

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

In the Matter of the Accusation
Against:

David Glen Streeeter, M.D.

Physician's and Surgeon's
Certificate No. G 55098

Case No.: 800-2021-076150

Respondent.

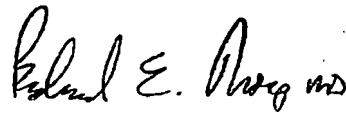
DECISION

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 September 22, 2023.

IT IS SO ORDERED: August 24, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 GREG W. CHAMBERS
Supervising Deputy Attorney General
3 HARRIET NEWMAN
Deputy Attorney General
4 State Bar No. 189784
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3744
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**

Case No. 800-2021-076150

12 In the Matter of the Accusation Against:

13 **DAVID GLEN STREETER, M.D.**
14 **935 Arguello Ct.**
Sonoma CA 95476-5455

15 **Physician's and Surgeon's Certificate**
16 **No. G 55098**

17 Respondent

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled
20 proceedings that the following matters are true:

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board
23 of California (Board). He brought this action solely in his official capacity and is represented in
24 this matter by Rob Bonta, Attorney General of the State of California, by Harriet Newman,
25 Deputy Attorney General.

26 2. Respondent David Glen Streeter, M.D. (Respondent) is represented in this proceeding
27 by attorney Robert Hodges, whose address is: McNamara, Ambacher, Wheeler, Hirsig & Gray
28 LLP, 3480 Buskirk Avenue, Suite 250, Pleasant Hill, CA 94523. On or about June 26, 1985, the

1 Board issued Physician's and Surgeon's Certificate No. G 55098 to David Glen Streeter, M.D.
2 (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times
3 relevant to the charges brought in Accusation No. 800-2021-076150, and will expire on June 30,
4 2023, unless renewed.

5 **JURISDICTION**

6 3. Accusation No. 800-2021-076150 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on October 31, 2022. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 4. A copy of Accusation No. 800-2021-076150 is attached as exhibit A and incorporated
11 herein by reference.

12 **ADVISEMENT AND WAIVERS**

13 5. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2021-076150. Respondent has also carefully read,
15 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

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

23 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 **CULPABILITY**

26 8. Respondent understands and agrees that the charges and allegations in Accusation
27 No. 800-2021-076150, if proven at hearing, constitute cause for imposing discipline upon his
28 Physician's and Surgeon's Certificate

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its
5 designee not later than 15 calendar days after successfully completing the course, or not later than
6 15 calendar days after the effective date of the Decision, whichever is later.

7 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
8 date of this Decision, Respondent shall enroll in a course in medical record keeping 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 six (6) months after Respondent's initial enrollment. Respondent shall successfully
13 complete any other component of the course within one (1) year of enrollment. The medical
14 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
15 Medical Education (CME) requirements for renewal of licensure.

16 A medical record keeping 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. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
25 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
26 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
27 Respondent shall participate in and successfully complete that program. Respondent shall provide
28 any information and documents that the program may deem pertinent. Respondent shall

1 successfully complete the classroom component of the program not later than six (6) months after
2 Respondent's initial enrollment, and the longitudinal component of the program not later than the
3 time specified by the program, but no later than one (1) year after attending the classroom
4 component. The professionalism program shall be at Respondent's expense and shall be in
5 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

1 statement for approval by the Board or its designee.

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

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

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

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

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

1 expense during the term of probation.

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

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

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

14 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
15 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
16 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
17 enforcement, as applicable, in the amount of \$9,054 (nine thousand fifty four dollars). Costs shall
18 be payable to the Medical Board of California. Failure to pay such costs shall be considered a
19 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 the
23 payment plan shall be considered a violation of probation.

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

26 9. 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 10. 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.

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 11. 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 12. 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 program
9 which has been approved by the Board or its designee shall not be considered non-practice and
10 does not relieve Respondent from complying with all the terms and conditions of probation.
11 Practicing medicine in another state of the United States or Federal jurisdiction while on
12 probation with the medical licensing authority of that state or jurisdiction shall not be considered
13 non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-
14 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 Boards'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. Periods of
21 non-practice will not apply to the reduction of the probationary term. Periods of non-practice for a
22 Respondent residing outside of California will relieve Respondent of the responsibility to comply
23 with the probationary terms and conditions with the exception of this condition and the following
24 terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly
25 Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological
26 Fluid Testing.

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 a
28 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 Accusation No. 800-2021-076150 shall be deemed to be true, correct, and admitted by
3 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
4 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, Robert Hodges. I understand the stipulation and the effect it will
8 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
9 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
10 Decision and Order of the Medical Board of California.

11
12
13 DATED: 6/21/2023


14 DAVID GLEN STREETER, M.D.
15 Respondent

16 I have read and fully discussed with Respondent David Glen Streeter, M.D. the terms and
17 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
18 I approve its form and content.

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21 DATED: 6/21/2023


22 Robert Hodges
23 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: 7/18/23

Respectfully submitted,
ROB BONTA
Attorney General of California
GREG W. CHAMBERS
Supervising Deputy Attorney General
Harriet Newman
HARRIET NEWMAN
Deputy Attorney General
Attorneys for Complainant

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Stip Settlement and Disc Order - MBC-Osteopathic - Streeter_stipulatio.docx

Exhibit A

Accusation No. 800-2021-076150

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ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
HARRIET NEWMAN
Deputy Attorney General
State Bar No. 189784
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Facsimile: (415) 703-5480
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MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:
DAVID GLEN STREETER, M.D.
935 Arguello Ct.
Sonoma, CA 95476-5455

**Physician's and Surgeon's Certificate
No. G 55098**

Respondent.

Case No. 800-2021-076150
ACCUSATION

PARTIES

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

1. On June 26, 1985, the Medical Board issued Physician's and Surgeon's Certificate Number G 55098 to David Glen Streeter, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2023, unless renewed.

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JURISDICTION

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

3. Section 2227 of the Code states:

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

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

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

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

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

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

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

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1 4. Section 2234 of the Code, states:

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

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

7 (b) Gross negligence.

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

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

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

19 (d) Incompetence.

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

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

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

26 5. Section 2242 of the Code states:

27 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
28 without an appropriate prior examination and a medical indication, constitutes

1 unprofessional conduct. An appropriate prior examination does not require a synchronous
2 interaction between the patient and the licensee and can be achieved through the use of
3 telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided
4 that the licensee complies with the appropriate standard of care.

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

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

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

15 (A) The practitioner had consulted with the registered nurse or licensed vocational
16 nurse who had reviewed the patient's records.

17 (B) The practitioner was designated as the practitioner to serve in the absence of the
18 patient's physician and surgeon or podiatrist, as the case may be.

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

24 (4) The licensee was acting in accordance with Section 120582 of the Health and
25 Safety Code.

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.

1 **COST RECOVERY**

2 7. 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.

6 **FIRST CAUSE FOR DISCIPLINE**

7 **(Unprofessional Conduct: Repeated Negligent Acts)**

8 8. Respondent subjected his Physician's and Surgeon's Certificate No. G 55098 to
9 disciplinary action under sections 2227 and 2234, as defined by 2234, subdivision (c), of the
10 Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B, and
11 C,¹ as more particularly alleged hereinafter.

12 **PATIENT A**

13 9. From on or July 21, 2015 through on or about February 3, 2021, Respondent provided
14 care and treatment to Patient A for, among other things, hip and lower back pain.

15 10. From on or about April 27, 2018, through on or about April 27, 2021, Respondent
16 prescribed and wrote 34 prescriptions for controlled substances to Patient A, including
17 lorazepam² and hydrocodone with acetaminophen³.

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20 _____
21 ¹ To protect the privacy of all patients involved, patient names have not been included in this
22 pleading. Respondent is aware of the identity of all patients referred to herein.

23 ² Lorazepam is a benzodiazepine and is classified as a Schedule IV controlled substance pursuant
24 to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
25 Professions Code section 4022.

26 ³ Hydrocodone w/APAP (hydrocodone with acetaminophen) tablets are produced by several drug
27 manufacturers under trade names such as Vicodin, Norco or Lortab. Hydrocodone bitartrate is
28 semisynthetic narcotic analgesic, a dangerous drug as defined in section 4022 of the Business and
Professions Code, and a schedule II controlled substance and narcotic as defined by section 11055,
subdivision (e) of the Health and Safety Code. Repeated administration of hydrocodone over a course of
several weeks may result in psychic and physical dependence. The usual adult dosage is one tablet every
four to six hours as needed for pain. The total 24 hour dose should not exceed 6 tablets.

1 11. Respondent began treating Patient A in 2015. After Patient A's total hip replacement
2 in 2015, the surgeon prescribed Percoset⁴. Respondent then prescribed Patient A Norco⁵ due to
3 Patient A developing an allergic reaction to Percoset.

4 12. Respondent failed to maintain legible records for his care of Patient A and failed to
5 document a sufficiently thorough plan of care on approximately 15 occasions.

6 13. On the following dates, Respondent prescribed the following controlled substances to
7 Patient A, but failed to ensure an adequate and current medical history was on file, failed to
8 develop and record a treatment plan including further diagnostic evaluations, failed to discuss
9 ongoing therapy with Patient A's orthopedic surgeon and other primary care physicians, and
10 failed to ensure a general physical examination was documented including, a focused physical
11 examination of the back, hip or hands and feet.

12 a. 30 tablets of 1 milligram Lorazepam on August 8, 2018;

13 b. 120 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on
14 September 6, 2018;

15 c. 120 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on
16 November 15, 2018;

17 d. 120 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen and 30
18 tablets of 1 milligram Lorazepam on January 23, 2019;

19 e. 30 tablets of 1 milligram Lorazepam on April 24, 2019;

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22 4 Percocet, a trade name for a combination of oxycodone hydrochloride and acetaminophen, is a
23 semisynthetic narcotic analgesic with multiple actions qualitatively similar to those of morphine, a
24 dangerous drug as defined in section 4022 and a schedule II controlled substance and narcotic as defined
25 by section 11055, subdivision (b)(1)(N) of the Health and Safety Code. Oxycodone can produce drug
dependence of the morphine type and, therefore, has the potential for being abused. Repeated
administration of Percocet may result in psychic and physical dependence. The usual adult dosage is one
Percocet tablet every 6 hours as needed for pain.

26 ⁵ Norco is a brand name for the drug combination of hydrocodone (5 mg, 7.5 mg, or 10 mg) and
27 acetaminophen (325 mg). Hydrocodone is a Schedule II controlled substance pursuant to Health and
28 Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions
Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to
moderately severe pain. The DEA has identified opioids, such as Hydrocodone, as a drug of abuse.
(Drugs of Abuse, DEA Resource Guide (2015 Edition), at p. 43.)

- 1 f. 60 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on May
- 2 16, 2019;
- 3 g. 60 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on June
- 4 29, 2019;
- 5 h. 30 tablets of 1 milligram Lorazepam on August 31, 2019;
- 6 i. 30 tablets of 1 milligram Lorazepam September 28, 2019;
- 7 j. 30 tablets of 1 milligram Lorazepam January 11, 2020;
- 8 k. 80 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on
- 9 February 20, 2020;
- 10 l. 80 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on April
- 11 14, 2020;
- 12 m. 80 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on June 4,
- 13 2020;
- 14 n. 60 tablets of 1 milligram Lorazepam on August 16, 2020;
- 15 o. 60 tablets of 1 milligram Lorazepam on October 20, 2020

16 14. Respondent periodically reassessed Patient A but failed to document any
17 investigation of alternate diagnosis or pain control strategies. Additionally, Respondent failed to
18 take x-rays of Patient A's hands or neck, which were apparently reasons for prescribing
19 controlled substances due to degenerative joint disease.

20 **PATIENT B**

21 15. Respondent failed to maintain legible records for his care of Patient B and failed to
22 document a sufficiently thorough plan of care on approximately 11 occasions.

23 16. On the following dates, Respondent prescribed controlled substances to Patient B,
24 while failing to perform an adequate history and physical examination and failing to obtain
25 records from Patient B's previous physician:

- 26 a. 30 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on May
- 27 18, 2018;
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- b. 30 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on July 11, 2018;
- c. 30 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on September 4, 2018;
- d. 60 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on December 7, 2018;
- e. 60 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on April 26, 2019;
- f. 60 tablets of 325/10 milligram Hydrocodone Bitartrate-Acetaminophen on November 4, 2019;
- g. 56 tablets of 50 milligram Tramadol⁶ on April 5, 2020;
- h. 56 tablets of 50 milligram Tramadol on April 19, 2020;
- i. 32 tablets of 50 milligram Tramadol on April 25, 2020;
- j. 56 tablets of 50 milligram Tramadol on September 2, 2020;
- k. 56 tablets of 50 milligram Tramadol on September 9, 2020;
- l. 56 tablets of 50 milligram Tramadol on September 15, 2020;
- m. 16 tablets of 50 milligram Tramadol on September 21, 2020;
- n. 240 tablets of 50 milligram Tramadol on November 3, 2020;
- o. 240 tablets of 50 milligram Tramadol on December 2, 2020;
- p. 56 tablets of 50 milligram Tramadol on January 16, 2021;
- q. 56 tablets of 50 milligram Tramadol on January 22, 2021

17. From on or about November 21, 2017 until on or about January 22, 2021, Respondent failed to document specific objectives for treatment of Patient B, including references to physical

⁶ Tramadol is a strong pain medication used to treat moderate to severe pain that is not being relieved by other types of pain medicines. Tramadol is a synthetic opioid and acts in the brain and spine (central nervous system) to reduce the amount of pain you feel.

1 therapy or exercise programs, and failed to note the use of additional medications including
2 ibuprofen⁷ and amitriptyline⁸.

3 **PATIENT C**

4 18. Respondent failed to maintain legible records for his care of Patient C and failed to
5 document a sufficiently thorough plan of care on approximately three occasions.

6 **SECOND CAUSE FOR DISCIPLINE**

7 **(Failure to Maintain Adequate and Accurate Records)**

8 19. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
9 55098 to disciplinary action under sections 2227 and/or 2234, and/or 2266 of the Code, in that he
10 failed to keep adequate and accurate medical records in his care and treatment of Patients A, B,
11 and C, as more particularly alleged in paragraphs 8 through 18, above, which are hereby
12 incorporated by reference and realleged as if fully set forth herein.

13 **PRAYER**

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

- 16 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 55098,
17 issued to David Glen Streeter, M.D.;
- 18 2. Revoking, suspending or denying approval of David Glen Streeter, M.D.'s authority
19 to supervise physician assistants and advanced practice nurses;
- 20 3. Ordering David Glen Streeter, M.D., to pay the Board the costs of the investigation
21 and enforcement of this case, and if placed on probation, the costs of probation monitoring;

22 _____
23 ⁷ Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID). It works by reducing hormones
24 that cause inflammation and pain in the body. Ibuprofen is used to reduce fever and treat pain or
25 inflammation caused by many conditions such as headache, toothache, back pain, arthritis, menstrual
cramps, or minor injury.

26 ⁸ Amitriptyline is a tricyclic antidepressant with sedative effects. Amitriptyline affects certain
27 chemical messengers (neurotransmitters) that communicate between brain cells and help regulate mood.
Amitriptyline is a prescription medicine used to treat symptoms of depression.

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4. Taking such other and further action as deemed necessary and proper.

DATED: OCT 31 2022



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

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