

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

In the Matter of the Accusation
Against:

Bruce Steven Milin, M.D.

Physician's and Surgeon's
Certificate No. G 38746

Case No.: 800-2019-060634

Respondent.

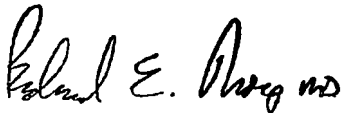
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on July 24, 2023.

IT IS SO ORDERED: June 23, 2023.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

1 ROB BONTA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 CAROLYNE EVANS
Deputy Attorney General
4 State Bar No. 289206
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3448
6 Facsimile: (415) 703-5480
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-060634

13 **BRUCE STEVEN MILIN, M.D.**
14 **1939 Divisadero St., Ste. 3**
San Francisco, CA 94115-2507

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 **Physician's and Surgeon's Certificate No.**
16 **G38746**

17 Respondent.

18
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. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board
24 of California (Board). He brought this action solely in his official capacity and is represented in
25 this matter by Rob Bonta, Attorney General of the State of California, by Carlyne Evans, Deputy
26 Attorney General.
27
28

1 2. Respondent Bruce Steven Milin, M.D. (Respondent) is represented in this proceeding
2 by attorney Marvin Firestone, whose address is: 1700 South El Camino Real, Suite 408, San
3 Mateo, CA 94402.

4 3. On January 29, 1979, the Board issued Physician's and Surgeon's Certificate No.
5 G38746 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at
6 all times relevant to the charges brought in Accusation No. 800-2019-060634, and will expire on
7 June 30, 2024, unless renewed.

8 **JURISDICTION**

9 4. Accusation No. 800-2019-060634 was filed before the Board, and is currently
10 pending against Respondent. The Accusation and all other statutorily required documents were
11 properly served on Respondent on September 22, 2022. Respondent timely filed his Notice of
12 Defense contesting the Accusation.

13 5. A copy of Accusation No. 800-2019-060634 is attached as exhibit A and incorporated
14 herein by reference.

15 **ADVISEMENT AND WAIVERS**

16 6. Respondent has carefully read, fully discussed with counsel, and understands the
17 charges and allegations in Accusation No. 800-2019-060634. Respondent has also carefully read,
18 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
19 Disciplinary Order.

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

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

28 ///

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2019-060634, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right
7 to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, Complainant could
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
10 2019-060634, a true and correct copy of which is attached hereto as Exhibit A, and that he has
11 thereby subjected his Physician's and Surgeon's Certificate, No. G 38746 to disciplinary action.

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

15 CONTINGENCY

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

26 14. Respondent agrees that if he ever petitions for early termination or modification of
27 probation, or if an accusation and/or petition to revoke probation is filed against him before the
28 Board, all of the charges and allegations contained in Accusation No. 800-2019-060634 shall be

1 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
2 any other licensing proceeding involving Respondent in the State of California.

3 15. 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 16. 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. G 38746 issued
11 to Respondent BRUCE STEVEN MILIN, M.D. is revoked. However, the revocation is stayed
12 and Respondent is placed on probation for four (4) years on the following terms and conditions:

13 1. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO**
14 **RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled
15 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any
16 recommendation or approval which enables a patient or patient's primary caregiver to possess or
17 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
18 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and
19 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;
20 and 4) the indications and diagnosis for which the controlled substances were furnished.

21 Respondent shall keep these records in a separate file or ledger, in chronological order. All
22 records and any inventories of controlled substances shall be available for immediate inspection
23 and copying on the premises by the Board or its designee at all times during business hours and
24 shall be retained for the entire term of probation.

25 2. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
26 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
27 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
28 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at

1 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
2 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
3 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
4 completion of each course, the Board or its designee may administer an examination to test
5 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
6 hours of CME of which 40 hours were in satisfaction of this condition.

7 3. PRESCRIBING PRACTICES COURSE. Within 30 calendar days of the effective
8 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
9 advance by the Board or its designee. Respondent shall provide the approved course provider
10 with any information and documents that the approved course provider may deem pertinent.
11 Respondent shall participate in and successfully complete the classroom component of the course
12 not later than three (3) months after Respondent's initial enrollment. Respondent shall
13 successfully complete any other component of the course within six (6) months of enrollment.
14 The prescribing practices course shall be at Respondent's expense and shall be in addition to the
15 Continuing Medical Education (CME) requirements for renewal of licensure.

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

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

24 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
25 date of this Decision, Respondent shall enroll in a course in medical record keeping 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 medical
3 record keeping 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 medical record keeping course taken after the acts that gave rise to the charges in the
6 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
7 or its designee, be accepted towards the fulfillment of this condition if the course would have
8 been approved by the Board or its designee had the course been taken after the effective date of
9 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 5. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
14 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
15 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
16 licenses are valid and in good standing, and who are preferably American Board of Medical
17 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
18 relationship with Respondent, or other relationship that could reasonably be expected to
19 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
20 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
21 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

22 The Board or its designee shall provide the approved monitor with copies of the Decision
23 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the
24 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement
25 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,
26 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the
27 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
28 statement for approval by the Board or its designee.

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

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

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

16 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
17 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
18 name and qualifications of a replacement monitor who will be assuming that responsibility within
19 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
20 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
21 notification from the Board or its designee to cease the practice of medicine within three (3)
22 calendar days after being so notified. Respondent shall cease the practice of medicine until a
23 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

10 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
12 advanced practice nurses.

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

16 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
17 ordered to reimburse the Board its costs of investigation and enforcement in the amount of
18 \$11,899.00. Costs shall be payable to the Medical Board of California. Failure to pay such costs
19 shall be considered a violation of probation.

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

24 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
25 to repay investigation and enforcement costs, including expert review costs.

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

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

3 11. GENERAL PROBATION REQUIREMENTS.

4 Compliance with Probation Unit

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

6 Address Changes

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

12 Place of Practice

13 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
14 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
15 facility or unless Respondent is providing telehealth psychiatric care to an established patient.

16 License Renewal

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

19 Travel or Residence Outside California

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

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

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

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

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

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

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

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

26 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
27 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
28 completion of probation. This term does not include cost recovery, which is due within 30

1 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
2 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
3 shall be fully restored.

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

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

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

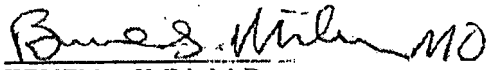
26 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
27 a new license or certification, or petition for reinstatement of a license, by any other health care
28 licensing action agency in the State of California, all of the charges and allegations contained in

1 Accusation No. 800-2019-060634 shall be deemed to be true, correct, and admitted by
2 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
3 restrict license.

4 ACCEPTANCE

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

10
11 DATED: 4/7/2023


12 BRUCE STEVEN MILIN, M.D.
Respondent

13 I have read and fully discussed with Respondent Bruce Steven Milin, M.D. the terms and
14 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
15 I approve its form and content.

16 DATED: 4/10/2023


17 MARVIN FIRESTONE
Attorney for Respondent

18
19 ENDORSEMENT

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

1 DATED: April 10, 2023

Respectfully submitted,

2 ROB BONTA
3 Attorney General of California
4 MARY CAIN-SIMON
5 Supervising Deputy Attorney General

Carolyn Evans

6 CAROLYNE EVANS
7 Deputy Attorney General
8 *Attorneys for Complainant*

9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Exhibit A
Accusation No. 800-2019-060634

1 ROB BONTA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 CAROLYNE EVANS
Deputy Attorney General
4 State Bar No. 289206
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3448
6 Facsimile: (415) 703-5480
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-060634

13 **Bruce Steven Milin, M.D.**
14 **1939 Divisadero St., Ste. 3**
San Francisco, CA 94115-2507

ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. G 38746,**

17 Respondent.

18
19
20 **PARTIES**

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

24 2. On or about January 29, 1979, the Medical Board issued Physician's and Surgeon's
25 Certificate Number G 38746 to Bruce Steven Milin, 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, 2024, unless renewed.
28

JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 (a) of the Code provides in pertinent part that a licensee whose matter
6 has been heard by an administrative law judge . . . who is found guilty . . . may, in accordance
7 with the provisions of this chapter:

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

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

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

13 (4) Be publicly reprimanded, which may include a requirement that the licensee
14 complete relevant educational courses,

15 (5) Have any other action taken in relation to discipline as part of an order of
16 probation.

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

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

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

23 (b) Gross negligence.

24 (c) Repeated negligent acts.

25 (d) Incompetence.

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

 7. At all times relevant to these allegations, Respondent was working as a psychiatrist at
a solo practice clinic.

1 **COST RECOVERY**

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

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Unprofessional Conduct/Gross Negligence/Repeated Negligence/Incompetence)**

10 **Patient A¹**

11 9. Respondent began treating Patient A (a then twenty-nine year old woman) in 2013.
12 Patient A suffered from premenstrual tension syndrome, migraines, and mood instability.
13 Respondent documented that Patient A had been treated with multiple antidepressants in the past
14 but that they had exacerbated her symptoms. Respondent diagnosed Patient A with bipolar II
15 disorder² and attention-deficit hyperactivity disorder (ADHD).

16 10. Respondent prescribed Ritalin³ 5 mg (twice daily) to Patient A to treat her ADHD.
17 Over time, Respondent increased Patient A's Ritalin dose to the point where Patient A was taking
18 more than three times the Federal Drug Administration's (FDA) maximum daily dose. Even
19 though Respondent documented that Patient A had a poor response to antidepressants, he
20 prescribed fluoxetine⁴ to Patient A for her premenstrual syndrome.

21
22
23 ¹ The first patient in this document is designated as Patient A to protect her privacy and
24 the second patient is designated as Patient B to protect her privacy. Respondent knows the names
25 of the patients and witnesses and can confirm their identities through the discovery process.

26 ² Bipolar II Disorder is a form of mood disorder, a psychiatric condition.

27 ³ Ritalin is a central nervous system stimulant medication used to treat ADHD. Ritalin is
28 a Schedule II drug as defined by the Controlled Substances Act.

⁴ Fluoxetine is an antidepressant medication that belongs to a group of medicines known
as selective serotonin reuptake inhibitors (SSRIs).

1 11. Respondent prescribed the following to Patient A: (1) lamotrigine⁵ and lithium⁶ to
2 address Patient A's bipolar illness; (2) hydrocodone/ibuprofen combination pill (vicoprofen)⁷ and
3 Tylenol with codeine for Patient A's menstrual cramps and migraines; and (3) clonazepam⁸ and
4 alprazolam⁹ for anxiety. Respondent prescribed multiple stimulants to Patient A at the same time
5 (i.e. Adderall Extended Release (XR)¹⁰ plus dextroamphetamine¹¹ plus methylphenidate (Ritalin)
6 plus Adderall Immediate Release (IR).

7 12. In 2017, Respondent prescribed to Patient A as follows: Vyvanse,¹² Adderall, Ritalin
8 20 mg (twice daily), fluoxetine, alprazolam, lamotrigine, cytomel,¹³ baclofen,¹⁴ nortriptyline,¹⁵
9 vicoprofen (for menstrual syndrome), trazodone,¹⁶ and lithium.

10 13. During the time that Respondent was prescribing lithium to Patient A, he did not
11 obtain and/or document Patient A's lithium levels, thyroid stimulating hormone (TSH), renal
12 function, weight, heart rate, or blood pressure. Respondent did not document that he conducted
13 periodic assessment of lithium side effects to Patient A. Respondent also did not document a

14 ⁵ Lamotrigine is an antiepileptic drug that can be used to treat bipolar disorder.

15 ⁶ Lithium is a medication used to treat or control the manic episodes of bipolar disorder.

16 ⁷ Vicoprofen is an opioid medication. It is a Schedule II controlled substance as defined
17 by the Controlled Substances Act.

18 ⁸ Clonazepam is a benzodiazepine medication. It is a Schedule IV controlled substance as
19 defined by section 11057, subdivision (d) of the Health and Safety Code.

20 ⁹ Alprazolam is a benzodiazepine medication. It is a Schedule IV controlled substance as
21 defined by section 11057, subdivision (d) of the Health and Safety Code.

22 ¹⁰ Adderall XR is a central nervous stimulant medication used to treat ADHD. It is a
23 Schedule II controlled substance as defined by the Controlled Substances Act.

24 ¹¹ Dextroamphetamine is a central nervous stimulant medication used to treat ADHD. It is
25 a Schedule II controlled substance as defined by the Controlled Substances Act.

26 ¹² Vyvanse is a stimulant medication used to treat ADHD.

27 ¹³ Cytomel is a prescription medication used to treat an underactive thyroid.

28 ¹⁴ Baclofen is a prescription muscle relaxant.

¹⁵ Nortriptyline is a prescription medication that is used to treat depression.

¹⁶ Trazodone is a prescription medication that is used to treat depression.

1 urine drug screen for Patient A or check Patient A's Controlled Substance Utilization Review and
2 Evaluation System (CURES) report.

3 14. Respondent did not document a discussion with Patient A about the risks of
4 combining opiates with benzodiazepines,¹⁷ or the risk of using opiates in conjunction with
5 alcohol or cannabis, or risk management/risk-mitigation strategies, (i.e. monitoring of CURES
6 report, periodic urine drug screens).

7 15. Respondent did not adequately document the risks, benefits, and potential side effects
8 of Patient A taking higher than FDA approved doses of stimulants such as Ritalin.

9 16. Respondent did not refer Patient A to a pain management specialist for the ongoing
10 management of Patient A's chronic pain conditions.

11 17. Respondent is subject to disciplinary action under section 2234 (unprofessional
12 conduct) and/or 2234(b) (gross negligence) and/or 2234 (c) (repeated negligent acts) and/or
13 2234(d) (incompetence) of the Code in that:

14 A. Respondent failed to obtain periodic laboratory analysis of Patient A's lithium levels,
15 TSH levels, and assessment of renal function.

16 B. Respondent prescribed lithium and vicoprofen to Patient A, which is known to
17 increase lithium levels;

18 C. Respondent failed to conduct and/or document a periodic assessment of common
19 lithium side effects for Patient A;

20 D. Respondent regularly prescribed opiates to Patient A for non-acute chronic
21 premenstrual symptoms and migraines;

22 E. Respondent failed to document a discussion with Patient A about the risks of
23 combining opiates with benzodiazepines, the risk of using opiates in conjunction with alcohol or
24 cannabis, and risk management/risk-mitigation strategies for Patient A's use of multiple
25 controlled substances;

26 _____
27 ¹⁷ A benzodiazepine is a depressant used for the management of anxiety disorders. It is a
28 Schedule IV controlled substance as defined by section 110507, subdivision (d) of the Health and
Safety Code.

1 F. Respondent prescribed multiple controlled substances from different classes to
2 Patient A without any documentation that he considered the potentially hazardous drug-to-drug
3 interactions between the various controlled substances, nor a discussion with Patient A about the
4 potential toxicity/side effects;

5 G. Respondent failed to refer Patient A to a pain management specialist for her ongoing
6 management of chronic pain conditions; and

7 H. Respondent prescribed higher than FDA approved doses of stimulants (Ritalin) to
8 Patient A and failed to adequately document the risks, benefits, and potential side effects of this
9 type of prescribing.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Unprofessional Conduct/Gross Negligence/Repeated Negligence/Incompetence)**

12 **Patient B**

13 18. Respondent treated Patient B (a then fifty-four-old woman) from 2006 through 2020.
14 Patient B presented with a history of post-traumatic stress disorder (PTSD), obsessive-compulsive
15 disorder (OCD), depression, and fatigue. Respondent diagnosed Patient B with ADHD and
16 suggested that she was on the bipolar spectrum.

17 19. During the course of Patient B's treatment, Respondent regularly prescribed
18 benzodiazepines, intermittent stimulants, as well as sertraline¹⁸ and quetiapine¹⁹, and
19 risperidone²⁰.

20 20. Respondent prescribed two benzodiazepines (clonazepam and alprazolam) to Patient
21 B without documenting the potential side effects, the risk of use with other sedating and addicting
22 chemicals (i.e. alcohol or cannabis), diversion risk, tolerance/dependency, and the risk of
23 potential negative effects associated with the chronic use of benzodiazepines.

24
25
26 ¹⁸ Sertraline is an antidepressant medication that belongs to a group of medicines known
as selective serotonin reuptake inhibitors (SSRIs).

27 ¹⁹ Quetiapine is an antipsychotic prescription medication used to treat bipolar disorder.

28 ²⁰ Risperidone is an antipsychotic prescription medication used to treat bipolar disorder.

1 21. Respondent concomitantly and chronically prescribed multiple benzodiazepines and
2 amphetamine salts to Patient B but did not document risk mitigation practices, did not monitor
3 CURES reports, did not obtain urine drug screens, or assess Patient B's diversion risk and/or drug
4 compliance.

5 22. Respondent is subject to disciplinary action under section 2234 (unprofessional
6 conduct) and/or 2234(b) (gross negligence) and/or 2234 (c) (repeated negligent acts) and/or
7 2234(d) (incompetence) of the Code in that:

8 A. Respondent prescribed benzodiazepines to Patient B without documenting the
9 potential side effects, the risk of use with other sedating and addicting chemicals, diversion risk,
10 tolerance/dependency, and the risk of potential negative effects associated with the chronic use of
11 benzodiazepines; and

12 B. Respondent prescribed multiple benzodiazepines and amphetamine salts to Patient B
13 but did not document risk mitigation practices, did not monitor CURES reports, did not obtain
14 urine drug screens, or assess Patient B's diversion risk and/or drug compliance.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Unprofessional Conduct: Failure to Maintain Adequate and Accurate Records)**

17 23. Respondent is subject to disciplinary action under section 2234 (unprofessional
18 Conduct) and/or 2266 (inadequate records) of the Code in that Respondent failed to maintain
19 adequate and accurate medical records for Patient A and B, including but not limited to:

20 A. Respondent failed to document a periodic assessment of common lithium side effects
21 for Patient A;

22 B. Respondent failed to document a discussion with Patient A of the risks of combining
23 opiates with benzodiazepines, or the risk of using opiates in conjunction with alcohol or cannabis,
24 or risk management/risk-mitigation strategies;

25 C. Respondent prescribed multiple controlled substances from different classes to
26 Patient A without any documentation regarding the consideration of potentially hazardous drug-
27 to-drug interactions between the various controlled substances, nor a discussion with Patient A
28 about the potential toxicity/side effects;

1 D. Respondent prescribed a higher than FDA approved dose of stimulants (Ritalin) to
2 Patient A but failed to adequately document the risks, benefits, and potential side effects to
3 Patient A;

4 E. Respondent prescribed benzodiazepines to Patient B without documenting the
5 potential side effects, the risk of use with other sedating and addicting chemicals (alcohol or
6 cannabis), diversion, tolerance/dependency, and the potential negative effects of chronic use of
7 benzodiazepines; and

8 F. Respondent concomitantly and chronically prescribed benzodiazepines to Patient B
9 but did not document risk mitigation practices, CURES monitoring, urine drug screens, or
10 assessment of risk diversion and drug compliance.

11 **PRAYER**

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

- 14 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 38746,
15 issued to Bruce Steven Milin, M.D.;
- 16 2. Revoking, suspending or denying approval of Bruce Steven Milin, M.D.'s authority to
17 supervise physician assistants and advanced practice nurses;
- 18 3. Ordering Bruce Steven Milin, M.D., to pay the Board the costs of the investigation
19 and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21
22 DATED: SEP 22 2022



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

23
24
25
26
27 SF2022401481
43345576.docx