

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

In the Matter of the Accusation Against:

Barbara Aleene Bruton, M.D.

Physician's & Surgeon's  
Certificate No. A 45856

Respondent.

Case No. 800-2019-062556

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 08, 2024.

IT IS SO ORDERED: February 08, 2024.

MEDICAL BOARD OF CALIFORNIA



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Laurie Rose Lubiano, Chair  
Panel A

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ROB BONTA  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
TRINA L. SAUNDERS  
Deputy Attorney General  
State Bar No. 207764  
California Department of Justice  
300 So. Spring Street, Suite 1702  
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Facsimile: (916) 731-2117  
*Attorneys for Complainant*

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

In the Matter of the Accusation Against:  
  
BARBARA ALEENE BRUTON, M.D.  
4267 Marina City Dr, Unit 1106  
Marina Del Rey, CA 90292-5830  
  
Physician's and Surgeon's Certificate No. A  
45856,  
  
Respondent.

Case No. 800-2019-062556

OAH No. 2023051013

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

**PARTIES**

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Trina L. Saunders, Deputy Attorney General.

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1 2. Respondent Barbara Aleene Bruton, M.D. (Respondent) is represented in this  
2 proceeding by attorney Robert Keith Weinberg, whose address is 19200 Von Karman Avenue,  
3 Suite 380, Irvine, California 92612-8508.

4 3. On March 13, 1989, the Board issued Physician's and Surgeon's Certificate No. A  
5 45856 to Barbara Aleene Bruton, M.D. (Respondent). That license was in full force and effect at  
6 all times relevant to the charges brought in Accusation No. 800-2019-062556, and will expire on  
7 June 30, 2024, unless renewed.

### 8 9 JURISDICTION

10 4. Accusation No. 800-2019-062556 was filed before the Board and is currently pending  
11 against Respondent. The Accusation and all other statutorily required documents were properly  
12 served on Respondent on December 1, 2022. Respondent filed a timely Notice of Defense  
13 contesting the Accusation.

14 5. A copy of Accusation No. 800-2019-062556 is attached as Exhibit A and is  
15 incorporated herein by reference.

### 16 17 ADVISEMENT AND WAIVERS

18 6. Respondent has carefully read, fully discussed with counsel, and understands the  
19 charges and allegations in Accusation No. 800-2019-062556. Respondent has also carefully read,  
20 fully discussed with her counsel, and understands the effects of this Stipulated Settlement and  
21 Disciplinary Order.

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

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

3 **CULPABILITY**

4 9. Respondent understands and agrees that the charges and allegations in Accusation  
5 No. 800-2019-062556, if proven at a hearing, constitute cause for imposing discipline upon her  
6 Physician's and Surgeon's Certificate.

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

10 11. Respondent does not contest that, at an administrative hearing, Complainant could  
11 establish a *prima facie* case with respect to the charges and allegations in Accusation No. 800-  
12 2019-062556, a true and correct copy of which is attached hereto as Exhibit A, and that she has  
13 thereby subjected her Physician's and Surgeon's Certificate, No. A 45856 to disciplinary action.

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

17 **CONTINGENCY**

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

27 14. Respondent agrees that if she ever petitions for early termination or modification of  
28 probation, or if an accusation and/or petition to revoke probation is filed against her before the

1 Board, all of the charges and allegations contained in Accusation No. 800-2019-062556 shall be  
2 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
3 other licensing proceeding involving Respondent in the State of California.

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

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

10  
11 **DISCIPLINARY ORDER**

12 **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. A 45856  
13 issued to Respondent Barbara Aleene Bruton, M.D. is revoked. However, the revocation is  
14 stayed and Respondent is placed on probation for three (3) years on the following terms and  
15 conditions:

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

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

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

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

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

25           Respondent shall submit a certification of successful completion to the Board or its  
26 designee not later than 15 calendar days after successfully completing the course, or not later than  
27 15 calendar days after the effective date of the Decision, whichever is later.

28    ///

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

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

15           Respondent shall submit a certification of successful completion to the Board or its  
16 designee not later than 15 calendar days after successfully completing the course, or not later than  
17 15 calendar days after the effective date of the Decision, whichever is later.

18           5.    PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
19 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
20 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
21 Respondent shall participate in and successfully complete that program. Respondent shall  
22 provide any information and documents that the program may deem pertinent. Respondent shall  
23 successfully complete the classroom component of the program not later than six (6) months after  
24 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
25 time specified by the program, but no later than one (1) year after attending the classroom  
26 component. The professionalism program shall be at Respondent's expense and shall be in  
27 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

28           A professionalism program taken after the acts that gave rise to the charges in the

1 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
2 or its designee, be accepted towards the fulfillment of this condition if the program would have  
3 been approved by the Board or its designee had the program been taken after the effective date of  
4 this Decision.

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

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

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

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

28 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective



1 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
2 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
3 shall cease the practice of medicine until a monitor is approved to provide monitoring  
4 responsibility.

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

11 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
12 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
13 name and qualifications of a replacement monitor who will be assuming that responsibility within  
14 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
15 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
16 notification from the Board or its designee to cease the practice of medicine within three (3)  
17 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
18 replacement monitor is approved and assumes monitoring responsibility.

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

24 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
25 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
26 Chief Executive Officer at every hospital where privileges or membership are extended to  
27 Respondent, at any other facility where Respondent engages in the practice of medicine,  
28 including all physician and locum tenens registries or other similar agencies, and to the Chief

1 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
2 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
3 calendar days.

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

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

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

11 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
12 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
13 limited to, expert review, amended accusations, legal reviews, and investigation(s), as applicable,  
14 in the amount of \$22,455.00 (twenty-two thousand four hundred fifty-five dollars and zero cents).  
15 Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be  
16 considered a violation of probation.

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

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

23 11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
24 under penalty of perjury on forms provided by the Board, stating whether there has been  
25 compliance with all the conditions of probation.

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

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1           12. GENERAL PROBATION REQUIREMENTS.

2           Compliance with Probation Unit

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

4           Address Changes

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

10          Place of Practice

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

14          License Renewal

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

17          Travel or Residence Outside California

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

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

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

27          14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

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

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

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

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

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

25 15. COMPLETION OF PROBATION. Respondent shall comply with all financial  
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
27 completion of probation. This term does not include cost recovery, which is due within 30  
28 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

1 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
2 shall be fully restored.

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

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

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

25 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
26 a new license or certification, or petition for reinstatement of a license, by any other health care  
27 licensing action agency in the State of California, all of the charges and allegations contained in  
28 Accusation No. 800-2019-062556 shall be deemed to be true, correct, and admitted by

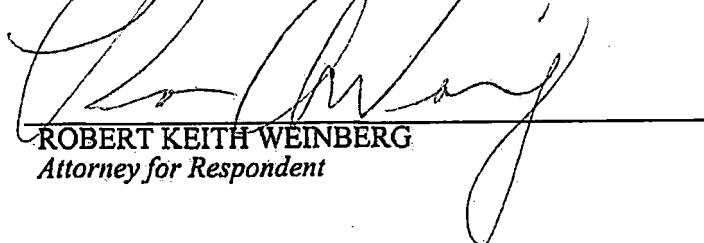
1 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
2 restrict license.

3  
4 **ACCEPTANCE**

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

10  
11 DATED: 1/4/24   
12 BARBARA ALEENE BRUTON, M.D.  
13 *Respondent*

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

17  
18 DATED: 1/15/24   
19 ROBERT KEITH WEINBERG  
20 *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: *January 11, 2024*

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General

*Trina L. Saunders*  
TRINA L. SAUNDERS  
Deputy Attorney General  
*Attorneys for Complainant*

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*Attorneys for Complainant*  
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-062556

13 BARBARA ALEENE BRUTON, M.D.

**ACCUSATION**

14 4267 Marina City Drive, Unit 1106  
Marina del Rey, California 90292-5830

15 Physician's and Surgeon's Certificate A 45856,

16 Respondent.  
17

18 **PARTIES**

19  
20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
21 as the Executive Director of the Medical Board of California (Board).

22 2. On March 13, 1989, the Board issued Physician's and Surgeon's Certificate Number  
23 A 45856 to Barbara Aleene Bruton, M.D. (Respondent). That license was in full force and effect  
24 at all times relevant to the charges brought herein and will expire on June 30, 2024, unless  
25 renewed.

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JURISDICTION

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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 states:

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

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

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

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

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

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

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

27       5.    Section 2234 of the Code, states:

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

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

          (b) Gross negligence.

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

          (1) An initial negligent diagnosis followed by an act or omission medically

1 appropriate for that negligent diagnosis of the patient shall constitute a single  
2 negligent act.

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

8 (d) Incompetence.

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

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

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

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

#### 19 COST RECOVERY

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

#### 26 CONTROLLED SUBSTANCE/DANGEROUS DRUGS

27 8. The following medications are controlled substances and dangerous drugs within  
28 the meaning of the Health and Safety Code and Business and Professions Code:

A. Xanax – (alprazolam) is a benzodiazepine. Alprazolam affects chemicals in  
the brain that may be unbalanced in people with anxiety. Xanax is used to treat anxiety  
disorders, panic disorders, and anxiety caused by depression.

1 B. Oxycodone – is a strong semi-synthetic opioid used medically for the  
2 treatment of moderate to severe pain. It is highly addictive and a commonly abused drug.

3 C. Hydrocodone – is a semi-synthetic opioid derived from codeine.  
4 Hydrocodone is used orally as narcotic analgesic

5 D. Temazepam – is a benzodiazepine used for its sedative and tranquilizing  
6 effects in the treatment of insomnia.

7 E. Naproxen – is a nonsteroidal anti-inflammatory drug (NSAID). It works  
8 by reducing hormones that cause inflammation and pain in the body.

9 F. Tizanidine – is a short acting muscle relaxer.

10 G. Klonopin (clonazepam) – is a benzodiazepine. It affects chemicals in the  
11 brain that may be unbalanced.

12 H. Diazepam – is a benzodiazepine used to treat anxiety, alcohol withdrawal,  
13 and seizures.

14 I. Hydromorphone – is an opioid medication used to treat moderate to severe  
15 pain.

16 J. Halcion (triazolam) – is a benzodiazepine and central nervous system  
17 depressant used to treat insomnia.

18  
19  
20 **FIRST CAUSE FOR DISCIPLINE**

21 (Repeated Negligent Acts)

22 9. Respondent Barbara Aleene Bruton, M.D., is subject to disciplinary action under  
23 sections 2234, subdivision (c) and 2242 in that she inappropriately prescribed controlled  
24 substances to six patients without proper justification and provided medical care that placed the  
25 health and life of the patients at risk. The medical records related to each of the patients are  
26 inadequate, such that no subsequent treating physician could review them, to obtain adequate  
27  
28

1 history, assess the care and treatment rendered by Respondent, or provide continuing appropriate  
2 care based on the patient's status and treatment.

3 The circumstances are as follows:

4 **Patient A**

5 10. The patient records produced by Respondent spanned the period from July 2018,  
6 through August 2019. The patient was a 28-year-old, male, who first established primary care  
7 with Respondent in early July 2018. Patient A reported that he had been addicted to alprazolam  
8 for ten years. He also reported that he used alprazolam and alcohol interchangeably. He  
9 reported that for many years, he required 20 mg of alprazolam daily, to feed his habit. Patient A  
10 informed Respondent that he made efforts to reduce his intake of the benzodiazepine, but often  
11 experienced severe withdrawal symptoms, including seizures.

12 11. On his first visit, Patient A asked Respondent to help him wean off of alprazolam.  
13 Per the July 10, 2018, note, Patient A was taking 8 mg daily of alprazolam. There was no  
14 physical examination completed, and no detailed psychiatric history was obtained. Urine  
15 toxicology testing confirmed the presence of benzodiazepine. Respondent recommended a slow  
16 taper of alprazolam and advised Patient A to reduce the dosage by 1 mg over the next two weeks.  
17 Respondent added gabapentin therapy to Patient A's regimen, for treatment of possible  
18 withdrawal syndrome. Quetiapine was added for insomnia treatment. Respondent prescribed  
19 alprazolam at a dosage of 6 mg daily.

20 12. For the next six months of 2018, the patient had a total of eight clinic visits with  
21 Respondent and three urine toxicology screenings with consistent results.

22 13. In December 2018, Patient A told the Respondent that he had cut his usage down to 4  
23 to 5 mg. alprazolam daily. However, review of the CURES databased showed that the patient  
24 was prescribed eleven (11) prescriptions for alprazolam during the prior six months, which were  
25 equal to 600 tablets of alprazolam 2 mg. Most of the prescriptions provided for 60 tablets and  
26 were given every three weeks. This averaged to 3.33 tablets daily, and totaled 6.66 mg daily.  
27 This amounted to essentially no reduction in dosage from July 2018 to December 2018.

28

1 14. Despite Respondent telling Patient A to reduce his daily alprazolam dosage to 4 mg  
2 during a late December 2018 clinic visit, Respondent prescribed the same 60 tablets of  
3 alprazolam, every three weeks in January and February of 2019.

4 15. Respondent was negligent in her care of patient A in that she:

5 A. Failed to recognize her unsuccessful tapering management; and

6 B. Failed to refer Patient A to a mental health or addiction specialist for assistance  
7 in the face of unsuccessful tapering management.

8  
9 **Patient B**

10 16. Respondent produced the medical records for patient B from January 2017 through  
11 September 2019. Patient B, a female, was 70 years-old in 2017, and living in Lake Havasu,  
12 which is approximately a six-hour drive from Los Angeles. Respondent had been her primary  
13 care provider since at least 2010. Patient B suffered from major depression disorder,  
14 hypertension, and obesity. Patient B had a history of tobacco addiction, prior illicit drug usage,  
15 and had been dependent on long term opiate therapy since 2010.

16 17. Per the notes from Patient B's annual physical examination, performed in July 2018,  
17 Patient B suffered from chronic osteoarthritis and chronic low back pains due to intervertebral  
18 disc disease. Patient B was prescribed oxycodone 120 mg daily for chronic pain management for  
19 many years by Respondent. The record does not contain a detailed musculoskeletal examination,  
20 and no functional assessment was documented. There was no documentation of any specialty  
21 referral, except for a rheumatology consultation request.

22 18. The patient records do not contain radiological imaging reports, physical therapy or  
23 chiropractic treatments, and no urine toxicology testing records.

24 19. The majority of the medical records are documentation of phone messages for  
25 prescription refills, which were automatically filled, without documented functional assessments.

26 20. Respondent was negligent in her care of Patient B, in that she:

27 A. Failed to refer Patient B to a pain management specialist for safe and non-  
28 invasive procedural interventions;

1 B. Failed to complete an opioid risk stratification and provide multi-disciplinary  
2 management of the patient's chronic pain syndrome;

3 C. Failed to provide naloxone antidote therapy;

4 D. Prescribed long term opiate therapy to an elderly patient, in the face of safer  
5 alternative medications;

6 E. Failed to have the patient enter into a pain management contract; and

7 F. Failed to make functional assessments and relevant physical examinations  
8 during the three years, in which she provided opiate therapy.

9  
10 **Patient C**

11 21. The patient records produced by Respondent for patient C spanned the one and one  
12 half-year period from April 2017 through September 2018. In 2017, this female patient was 70  
13 years old. She had hypertension and hyperlipidemia. Patient C also suffered from chronic low  
14 back pain due to degenerative disc and spine disease. Respondent was her primary care  
15 physician. Per the Controlled Substances Utilization Review and Evaluation System (CURES),  
16 Patient C received monthly prescriptions from Respondent for hydrocodone 22 mg to 44 mg  
17 daily, alprazolam 0.5 mg to 1 mg daily, and temazepam 30 mg daily, during 2017-2019. On at  
18 least two occasions, including September 2017 and November 2017, when Respondent was  
19 unavailable, other providers in her office prescribed early refills to Patient C, resulting in Patient  
20 C receiving over two hundred tablets of hydrocodone in the period of two weeks.

21 22. Patient C's medical records demonstrated five separate clinic visits. They took place  
22 in July 2017, January 2018, February 2018, August 2018, and September 2018. In 2017, other  
23 than the one clinic visit, Patient C's opiate refills were mostly accomplished via phone messages.

24 23. Plain film X-rays of Patient C's lower back were taken to assess her pain in early  
25 2018, and the results were reviewed with the patient. There was no orthopedic surgical  
26 consultation requested. A pain management consultation was requested by a different provider in  
27 April 2019. The patient had routine laboratory testing, but no urine toxicology screening was  
28 completed. There are no detailed functional assessments taken for opiate refills, and there was no

1 relevant musculoskeletal examination during the two years the patient was being treated for  
2 chronic pain management.

3 24. Respondent was negligent in her care of Patient C that she:

4 A. Failed to conduct appropriate and sufficient diagnostic evaluations of chronic  
5 low back pains;

6 B. Failed to provide safer alternative pharmacotherapy;

7 C. Failed to request a pain management consultation for epidural injections and  
8 failed to consider orthopedics surgical consultation.

9 D. Failed to complete an opioid risk assessment and provide a multi-disciplinary  
10 pain management approach to reduce Patient C's opioid dependency;

11 E. Failed to prescribe naloxone;

12 F. Failed to complete detailed functional assessments and relevant  
13 musculoskeletal examinations;

14 G. Failed to perform a thorough evaluation of Patient C's anxiety disorder, failed  
15 trial other safer non-benzodiazepine medications for anxiety management and failed to order a  
16 mental health consultation in this patient with benzodiazepine dependency;

17 H. Inappropriately prescribed hydrocodone and alprazolam concurrently;

18 I. Failed to trial other safer and non-benzodiazepine sleeping medications; and

19 J. Failed to obtain a signed pain management agreement from Patient C.

20  
21 **Patient D**

22 25. The patient records produced by Respondent for patient D spanned from March 2017  
23 through March 2019. In 2017, the female patient was 73 years old. Patient D had multiple  
24 medical conditions, including end stage COPD on oxygen therapy, coronary artery disease,  
25 chronic atrial fibrillation, and major depression with anxiety. Patient D also suffered from  
26 chronic low back pains due to lumbar spinal stenosis and chronic knee pain due to osteoarthritis.

27 26. Patient D saw Respondent in person on four instances between 2017 to 2019. Patient  
28 D was prescribed oxycodone 120 mg daily and clonazepam 1 mg daily on a regular basis during

1 this period. The patient record did not contain evidence of any urine toxicology screening during  
2 the three-year period in which Respondent provided care. No specialty consultation reports or  
3 physical therapy progress notes were contained in the record, and there was no radiologic testing  
4 completed.

5 27. In February 2018, Patient D requested via a phone message, to see orthopedic surgery  
6 for her painful knees. There is no documentation that the referral was made.

7 28. Naloxone was finally prescribed to Patient D in August 2018, because she was  
8 hospitalized for respiratory failure.

9 29. Respondent was negligent in her care of Patient D, in that she:

- 10 A. Failed to conduct additional diagnostic evaluation between 2017 to 2019;  
11 B. Failed to refer the patient to a pain management specialist;  
12 C. Failed to perform an opiate risk assessment and provide multi  
13 disciplinary pain management;  
14 D. Prescribed an excessive dosage of oxycodone long term to an elderly  
15 patient;  
16 E. Failed to perform urine toxicology testing for monitoring of diversion  
17 behaviors;  
18 G. Failed to prescribe naloxone therapy in 2017 and 2018; and  
19 H. Failed to perform functional assessments and relevant physical  
20 examinations in opiate monitoring;  
21 I. Failed to perform a thorough evaluation of the patient's anxiety disorder;  
22 J. Failed to refer the patient to mental health staff for her depression;  
23 K. Prescribed both opiate and benzodiazepine medications to a patient with  
24 severe chronic lung disease;  
25 L. Failed to appropriately monitor the patient's diabetic condition, including  
26 failed to annually monitor the patient for kidney complications, failed to conduct regular thorough  
27 examinations of the patient's feet in the face of a patient suffering from neuropathy, and failed to  
28 conduct an annual eye screening examination for diabetic blindness;



1 M. Failed to have the patient enter into a pain management agreement

2 **Patient E**

3 30. The patient records produced by Respondent for patient E spanned from February  
4 2017 through December 2018. The patient was a 58-year-old, male who suffered from  
5 depression, asthma, chronic pain syndrome due to spine compression fractures and cervical spine  
6 surgery. Patient E also suffered from knee pain due to his back pain and spasms. Respondent  
7 completed three spine examinations. They were completed in 2013, 2017, and 2018.

8 31. A pain management consultation was requested by other providers in October 2017,  
9 but it is unknown if the patient actually saw a pain management specialist.

10 32. Respondent referred Patient E to neurosurgery in early 2018. The surgeon  
11 recommended that Patient E not have any future spine surgery.

12 33. Patient E was prescribed naproxen (NSAID) and tizanidine for pain management.  
13 Respondent prescribed diazepam and high dosage hydromorphone 48 mg daily for management  
14 of Patient E's chronic back pain. During the 20 months of pain management, Respondent gave  
15 the patient five separate prescriptions of hydromorphone at 48 mg daily (192 mg MEDD).  
16 Patient E received additional hydromorphone refill prescriptions from Respondent's colleagues in  
17 her absence.

18 34. Respondent made no attempts to taper Patient E's opiate dosage.

19 35. Patient E received seven additional diazepam prescriptions in 2018-2019, from other  
20 providers in Respondent's absence.

21 36. Patient E became more depressed and frustrated with his chronic pain syndrome and  
22 his divorce proceedings in May 2017. Respondent offered the patient an anti-depressant  
23 medication. The patient declined.

24 37. Patient E's medical record does not contain a pain management specialty  
25 recommendation, or a referral to physical therapy, or acupuncture therapy. Respondent  
26 rationalized that additional therapies likely would not have helped this patient, as he had these  
27 ancillary services prior to 2017, and the therapies would have been cost prohibitive.

28 38. Respondent was negligent in her care of Patient E, in that she:

- 1 A. Failed to prescribe additional safer and non-opiate pharmacotherapy;
- 2 B. Failed to refer the patient to mental health staff for cognitive behavior therapy;
- 3 C. Failed to complete an opioid risk assessment and provide adequate multi-
- 4 disciplinary management to this patient;
- 5 D. Failed to conduct urine toxicology testing;
- 6 E. Failed to prescribe naloxone antidote to this patient on a high dose MEDD;
- 7 F. Failed to complete regular functional assessment and relevant musculoskeletal
- 8 examinations;
- 9 G. Failed to recognize opioid induced hyperalgesia syndrome and thus start
- 10 tapering the opiate therapy;
- 11 H. Prescribed both opiate and benzodiazepine medications at high dosages to this
- 12 patient with asthma;
- 13 I. Failed to try other non-benzodiazepine muscle relaxants;
- 14 J. Prescribed particularly high doses, 30 to 40 mg daily, of diazepam for muscle
- 15 relaxation;
- 16 K. Failed to prescribe naloxone; and
- 17 L. Failed to have the patient enter into a pain management contract/agreement.

18 **Patient F**

19 39. The patient records produced by Respondent for patient F spanned a three-year period

20 from April 2017 through May 2020. In 2017, the female patient was 60 years-old. She had

21 paranoid schizophrenia and bipolar disorder. Her medical history also included obesity, pre-

22 diabetes, COPD, and chronic low back pain. Plain films X-rays done in June 2018, confirmed

23 degenerative spine disc disease.

24 40. Patient F was chronically medicated with hydrocodone 30 mg daily in 2017. Patient

25 F received monthly prescriptions for hydrocodone from Respondent and/or her office colleagues

26 during 2017.

1           41. In 2018, Respondent gave Patient F fourteen (14) monthly prescriptions of  
2 hydrocodone at the same dosage. There was an early refill in September of 2018, due to Patient F  
3 representing that she lost her medication.

4           42. In August 2018, one of Respondent's colleagues declined to refill Patient F's opiate  
5 medication and instead referred her to a pain management specialist. The medical record does  
6 not indicate whether Patient F followed up with the referral, as there are no records of  
7 consultation or recommendations from a pain management specialist.

8           43. Respondent continued to prescribe hydrocodone in 2019 for management of Patient  
9 F's chronic low back pain.

10          44. Between 2017-2019, there was no urine toxicology testing done. There was no  
11 detailed musculoskeletal examination completed, and no detailed history of Patient F's low back  
12 pain was obtained.

13          45. In October 2018, Respondent added carisoprodol (Soma), an addictive muscle  
14 relaxant to Patient F's regimen for worsening low back pain. The twice daily medication was  
15 prescribed monthly at a quantity of 60 tablets for the next six months, into 2019. However, in  
16 November 2018, Patient F received a total of 150 tablets from Respondent, due to early refills.

17          46. Due to Patient F's extensive psychiatric history, she received monthly intramuscular  
18 injections of antipsychotic medication (haloperidol) at Respondent's office, and was treated with  
19 other psychotropic medications, including gabapentin, venlafaxine and buspirone. Respondent  
20 also routinely prescribed monthly prescriptions for lorazepam at 3 mg daily for anxiety  
21 management during 2017 – 2019. Patient F also received monthly prescriptions for triazolam for  
22 insomnia from both her psychiatric nurse practitioner and Respondent during 2017- 2019. Per her  
23 medical records, Patient F was supposed to be monitored by her psychiatrist. However, Patient F  
24 had a history of non-compliance with medical authorities. The patient records produced did not  
25 contain mental health consultations and recommendations.

26          47. Respondent was negligent in her care of Patient F, in that she:

- 27           A. Conducted an incomplete chronic low back pain evaluation;  
28           B. Failed to try safer non-opiate medications;

1 C. Failed to titrate upwards the gabapentin dosage to better control the patient's  
2 chronic pain syndrome, failed to refer to the patient or physical therapy or chiropractic therapy;

3 D. Failed to conduct a proper opioid risk assessment and provide multi-  
4 disciplinary management of the patient's pain;

5 E. Failed to perform routine urine toxicology testing;

6 F. Failed to prescribe naloxone therapy;

7 G. Failed to conduct regular functional assessments and relevant musculoskeletal  
8 examinations;

9 H. Failed to perform a thorough evaluation of the patient's anxiety;

10 I. Concurrently prescribed hydrocodone and lorazepam to the patient;

11 J. Mismanaged the patient's insomnia; and

12 K. Prescribed carisoprodol therapy long term;

13  
14 **SECOND CAUSE FOR DISCIPLINE**

15 (Failure to Maintain Adequate Records)

16 48. Respondent Barbara Aleene Bruton, M.D. is subject to disciplinary action under  
17 Business and Professions Code section 2266 in that she failed to maintain adequate and accurate  
18 records in her care and treatment of all six patients identified in the instant Accusation. The  
19 circumstances are as follows:

20 49. Among other things, the medical records do not show that an adequate history and  
21 physical examinations were taken or performed. Vital signs were not taken at each patient visit.  
22 The records do not include all medications prescribed, including the quantity and dosages of  
23 opiates and benzodiazepines prescribed. The records do not evidence that the patients were  
24 warned of the risks associated with taking the above-identified medication at the dosages  
25 prescribed, including the risk of addiction, the risks associated with the combining the medication  
26 with other drugs or alcohol, the manner in which they were to be taken, and informed consent was  
27 not obtained and/or documented. There is no clinical evidence of treatment plans to eventually  
28 taper and discontinue the patient medication, or of a consideration of substituting them with less

1 addictive and safer alternatives.

2 50. Paragraphs 9 through 47, inclusive, above are incorporated herein by reference as if  
3 fully set forth.

4 51. Respondent failed to document pertinent and required information related to the care  
5 and treatment of six patients. Her records were incomplete and inadequate.

6 **PRAYER**

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

9 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 45856,  
10 issued to Barbara Aleene Bruton, M.D.;

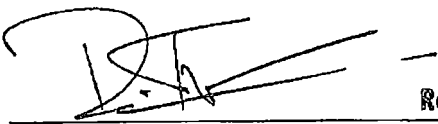
11 2. Revoking, suspending or denying approval of Barbara Aleene Bruton, M.D.'s  
12 authority to supervise physician assistants and advanced practice nurses;

13 3. Ordering her to pay the Board the costs of the investigation and enforcement of this  
14 case, and if placed on probation, the costs of probation monitoring;

15 4. If placed on probation, ordering her to provide patient notification in accordance with  
16 Business and Professions Code section 2228.1; and

17 5. Taking such other and further action as deemed necessary and proper.

18  
19 DATED: DEC 01 2022

20   
21 for: WILLIAM PRASIFKA Reji Varghese  
22 Executive Director Deputy Director  
23 Medical Board of California  
24 Department of Consumer Affairs  
25 State of California  
26  
27 *Complainant*

28  
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