**

17 **Physician's and Surgeon's Certificate**  
**No. G 85745,**

18 Respondent.

19  
20 **PARTIES**

21 1. William Prasifka (Complainant) brings this First 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 June 1, 2000, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. G 85745 to John Timothy Katzen, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on June 30, 2022, unless renewed.

28 ///

**JURISDICTION**

1  
2       3.    This First 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 (Code) unless  
4 otherwise indicated.

5       4.    Section 2227 of the Code provides that a licensee who is found guilty under the  
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
7 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
8 action taken in relation to discipline as the Board deems proper.

9       5.    Section 2234 of the Code, states:

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

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

15           “(b) Gross negligence.

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

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

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

28           “(d) Incompetence.



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

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

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

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

### 11           **COST RECOVERY**

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

### 18           **FACTUAL SUMMARY**

#### 19           **Initial Consultation – Patient A.**

20           8.     Respondent is a practicing plastic surgeon. Patient A,<sup>1</sup> a 38-year-old female, sought  
21 consultation with Respondent regarding body contouring on or about September 26, 2018. Patient  
22 A had undergone bariatric surgery<sup>2</sup> in April of 2017, and after losing over 100 pounds, had  
23 maintained a stable weight at the time of the consultation.

24           9.     During the consultation, Patient A filled out several forms regarding her medical  
25 history. Patient A reported a height of five feet, seven inches, and a weight of 217 pounds.

26 \_\_\_\_\_  
27 <sup>1</sup> For the purpose of privacy, the patient’s name is omitted. Respondent is aware of the  
28 identity of Patient A.

<sup>2</sup> Bariatric surgery (or weight loss surgery) includes a variety of procedures performed on  
obese people to aid weight loss.

1 Respondent made several notations on these forms; however, there was no documentation of a  
2 physical exam performed, a discussion of options for treatment, or a discussion of surgical risks.

3 10. Patient A was given a surgical fee quote that included four procedures to be  
4 performed in one surgical setting: abdominoplasty,<sup>3</sup> brachioplasty,<sup>4</sup> mastopexy<sup>5</sup> and breast  
5 augmentation,<sup>6</sup> and thoracoplasty.<sup>7</sup>

#### 6 Follow-up Visits.

7 11. On October 10, 2018, Respondent's office contacted the Beverly Hills Sunset Surgery  
8 Center (BHSSC) to schedule surgery for Patient A. The estimated surgical time was 12 hours.

9 12. Patient A returned to Respondent's office for a follow-up appointment on November  
10 13, 2018. The only documentation regarding this visit is a form listing the choice of breast  
11 implant size. There is no further documentation regarding this visit.

12 13. On November 28, 2018, Patient A again visited Respondent's office for a pre-  
13 operative appointment. There is no pre-operative note documenting this visit; however, Patient A  
14 signed consent forms for abdominoplasty, brachioplasty, breast augmentation and mastopexy, and  
15 thoracoplasty. Additionally, Respondent prescribed the following medications to Patient A: 10  
16 tablets of Demerol<sup>8</sup> 50 mg (to take every four hours as needed); 60 tablets of Valium<sup>9</sup> 5mg (to  
17 take every six hours as needed); and 90 tablets of Percocet<sup>10</sup> 10 mg-325 mg (1-2 tablets every six  
18

19 <sup>3</sup> Abdominoplasty or "tummy tuck" is a cosmetic surgery procedure used to make the  
20 abdomen thinner and firmer. The surgery involves the removal of excess skin and fat from the  
21 middle and lower abdomen in order to tighten the muscle and connective tissue of the abdominal  
22 wall.

<sup>4</sup> Brachioplasty, commonly known as an "arm lift," is a surgical procedure to reshape and  
23 provide contour to the upper arms and connection area of chest wall.

<sup>5</sup> Mastopexy or "breast lift" is the plastic surgery procedure for raising sagging breasts, by  
24 changing and modifying the size, contour, and elevation of the breasts.

<sup>6</sup> Breast augmentation is a cosmetic surgery technique using breast implants to increase  
25 the size, change the shape, and alter the texture of the breasts.

<sup>7</sup> A thoracoplasty is a cosmetic surgical procedure that removes skin and fat from the  
26 upper torso.

<sup>8</sup> Demerol is the brand name for pethidine, also known as meperidine. It is a synthetic  
27 opioid pain medication used to treat moderate to severe pain.

<sup>9</sup> Valium, also known as diazepam, is a benzodiazepine commonly used to treat a range of  
28 conditions, including anxiety, seizures, and muscle spasms.

<sup>10</sup> Percocet is the brand name for oxycodone. It is an opioid that is used to treat moderate  
to severe short-term pain.

1 hours as needed).<sup>11</sup> At this same appointment, Patient A was instructed to obtain surgical  
2 clearance from her primary care physician, a mammogram, chest x-ray, and various blood tests.  
3 During an interview with Board investigators on July 27, 2020 (the "Board Interview"),  
4 Respondent stated that he "wanted her, and she wanted to lose another 20 pounds before the  
5 surgery."

6 14. Patient A was cleared for surgery by a physician assistant and there were no  
7 abnormalities noted in any of her testing. The physician assistant's supervising physician did not  
8 co-sign the history and physical examination.

#### 9 Surgery of December 3, 2018

10 15. On December 3, 2018, Patient A arrived at BHSSC at 6:00 a.m. Patient A signed  
11 additional documents giving BHSSC permission to administer anesthesia. Respondent marked  
12 Patient A in the upright position. The pre-operative history and physical form listed Patient A's  
13 pre-operative vital signs as normal. Her height was recorded as five feet, seven inches, and her  
14 weight as 216.1 pounds.<sup>12</sup> The physical exam portion on the form was marked with a stamped  
15 "Patient was cleared by Internist." There is no documentation that Respondent (or an agent of  
16 Respondent) verified Patient A's history and physical. Patient A was placed in the operating room  
17 at 7:00 a.m. At 7:50 a.m., Patient A was placed under general anesthesia and surgery commenced.

18 16. Respondent began by performing the brachioplasty on both upper arms. Respondent  
19 then proceeded with the breast augmentation, placing breast implants weighing 600 cubic  
20 centimeters in a subglandular<sup>13</sup> position. Respondent then performed the mastopexy, creating a  
21 bipedicle flap<sup>14</sup> for the nipple areolar complexes (NAC).<sup>15</sup> After the completion of the mastopexy,

22 \_\_\_\_\_  
23 <sup>11</sup> The maximum amount allowed under Respondent's prescription would constitute a  
24 daily morphine milligram equivalent (MME) of 120. According to the Centers for Disease  
25 Control and Prevention, this would place the patient at an 8.9x higher risk of overdose.

26 <sup>12</sup> This corresponds to a body mass index (BMI) of 33.8, which is categorized as an  
27 "obese" body weight for adults of that height.

28 <sup>13</sup> Subglandular describes an implant pocket position that is beneath or deep to the glands  
of the breast, but superficial to the pectoral muscle.

<sup>14</sup> A bipedicle flap is a flap, a mass of tissue for grafting, that receives a blood supply from  
two pedicles. A pedicle is a stem or stalk of tissue that connects parts of the body to each other.

<sup>15</sup> The nipple areolar complex is the area positioned in the center of the human breast  
which contains the nipple and the areola.

1 Respondent noted darkness to the NACs, with the right side being darker than the left side. Due to  
2 venous congestion,<sup>16</sup> Respondent removed the NACs in addition to some underlying breast  
3 tissues. Respondent placed the NACs as full thickness grafts<sup>17</sup> and created bolster dressings<sup>18</sup>  
4 over these grafts. According to Respondent, the response to this complication added two hours to  
5 the operative time. Respondent then performed a vertical, lateral thoracoplasty followed by  
6 abdominoplasty. He also inserted a pain pump to slowly deliver local anesthesia to the muscle  
7 repair. Surgery was completed at 8:30 p.m.

### 8 Post-Surgery

9 17. Dressings were placed on the surgical sites and the arms and breasts were wrapped  
10 with dressing. Patient A was taken to the Post Anesthesia Care Unit at 9:10 p.m. Patient A's vital  
11 signs were stable throughout the procedure and in the recovery room.

12 18. Post-surgery, the weight of tissue removed from the abdomen, arms, lateral chest, and  
13 breasts appeared to weigh 15.11 pounds.

14 19. At 11:30 p.m., Patient A was transferred to Serenity Aftercare Facility (SAF) via  
15 ambulance. The admission order stated that Respondent was to see Patient A at SAF. The  
16 expected length of stay was one night.

17 20. During her stay, Patient A received intravenous fluids, pain medication, and  
18 antibiotics. Additionally, Lovenox<sup>19</sup> was given to prevent deep vein thrombosis.<sup>20</sup> It was noted  
19 that SAF was to check with Respondent for the discharge order.

20 21. While at SAF, Patient A was in stable condition. She was kept on bedrest with  
21 intravenous fluid hydration and urinary drainage via a catheter. Patient A's wounds were not

22 \_\_\_\_\_  
23 <sup>16</sup> Venous congestion is the engorgement of veins with blood. It is known to occur with  
24 deep venous thrombosis.

25 <sup>17</sup> A full-thickness graft consists of the epidermis, the outermost layer of the skin, and the  
26 entire thickness of the dermis, the thick layer of living tissue below the epidermis which forms the  
27 true skin, containing blood capillaries, nerve endings, sweat glands, hair follicles, and other  
28 structures.

<sup>18</sup> A bolster dressing is a pack of firm dressing bandaged to the area of a skin graft to  
apply constant pressure, promoting healing.

<sup>19</sup> Lovenox is a brand of enoxaparin sodium used as an anticoagulant medication (blood  
thinner) to treat and prevent deep vein thrombosis.

<sup>20</sup> Deep vein thrombosis occurs when a blood clot forms in one or more of the deep veins  
in the body, usually in the legs.

1 assessed by the staff of SAF as there were orders not to remove any dressings.

2 22. On December 5, 2018 at 10:15 a.m., Patient A complained of severe pain and  
3 received one table of Percocet. Patient A was subsequently discharged at 1:05 p.m. via ambulance  
4 and transported to her home. Upon discharge, Patient A was ordered not to remove any dressing  
5 until her first post-surgery appointment with Respondent. Her Foley catheter remained in place.  
6 The first post-surgery appointment was scheduled for December 12, 2018. Additionally, Patient A  
7 was given Lovenox, syringes, and needles to use at home after discharge to complete a 14-day  
8 course. Respondent also prescribed 40 tablets of 500 mg of Cipro<sup>21</sup> to be taken twice daily post-  
9 surgery.

10 23. The day after Patient A's discharge, she was found unresponsive at home by her  
11 mother. Patient A was pronounced dead at South Coast Global Medical Center in Santa Ana, CA.  
12 The cause of death listed by the coroner was "acute bronchopneumonia."<sup>22</sup> A private autopsy  
13 attributed Patient A's death to respiratory failure caused by the combination of opioid and  
14 diazepam reducing respiratory drive, and the post-surgical physical restriction of chest movement.

15 24. There is no documentation in the record of SAF that Respondent communicated with  
16 SAF or Patient A after the surgery on December 3, 2018. There is no documentation in  
17 Respondent's record that he communicated with SAF or Patient A after the surgery on December  
18 3, 2018.

19 **FIRST CAUSE FOR DISCIPLINE**

20 **(Gross Negligence)**

21 25. Respondent's license is subject to disciplinary action under section 2234, subdivision  
22 (b), of the Code, in that he committed gross negligence during the care and treatment of Patient  
23 A, as more particularly alleged in paragraphs 8 through 24 above, which are hereby incorporated  
24 by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

25 26. Respondent committed grossly negligent acts, including but not limited to:

26 <sup>21</sup> Cipro is a brand of ciprofloxacin, which is an antibiotic used to treat a number of  
27 bacterial infections.

28 <sup>22</sup> Bronchopneumonia is a subtype of pneumonia. It is the acute inflammation of the  
bronchi, the passages or airways in the respiratory system, accompanied by inflamed patches in  
the nearby small lobes of the lungs.

1 A. Performing four major cosmetic surgeries (abdominoplasty, brachioplasty,  
2 mastopexy and breast augmentation, and thoracoplasty) in one setting, as inappropriately  
3 combining procedures increases patient risk of complications and even death; and

4 B. Failing to visit, speak to, or examine Patient A post-surgery during her stay at  
5 SAF.

6 27. Respondent's acts and/or omissions as set forth in paragraphs 8 through 26, inclusive,  
7 whether proven individually, jointly, or in any combination thereof, constitute gross negligence  
8 pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for discipline exists.

9 **SECOND CAUSE FOR DISCIPLINE**

10 (Repeated Acts of Negligence)

11 28. Respondent's license is subject to disciplinary action under section 2234, subdivision  
12 (c), of the Code, in that he committed repeated negligent acts during the care and treatment of  
13 Patient A, as more particularly alleged in paragraphs 8 through 27 above, which are hereby  
14 incorporated by reference and realleged as if fully set forth herein. Additional circumstances are  
15 as follows:

16 29. Respondent committed the following additional negligent acts, including but not  
17 limited to:

18 A. Planning and staging the performance of 12 hours of elective cosmetic surgery in  
19 one sitting for an obese patient;

20 B. Failing to fully document patient encounters on September 26, 2018, November  
21 13, 2018, and November 28, 2018;

22 C. Failing to verify the history and physical of Patient A on the day of the surgery,  
23 December 3, 2018;

24 D. Prescribing an excessive amount of Percocet to Patient A in terms of the daily  
25 morphine milligram equivalent as well as the total volume of medication;

26 E. Prescribing an excessive amount of Valium, in combination with opioid pain  
27 medication, to Patient A;

28 F. Prescribing a 20-day course of antibiotics (Cipro) to Patient A for post-surgery

1 use that was not indicated; and

2 G. Leaving a Foley catheter in place with a plan not to remove it until the patient's  
3 first post-operative visit nine days after surgery.

4 30. Respondent's acts and/or omissions as set forth in paragraphs 8 through 29, inclusive,  
5 whether proven individually, jointly, or in any combination thereof, constitute repeated acts of  
6 negligence pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for discipline  
7 exists.

8 **THIRD CAUSE FOR DISCIPLINE**

9 **(Incompetence)**

10 31. By reason of the facts set forth in paragraphs 8 through 30, inclusive, Respondent's  
11 license is subject to disciplinary action under section 2234, subdivision (d), of the Code, in that he  
12 was incompetent in the care and treatment of Patient A, particularly with respect to Respondent's  
13 decision to prescribe an excessive amount of Percocet to Patient A.

14 32. Respondent's acts and/or omissions as set forth in paragraphs 8 through 31, inclusive,  
15 whether proven individually, jointly, or in any combination thereof, constitute incompetence  
16 pursuant to section 2234, subdivision (d), of the Code. Therefore, cause for discipline exists.

17 **FOURTH CAUSE FOR DISCIPLINE**

18 **(Failure to Maintain Adequate Records)**

19 33. By reason of the facts set forth in paragraphs 8 through 32, inclusive, Respondent's  
20 license is subject to disciplinary action under section 2266 of the Code in that he failed to  
21 maintain adequate records in the care and treatment of Patient A.

22 34. Respondent's acts and/or omissions as set forth in paragraphs 8 through 33, inclusive,  
23 whether proven individually, jointly, or in any combination thereof, constitute failure to maintain  
24 adequate records pursuant to section 2266 of the Code. Therefore, cause for discipline exists.

25 **FIFTH CAUSE FOR DISCIPLINE**

26 **(Unprofessional Conduct)**

27 35. By reason of the facts set forth in paragraphs 8 through 34, inclusive, Respondent's  
28 license is subject to disciplinary action under section 2234 of the Code in that he engaged in

1 unprofessional conduct when he violated section 2234, subdivisions (b) through (d), and section  
2 2266 of the Code. In addition, Respondent engaged in conduct which breaches the rules or ethical  
3 code of the medical profession, or conduct which is unbecoming a member in good standing of  
4 the medical profession, and which demonstrates an unfitness to practice medicine.

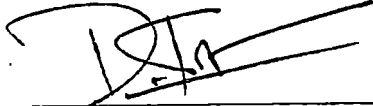
5 36. Respondent's acts and/or omissions as set forth in paragraphs 7 through 34, inclusive,  
6 whether proven individually, jointly, or in any combination thereof, constitute unprofessional  
7 conduct. Therefore, cause for discipline exists.

8 **PRAYER**

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

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 85745, issued  
12 to Respondent, John Timothy Katzen, M.D.;
- 13 2. Revoking, suspending or denying approval of Respondent, John Timothy Katzen,  
14 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 15 3. Ordering Respondent, John Timothy Katzen, M.D., to pay the Board the costs of the  
16 investigation and enforcement of this case, and if placed on probation, the costs of probation  
17 monitoring; and
- 18 4. Taking such other and further action as deemed necessary and proper.

19  
20 DATED: APR 14 2022

21   
22 For: WILLIAM PRASIFKA **Reji Varghese**  
23 Executive Director **Deputy Director**  
24 Medical Board of California  
25 Department of Consumer Affairs  
26 State of California  
27 *Complainant*

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