

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

In the Matter of the Accusation Against:

John Madison Riley, M.D.

**Physician's and Surgeon's
Certificate No. G 54859**

Respondent.

Case No. 800-2021-077659

DECISION

The attached Stipulated Surrender of License 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 October 05, 2023.

IT IS SO ORDERED September 28, 2023.

MEDICAL BOARD OF CALIFORNIA



**Reji Varghese
Executive Director**

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2021-077659

14 **JOHN MADISON RILEY, M.D.**
15 **1535 Plumas Ct., Ste B**
Yuba City, CA 95991-2960
16 **Physician's and Surgeon's Certificate**
No. G 54859

**STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER**

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 Aaron L. Lent, Deputy
26 Attorney General.

27 2. John Madison Riley, M.D. (Respondent) is represented in this proceeding by attorney
28 Amelia F. Burroughs, whose address is: 1600 Humboldt Road, Suite 1, Chico, California 95928.

1 3. On or about May 28, 1985, the Board issued Physician's and Surgeon's Certificate
2 No. G 54859 to John Madison Riley, M.D. (Respondent). The Physician's and Surgeon's
3 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
4 No. 800-2021-077659 and expired on May 31, 2023.

5 **JURISDICTION**

6 4. Accusation No. 800-2021-077659 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 April 21, 2023. Respondent timely filed his Notice of Defense
9 contesting the Accusation.

10 5. A copy of Accusation No. 800-2021-077659 is attached as Exhibit A and
11 incorporated by reference.

12 **ADVISEMENT AND WAIVERS**

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2021-077659. Respondent also has carefully read,
15 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License
16 and Disciplinary Order.

17 7. 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 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 **CULPABILITY**

26 9. Respondent understands and agrees that the charges and allegations in Accusation
27 No. 800-2021-077659, if proven at a hearing, constitute cause for imposing discipline upon his
28 Physician's and Surgeon's Certificate.

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

4 11. Respondent does not contest that, at an administrative hearing, complainant could
5 establish a *prima facie* case with respect to the charges and allegations in Accusation No. 800-
6 2021-077659, a true and correct copy of which is attached hereto as Exhibit A, and that he has
7 thereby subjected his Physician's and Surgeon's Certificate, No. G 54859 to disciplinary action.

8 12. Respondent understands that by signing this stipulation he enables the Board to issue
9 an order accepting the surrender of his Physician's and Surgeon's Certificate without further
10 process.

11 **CONTINGENCY**

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

21 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
22 copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures
23 thereto, shall have the same force and effect as the originals.

24 15. This Stipulated Surrender and Disciplinary Order is intended by the parties herein to
25 be an integrated writing representing the complete, final, and exclusive embodiment of the
26 agreements of the parties in the above-entitled matter.

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1 16. The parties agree that copies of this Stipulated Surrender and Disciplinary Order,
2 including copies of the signatures of the parties, may be used in lieu of original documents and
3 signatures and, further, that such copies shall have the same force and effect as originals.

4 17. In consideration of the foregoing admissions and stipulations, the parties agree that
5 the Board may, without further notice or formal proceeding, issue and enter the following
6 Disciplinary Order:

7 **ORDER**

8 IT IS HEREBY ORDERED that Physician’s and Surgeon’s Certificate No. G 54859, issued
9 to Respondent John Madison Riley, M.D., is surrendered and accepted by the Board.

10 1. The surrender of Respondent’s Physician’s and Surgeon’s Certificate and the
11 acceptance of the surrendered license by the Board shall constitute the imposition of discipline
12 against Respondent. This stipulation constitutes a record of the discipline and shall become a part
13 of Respondent’s license history with the Board.

14 2. Respondent shall lose all rights and privileges as a physician and surgeon in
15 California as of the effective date of the Board’s Decision and Disciplinary Order.

16 3. Respondent shall cause to be delivered to the Board his pocket license and, if one was
17 issued, his wall certificate on or before the effective date of the Decision and Disciplinary Order.

18 4. If Respondent ever files an application for licensure or a petition for reinstatement in
19 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
20 comply with all the laws, regulations and procedures for reinstatement of a revoked or
21 surrendered license in effect at the time the petition is filed, and all of the charges and allegations
22 contained in Accusation No. 800-2021-077659 shall be deemed to be true, correct and admitted
23 by Respondent when the Board determines whether to grant or deny the petition.

24 5. Respondent shall pay the agency its costs of investigation and enforcement in the
25 amount of \$17,022.50 prior to issuance of a new or reinstated license.

26 6. If Respondent should ever apply or reapply for a new license or certification, or
27 petition for reinstatement of a license, by any other health care licensing agency in the State of
28 California, all of the charges and allegations contained in Accusation, No. 800-2021-077659 shall

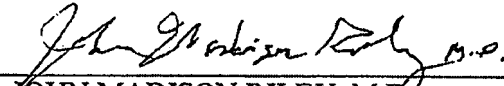
1 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
2 Issues or any other proceeding seeking to deny or restrict licensure.

3 **ACCEPTANCE**

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

9
10 DATED:


3 July 2023


11 JOHN MADISON RILEY, M.D.
12 Respondent

13 I have read and fully discussed with Respondent John Madison Riley, M.D. the terms and
14 conditions and other matters contained in this Stipulated Surrender of License and Disciplinary
15 Order. I approve its form and content.

16 DATED:

07-07-2023


17 AMELIA F. BURROUGHS
18 Attorney for Respondent

19 **ENDORSEMENT**

20 The foregoing Stipulated Surrender of License and Disciplinary Order is hereby
21 respectfully submitted for consideration by the Medical Board of California of the Department of
22 Consumer Affairs.

23 DATED: July 10, 2023

24 Respectfully submitted,

25 ROB BONTA
26 Attorney General of California
27 ALEXANDRA M. ALVAREZ
28 Supervising Deputy Attorney General



AARON L. LENT
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2021-077659

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
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Deputy Attorney General
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7 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2021-077659

14 **John Madison Riley, M.D.**
15 **1535 Plumas Ct., Ste B**
Yuba City, CA 95991-2960

ACCUSATION

16 **Physician's and Surgeon's Certificate**
17 **No. G 54859,**

18 Respondent.

19
20 **PARTIES**

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

24 2. On or about May 28, 1985, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 54859 to John Madison Riley, 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 May 31, 2023, unless renewed.

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1 **JURISDICTION**

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 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 118, subdivision (b), of the Code provides that the suspension/expiration/
10 surrender/cancellation of a license shall not deprive the Board/Registrar/Director of jurisdiction to
11 proceed with a disciplinary action during the period within which the license may be renewed,
12 restored, reissued or reinstated.

13 **STATUTORY PROVISIONS**

14 6. Section 2234 of the Code, states, in pertinent part:

15 The board shall take action against any licensee who is charged with
16 unprofessional conduct.¹ In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

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

19 (b) Gross negligence.

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

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

24 (2) When the standard of care requires a change in the diagnosis, act, or
25 omission that constitutes the negligent act described in paragraph (1), including, but
not limited to, a reevaluation of the diagnosis or a change in treatment, and the

26 ¹ Unprofessional conduct under California and Business Code section 2234 is conduct
27 which breaches the rules of the ethical code of the medical profession, or conduct which is
28 unbecoming to a member in good standing of the medical profession, and which demonstrates an
unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
575.)

1 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

2 (d) Incompetence.

3 ...

4 7. Section 2238 of the Code states, in pertinent part:

5 "A violation of...any of the statutes or regulations of this state regulating dangerous
6 drugs or controlled substances constitutes unprofessional conduct."

7
8 8. Section 2242 of the Code states:

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

12
13 (b) No licensee shall be found to have committed unprofessional conduct within
the meaning of this section if, at the time the drugs were prescribed, dispensed, or
14 furnished, any of the following applies:

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

17
18 (2) The licensee transmitted the order for the drugs to a registered nurse or to a
licensed vocational nurse in an inpatient facility, and if both of the following
19 conditions exist:

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

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

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

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

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1 9. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
2 adequate and accurate records relating to the provision of services to their patients constitutes
3 unprofessional conduct.

4 10. Section 4021 of the Code states: 'Controlled substance' means any substance listed in
5 Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

6 11. Section 4022 of the Code states: 'Dangerous drug' or 'dangerous device' means any
7 drug or device unsafe for self-use in humans or animals, and includes the following:

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

10 “...
11 “(c) Any other drug or device that by federal or state law can be lawfully dispensed
12 only on prescription or furnished pursuant to Section 4006.”

13 12. Health and Safety Code § 11165.4² states:

14 (a) (1) (A) (i) A health care practitioner authorized to prescribe, order,
15 administer, or furnish a controlled substance shall consult the CURES³ database to
16 review a patient’s controlled substance history before prescribing a Schedule II,
17 Schedule III, or Schedule IV controlled substance to the patient for the first time and
18 at least once every four months thereafter if the substance remains part of the
19 treatment of the patient.

20 (ii) If a health care practitioner authorized to prescribe, order, administer, or
21 furnish a controlled substance is not required, pursuant to an exemption described in
22 subdivision (c), to consult the CURES database the first time he or she prescribes,
23 orders, administers, or furnishes a controlled substance to a patient, he or she shall
24 consult the CURES database to review the patient’s controlled substance history
25 before subsequently prescribing a Schedule II, Schedule III, or Schedule IV
26 controlled substance to the patient and at least once every four months thereafter if
27 the substance remains part of the treatment of the patient.

28 (B) For purposes of this paragraph, first time means the initial occurrence in
which a health care practitioner, in his or her role as a health care practitioner, intends
to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV
controlled substance to a patient and has not previously prescribed a controlled
substance to the patient.

(2) A health care practitioner shall obtain a patient’s controlled substance
history from the CURES database no earlier than 24 hours, or the previous business

² Effective October 2, 2018.

³ Controlled Substance Utilization Review and Evaluation System (CURES) is a database
maintained by the California Department of Justice, which tracks all controlled drug prescriptions
that are dispensed in the State of California.

1 day, before he or she prescribes, orders, administers, or furnishes a Schedule II,
Schedule III, or Schedule IV controlled substance to the patient.

2 (b) The duty to consult the CURES database, as described in subdivision (a),
3 does not apply to veterinarians or pharmacists.

4 (c) The duty to consult the CURES database, as described in subdivision (a),
5 does not apply to a health care practitioner in any of the following circumstances:

6 (1) If a health care practitioner prescribes, orders, or furnishes a controlled
7 substance to be administered to a patient while the patient is admitted to any of the
8 following facilities or during an emergency transfer between any of the following
9 facilities for use while on facility premises:

10 (A) A licensed clinic, as described in Chapter 1 (commencing with Section
11 1200) of Division 2.

12 (B) An outpatient setting, as described in Chapter 1.3 (commencing with
13 Section 1248) of Division 2.

14 (C) A health facility, as described in Chapter 2 (commencing with Section
15 1250) of Division 2.

16 (D) A county medical facility, as described in Chapter 2.5 (commencing with
17 Section 1440) of Division 2.

18 (2) If a health care practitioner prescribes, orders, administers, or furnishes a
19 controlled substance in the emergency department of a general acute care hospital and
20 the quantity of the controlled substance does not exceed a nonrefillable seven-day
21 supply of the controlled substance to be used in accordance with the directions for
22 use.

23 (3) If a health care practitioner prescribes, orders, administers, or furnishes a
24 controlled substance to a patient as part of the patient's treatment for a surgical
25 procedure and the quantity of the controlled substance does not exceed a nonrefillable
26 five-day supply of the controlled substance to be used in accordance with the
27 directions for use, in any of the following facilities:

28 (A) A licensed clinic, as described in Chapter 1 (commencing with Section
1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with
Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section
1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with
Section 1440) of Division 2.

(E) A place of practice, as defined in Section 1658 of the Business and
Professions Code.

(4) If a health care practitioner prescribes, orders, administers, or furnishes a
controlled substance to a patient currently receiving hospice care, as defined in
Section 1339.40.

1 (5) (A) If all of the following circumstances are satisfied:

2 (i) It is not reasonably possible for a health care practitioner to access the
3 information in the CURES database in a timely manner.

4 (ii) Another health care practitioner or designee authorized to access the
5 CURES database is not reasonably available.

6 (iii) The quantity of controlled substance prescribed, ordered, administered, or
7 furnished does not exceed a nonrefillable five-day supply of the controlled substance
8 to be used in accordance with the directions for use and no refill of the controlled
9 substance is allowed.

10 (B) A health care practitioner who does not consult the CURES database under
11 subparagraph (A) shall document the reason he or she did not consult the database in
12 the patient's medical record.

13 (6) If the CURES database is not operational, as determined by the department,
14 or when it cannot be accessed by a health care practitioner because of a temporary
15 technological or electrical failure. A health care practitioner shall, without undue
16 delay, seek to correct any cause of the temporary technological or electrical failure
17 that is reasonably within his or her control.

18 (7) If the CURES database cannot be accessed because of technological
19 limitations that are not reasonably within the control of a health care practitioner.

20 (8) If consultation of the CURES database would, as determined by the health
21 care practitioner, result in a patient's inability to obtain a prescription in a timely
22 manner and thereby adversely impact the patient's medical condition, provided that
23 the quantity of the controlled substance does not exceed a nonrefillable five-day
24 supply if the controlled substance were used in accordance with the directions for use.

25 (d) (1) A health care practitioner who fails to consult the CURES database, as
26 described in subdivision (a), shall be referred to the appropriate state professional
27 licensing board solely for administrative sanctions, as deemed appropriate by that
28 board.

(2) This section does not create a private cause of action against a health care
practitioner. This section does not limit a health care practitioner's liability for the
negligent failure to diagnose or treat a patient.

(e) This section is not operative until six months after the Department of Justice
certifies that the CURES database is ready for statewide use and that the department
has adequate staff, which, at a minimum, shall be consistent with the appropriation
authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016
(Chapter 23 of the Statutes of 2016), user support, and education. The department
shall notify the Secretary of State and the office of the Legislative Counsel of the date
of that certification.

(f) All applicable state and federal privacy laws govern the duties required by
this section.

(g) The provisions of this section are severable. If any provision of this section
or its application is held invalid, that invalidity shall not affect other provisions or
applications that can be given effect without the invalid provision or application.

1 **COST RECOVERY**

2 13. 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 **PERTINENT DRUG INFORMATION**

9 14. Amantadine – Generic name for the drug Symmetrel and Gocovri. Amantadine is an
10 anti-dyskinetic medication used to treat the symptoms of Parkinson’s disease such as sudden
11 uncontrolled movements. It is a dangerous drug pursuant to Business and Professions Code
12 section 4022.

13 15. Baclofen – Generic name for the drug Lioresal, among others. It is a muscle relaxant
14 and anti-spasmodic medication commonly used to treat muscle spasticity such as from a spinal
15 cord injury or multiple sclerosis. It is a dangerous drug pursuant to Business and Professions
16 Code section 4022.

17 16. Benztropine – Sold under the brand name Cogentin. Benztropine is an anti-
18 cholinergic medication that is used to treat the symptoms of Parkinson’s disease or involuntary
19 movements due to the side effects of certain psychiatric drugs (anti-psychotics such as
20 chlorpromazine). It is a dangerous drug pursuant to Business and Professions Code section 4022.

21 17. Chlorpromazine – Sold under the brand names Thorazine and Largactil, among
22 others. Chlorpromazine is an anti-psychotic medication that is primarily used to treat psychotic
23 disorders such as schizophrenia or manic-depression in adults. It is also used to treat bipolar
24 disorder and severe behavioral problems in children. It is a dangerous drug pursuant to Business
25 and Professions Code section 4022.

26 18. Clomipramine – Sold under the brand name Anafranil. Clomipramine is a tricyclic
27 anti-depressant medication that is used to treat symptoms of obsessive-compulsive disorder

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1 (OCD), such as recurrent thoughts or feelings and repetitive actions. It is a dangerous drug
2 pursuant to Business and Professions Code section 4022.

3 19. Clonazepam – Generic name for the drug Klonopin. Clonazepam is an anti-anxiety
4 medication in the benzodiazepine family used to prevent seizures, panic disorder, and akathisia.
5 Clonazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title
6 21 section 1308.14(c). It is also a Schedule IV controlled substance pursuant to Health and
7 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
8 Professions Code section 4022.

9 20. Clozapine – Generic name for the drug Clozaril. Clozapine is an anti-psychotic
10 medicine used to treat schizophrenia, and is a dangerous drug pursuant to Business and
11 Professions Code section 4022.

12 21. Depakote – Generic name for the drug divalproex sodium which is a compound
13 comprised of sodium valproate and valproic acid. It is an anti-convulsant medication used to treat
14 manic episodes associated with bipolar disorder, epilepsy, and migraine headaches. It is a
15 dangerous drug pursuant to Business and Professions Code section 4022.

16 22. Doxepin – Sold under the brand names Sinequan and Silenor. Doxepin is a tricyclic
17 anti-depressant medication that, in capsule or oral concentrate form, is used to treat symptoms of
18 depression and/or anxiety associated with alcoholism, manic depression, or other mental illness.
19 In tablet form it also used to treat insomnia in people who have trouble staying asleep. It is a
20 dangerous drug pursuant to Business and Professions Code section 4022.

21 23. Fluoxetine – Generic name for the drugs Prozac and Sarafem, among others.
22 Fluoxetine is a selective serotonin reuptake inhibitor (SSRI) anti-depressant that is used to treat
23 major depressive disorder, obsessive-compulsive disorder (OCD), bulimia nervosa, panic
24 disorder, and premenstrual dysphoric disorder. It is a dangerous drug pursuant to Business and
25 Professions Code section 4022.

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1 24. Haloperidol – Generic name for the drug Haldol. Haloperidol is an anti-psychotic
2 medicine used to treat schizophrenia. It is a dangerous drug pursuant to Business and Professions
3 Code section 4022.

4 25. Hydroxyzine – Generic name for the drugs Atarax and Vistaril. Hydroxyzine is an
5 antihistamine and sedative medication used to treat anxiety and tension associated with
6 psychoneurosis. It is a dangerous drug pursuant to Business and Professions Code section 4022.

7 26. Lithium – It is a prescription medication used to treat and prevent manic episodes
8 associated with bipolar disorder. Lithium is an anti-manic drug commonly used to treat bipolar
9 disorder, schizoaffective disorder, and mania. It is a dangerous drug pursuant to Business and
10 Professions Code section 4022.

11 27. Lorazepam – Generic name for Ativan. Lorazepam is a member of the
12 benzodiazepine family and is a fast acting anti-anxiety medication used for the short-term
13 management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to
14 Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section
15 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section
16 4022.

17 28. Olanzapine – Generic name for the drug Zyprexa. Olanzapine is an anti-psychotic
18 medication used to treat schizophrenia and the symptoms of mood disorders such as bipolar
19 disorder, and is a dangerous drug pursuant to Business and Professions Code section 4022.

20 29. Propranolol – Generic name for the drugs Inderal and Hemangeol. Propranolol is a
21 medication used to treat high blood pressure, chest pain (angina), and uneven heartbeat (atrial
22 fibrillation). It can also treat tremors and proliferating infantile hemangioma. Propranolol is part
23 of a class of drugs known as beta blockers (medications that reduce blood pressure and work by
24 blocking the effects of the hormone epinephrine; which cause the heart to beat more slowly and
25 with less force). It is a dangerous drug pursuant to Business and Professions Code section 4022.

26 30. Topiramate – Generic name for the drug Topamax. Topiramate is an anti-convulsant
27 medication used to treat seizures and nerve pain. It is a dangerous drug pursuant to Business and
28 Professions Code section 4022.

1 31. Ziprasidone – Generic name for Geodon. Ziprasidone is an atypical anti-psychotic
2 medication used to treat symptoms of schizophrenia and acute manic or mixed episodes
3 associated with bipolar disorder. It is a dangerous drug pursuant to Business and Professions
4 Code section 4022.

5 32. Zolpidem tartrate – Generic name for the drug Ambien. Zolpidem tartrate is a
6 sedative and hypnotic used for short-term treatment of insomnia. Zolpidem tartrate is a Schedule
7 IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is
8 a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,
9 subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

10 **FACTUAL ALLEGATIONS**

11 33. Respondent is a licensed physician and surgeon, but is not board certified in
12 psychiatry, who at all times relevant to the allegations brought herein worked as the Medical
13 Director at Priorities, Inc. (Priorities), an adult residential facility, within Sutter County,
14 California.

15 34. On or about December 15, 2016, at approximately 12:40 p.m., Patient 1,⁴ a 38-year
16 old male with a history of involuntary psychiatric admissions and self-injurious behavior, was
17 admitted into Priorities. Patient 1 remained admitted at Priorities, with intermittent and temporary
18 hospitalizations at other medical facilities in the interim, until his death at Priorities on or about
19 April 30, 2020.

20 35. On or about April 14, 2022, Respondent was interviewed by a Board investigator and
21 stated that from the time Patient 1 was admitted to Priorities until the time of his death,
22 approximately three years and four months, Respondent had only seen Patient 1 twice.
23 Respondent also contested the characterization that Patient 1 was his patient rather, Respondent
24 asserted that his role was the Medical Director at Priorities.

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27 ⁴ To protect the privacy of the patient, the patient's and witnesses' names and information
28 were not included in this pleading. Respondent is aware of Patient 1's and the witnesses'
identities. All witnesses will be fully identified in discovery.

1 36. On or about December 22, 2016, Respondent signed Patient 1's Certification of
2 Ability to Request PRN⁵ Medication, with the stated diagnoses of depression with psychosis and
3 OCD, prescribing Hydroxyzine at 50 mg TID⁶ as well as Ativan at 1 mg QID⁷ for anxiety and
4 agitation. There is no documented indication in Patient 1's medical records that Respondent
5 performed or ordered a psychiatric evaluation of Patient 1.

6 37. On or about December 27, 2016, Respondent signed Patient 1's Certification of
7 Ability to Request PRN Medication, with the stated diagnoses of depression with psychosis and
8 OCD, prescribing Hydroxyzine at 50 mg QID for anxiety and agitation, as well as Thorazine at
9 50 mg TID for psychosis. There is no documented indication in Patient 1's medical records that
10 Respondent performed or ordered a psychiatric evaluation of Patient 1.

11 38. On or about June 21, 2017, Respondent signed Patient 1's Certification of Ability to
12 Request PRN Medication, with the stated diagnoses of depression with psychosis and OCD,
13 prescribing Thorazine at 200 mg for severe anxiety and agitation. There is no documented
14 indication in Patient 1's medical records that Respondent performed or ordered a psychiatric
15 evaluation of Patient 1.

16 39. According to a review of Patient 1's medical records, Respondent only made four
17 handwritten progress notes on or about December 22, 2016, January 11, 2017, January 24, 2017,
18 and February 2, 2017. The legibility of these four handwritten notes is poor, making it difficult to
19 discern the content of the notes. Respondent also utilized uncommon medical abbreviations such
20 as "NC" which makes the notes difficult to understand. The notes do not follow the typical
21 medical note progression from subjective symptoms, objective findings to assessment and
22 treatment plan. The notes contain no elaboration of documented symptoms such as frequency,
23 duration, intensity or precipitating factors. There are no objective findings such as vital signs,
24 mental status examinations or physical examinations of Patient 1. None of the four notes included
25 any elements required for a psychiatric evaluation. The stated assessments and treatment plans in
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27 ⁵ Latin term *Pro re Nate* (PRN) meaning "as needed."

28 ⁶ Latin term *Ter in Die* (TID) meaning "three times a day."

⁷ Latin term *Quarter in Die* (QID) meaning "four times a day."

1 the notes are either incomplete and/or lack clinical meaning and discussion. The stated diagnoses
2 in the notes also contain no complete explanations and/or formulated rationales.

3 40. According to a review of Patient 1's medical records, there is no documented
4 indication that Respondent made a referral for a board certified psychiatrist for Patient 1. To the
5 contrary, during Respondent's interview with the Board investigator on or about April 14, 2022,
6 Respondent stated that his presence was not helpful to the maintenance of the appropriate
7 "milieu," and that a "heavy footprint by a professional psychiatrist [was] not indicated...".

8 41. According to a review of Patient 1's medical records from approximately December
9 2016 through April 2020, besides the four handwritten progress notes, Priorities staff documented
10 several telephonic and verbal orders given by Respondent regarding the care and treatment of
11 Patient 1, which Respondent thereafter would sometimes sign. As to the vast majority of these
12 telephonic and verbal orders, there are no corresponding psychiatric evaluations conducted by
13 Respondent or documentation such as clinical indications by Respondent for the medication
14 orders prescribed to Patient 1 which included, but were not limited to, Benztropine, Buspirone,⁸
15 Chlorpromazine, Clomipramine, Clonazepam, Clozapine, Depakote, Doxepin, Haldol,
16 Hydroxyzine, Lithium, Lorazepam, Propranolol, Prozac, Thorazine, Topamax, Ziprasidone, and
17 Zyprexa.

18 42. During Respondent's interview with the Board investigator on or about April 14,
19 2022, Respondent stated he prescribed Patient 1 Lithium to treat "circadian disturbance,"
20 Ziprasidone at Patient 1's own request, valproic acid for "agitation and I guess, bipolar
21 symptoms," Doxepin as a "sleep cycle setter" for insomnia, and Thorazine as Patient 1's
22 preference.

23 43. According to a review of Patient 1's medical records and CURES reports, from
24 approximately September 2018 through December 2019, Respondent prescribed Patient 1
25 Clonazepam 1 mg tablets, to be taken twice a day.

26 44. According to a review of Patient 1's medical records and CURES reports, on or about
27 the weeks of September 18, 2018, October 22, 2018, December 27, 2018, and April 30, 2019,

28 ⁸ Buspirone, brand name Buspar, is a medication to treat anxiety.

1 Respondent prescribed Patient 1 21 tablets of Lorazepam at 1 mg. On or about June 26, 2019,
2 Respondent prescribed Patient 1 90 tablets of Lorazepam at 1 mg for 30 days. On or about
3 September 3, 2019, Respondent prescribed Patient 1 30 tablets of Lorazepam at 1 mg for 10 days.
4 On or about October 31, 2019, Respondent prescribed Patient 1 30 tablets of Lorazepam at 2 mg
5 for 30 days. On or about January 8, 2020, February 7, 2020, and March 3, 2020, Respondent
6 prescribed Patient 1 120 tablets of Lorazepam at 1 mg for 30 days. On or about April 2 and 29,
7 2020, Respondent prescribed Patient 1 60 tablets of Lorazepam at 1 mg for 30 days.

8 45. According to a review of Patient 1's medical records and CURES reports, on or about
9 November 28, 2018, Respondent prescribed Patient 1 13 tablets of zolpidem tartrate at 5 mg for
10 30 days. From approximately December 2018 through July 2019, Respondent prescribed Patient
11 1 30 tablets of zolpidem tartrate every 30 days at 5 mg each. On or about October 4, 2019,
12 Respondent prescribed Patient 1 28 tablets of zolpidem tartrate at 5 mg for 28 days.

13 46. According to a review of Patient 1's medical records, Patient 1 received the following
14 prescription medications at Priorities within approximately 24 – 48 hours prior to his death:
15 Fluoxetine at 60 mg once a day, Lithium at 300 mg each night, Lorazepam at 1 mg twice a day,
16 Melatonin at 6 mg each night, Topiramate at 50 mg daily with 100 mg each night, Ziprasidone at
17 60 mg twice a day, Baclofen at 10 mg twice a day, Amantadine at 100 mg twice a day,
18 Bzotropine at 2 mg twice a day, Clomipramine at 100 mg each night, Divalproex Sodium at
19 1000 mg twice a day, Doxepin at 10 mg each night, and Chlorpromazine at 50 mg three times a
20 day.

21 47. According to a review of Patient 1's medical records, one of Patient 1's treating
22 doctors at Priorities, diagnosed him as 'developmentally delayed' and stated that Patient 1 did not
23 have the intellect to process or provide his own care and did not have the ability or insight to
24 understand his care needs. Despite this diagnosis; and in light of Patient 1's history of self-
25 injurious, destructive behavior, and the required assistance Patient 1 needed with a variety of
26 activities of daily living at Priorities, there is no documentation of Respondent discussing Patient
27 1's health information or treatment with any health care proxy such as Patient 1's mother.

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1 48. In the months preceding Patient 1’s death at Priorities in April 2020, the medical
2 records documented Patient 1’s required use of a walker due to spasticity and gait instability,
3 which were not previously present. Patient 1 also had a markedly more difficult time swallowing
4 and his oral intake significantly decreased, which was reflected in a weight loss from 182 pounds
5 in October 2019 to 110 pounds in April 2020. Priorities staff also documented that Patient 1 had
6 become more erratic from his baseline exhibited behaviors. During Respondent’s interview with
7 the Board investigator on or about April 14, 2022, Respondent admitted he was aware of these
8 issues with Patient 1 and did not make any changes to Patient 1 prescribed medications nor did
9 Respondent refer Patient 1 to a higher level of care.

10 **FIRST CAUSE FOR DISCIPLINE**

11 **(Gross Negligence)**

12 49. Respondent John Madison Riley, M.D. has subjected his Physician’s and Surgeon’s
13 Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as defined by
14 section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and
15 treatment of Patient 1. The circumstances are set forth in paragraphs 33 through 48, above, which
16 are hereby incorporated by reference and re-alleged as if fully set forth herein.

17 50. Respondent’s license is subject to disciplinary action because he committed gross
18 negligence during the care and treatment of Patient 1 in the following distinct and separate ways:

- 19 a. Respondent failed to appropriately and legibly maintain adequate and accurate
20 medical records for Patient 1;
- 21 b. Respondent failed to perform a complete and adequate psychiatric evaluation or
22 order an appropriate psychiatric consultation for Patient 1;
- 23 c. Respondent failed to treat Patient 1 as his patient as demonstrated by his
24 absence of care despite the established patient-doctor relationship;
- 25 d. Respondent prescribed Patient 1 benzodiazepines, sedatives, anti-psychotics,
26 anti-convulsants, anti-anxiety, anti-cholinergic, anti-depressants, anti-manic, SSRI, and beta
27 blocker medications without approved and verified medical indications;

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1 e. Respondent acted outside the scope of his practice by treating Patient 1's
2 psychiatric conditions with multiple psychotropic medications for over three years;

3 f. Respondent failed to refer Patient 1 to a board certified psychiatrist or to a
4 higher level of care while Patient 1's health deteriorated prior to his death;

5 g. Respondent failed to discuss Patient 1's clinical condition or obtain proper
6 informed consent in the treatment and care of Patient 1 from any health care proxy such as Patient
7 1's mother;

8 h. Respondent prescribed Patient 1 unnecessary and prolonged doses of controlled
9 substances specifically, combinations of overlapping benzodiazepines and sedatives with multiple
10 psychotropic medications for over three years, that placed Patient 1 at risk for overdose; and

11 i. Respondent's prescribed Patient 1 an excessive and dangerous polypharmacy of
12 psychotropic medications simultaneously just prior to Patient 1's death.

13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Repeated Negligent Acts)**

15 51. Respondent John Madison Riley, M.D. has further subjected his Physician's and
16 Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as
17 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent
18 acts in his care and treatment of Patient 1 as more particularly alleged in paragraphs 33 through
19 50, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

20 52. The instances of gross departures from the standard of care as set forth in paragraph
21 50, are incorporated by reference as if fully set forth herein and serve as repeated negligent acts.

22 **THIRD CAUSE FOR DISCIPLINE**

23 **(Prescribing Controlled Substances Without Appropriate Examination or Medical
24 Indication)**

25 53. Respondent John Madison Riley, M.D. has further subjected his Physician's and
26 Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227, 2234 and 2242, in
27 that he has prescribed controlled substances and dangerous drugs to Patient 1 as more particularly

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1 alleged in paragraphs 33 through 48, above, which are hereby incorporated by reference and re-
2 alleged as if fully set forth herein.

3 **FOURTH CAUSE FOR DISCIPLINE**

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

5 54. Respondent John Madison Riley, M.D. has further subjected his Physician's and
6 Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as
7 defined by section 2266 of the Code, in that he failed to maintain adequate and accurate medical
8 records of Patient 1 as more particularly alleged in paragraphs 33 through 48 above, which are
9 hereby incorporated by reference and re-alleged as if fully set forth herein.

10 **FIFTH CAUSE FOR DISCIPLINE**

11 **(Incompetence)**

12 55. Respondent John Madison Riley, M.D. has further subjected his Physician's and
13 Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as
14 defined by section 2234, subdivision (d), of the Code, in that he committed incompetence. The
15 circumstances are set forth in paragraphs 33 through 50, and those paragraphs are incorporated by
16 reference and re-alleged as if fully set forth herein.

17 56. During Respondent's interview with the Board investigator on or about April 14,
18 2022, Respondent stated he had diagnosed Patient 1 with a "condition called schizo-obsessive
19 disorder." However, the diagnosis of "schizo-obsessive disorder" is not recognized in the
20 Diagnostic and Statistical Manual of Mental Disorders (DSM-5).⁹ Respondent also stated that
21 Patient 1 "was a skin picker which is a pica syndrome." This is an untrue statement as Pica
22 disorder¹⁰ is the eating or craving of things that are not food. Respondent also stated that in his
23 assessment of Patient 1, "the problem was an anxiety disorder of marked severity leading into the
24 condition called schizo-obsessive disorder, and it was associated with self-loathing." This

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26 ⁹ The DSM is the professional reference guide used by medical clinicians to diagnose
27 mental health conditions. It is published by the American Psychiatric Association (APA) and
28 updated as new research emerges.

¹⁰ DSM-5 307.52 (F98.3) (F50.8).

1 statement is incorrect based on Patient 1's medical records and the DSM-5 criteria of a severe
2 anxiety disorder.¹¹

3 **SIXTH CAUSE FOR DISCIPLINE**

4 **(Violation of Statute Regulating Drugs)**

5 57. Respondent John Madison Riley, M.D. has further subjected his Physician's and
6 Surgeon's Certificate No. G 54859 to disciplinary action under sections 2238 as defined in
7 section 2238, of the Code, and section 11165.4, of the Health and Safety Code, in that
8 Respondent prescribed, ordered, administered, or furnished controlled substances to Patient 1
9 without first consulting the CURES database to review Patient 1's controlled substance history
10 before prescribing Patient 1 controlled substances as more particularly alleged in paragraphs 33
11 through 48, above, which are hereby incorporated by reference and re-alleged as if fully set forth
12 herein.

13 58. On or about April 14, 2022, Respondent was interviewed by a Board investigator and
14 stated that he was not registered with CURES because he claimed he did not prescribe opiates,
15 but admitted prescribing controlled substance medications such as benzodiazepines to Patient 1.

16 **SEVENTH CAUSE FOR DISCIPLINE**

17 **(General Unprofessional Conduct)**

18 59. Respondent John Madison Riley, M.D. has further subjected his Physician's and
19 Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as
20 defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules
21 or ethical code of the medical profession, or conduct which is unbecoming of a member in good
22 standing of the medical profession, and which demonstrates an unfitness to practice medicine as
23 to his care and treatment of Patient 1 as more particularly alleged in paragraphs 33 through 58,
24 above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

25 **PRAYER**

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

28 ¹¹ DSM-5 (F41.1).

- 1 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 54859, issued
2 to John Madison Riley, M.D.;
- 3 2. Revoking, suspending or denying approval of John Madison Riley, M.D.'s authority
4 to supervise physician assistants and advanced practice nurses;
- 5 3. Ordering John Madison Riley, M.D., to pay the Board the costs of the investigation
6 and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
- 7 4. Taking such other and further action as deemed necessary and proper.

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DATED: APR 21 2023

JENNA JONES FOR
REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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