

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

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

**Jeffrey Charles Petrilla, M.D.**

**Physician's & Surgeon's  
Certificate No. A 73241**

**Case No. 800-2022-086187**

**Respondent.**

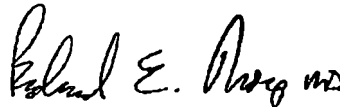
**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on April 21, 2025.**

**IT IS SO ORDERED: March 21, 2025.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
4 State Bar No. 253172  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
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6 San Diego, CA 92186-5266  
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E-mail: Jason.Ahn@doj.ca.gov  
8 *Attorneys for Complainant*

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

12  
13 In the Matter of the Accusation Against:

14 **JEFFREY CHARLES PETRILLA, M.D.**  
15 **Kaiser Permanente**  
**3750 Grand Avenue**  
16 **Chino, CA 91710-5478**

17 **Physician's and Surgeon's**  
**Certificate No. A 73241**

18 Respondent.

Case No. 800-2022-086187

OAH No. 2024070555

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

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

22 **PARTIES**

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

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1       2.     Respondent Jeffrey Charles Petrilla, M.D. (Respondent) is represented in this  
2 proceeding by attorney Lindsay M. Johnson, whose address is: 4100 Newport Place, Suite 670  
3 Newport Beach, CA 92660-2463.

4       3.     On or about October 5, 2000, the Board issued Physician's and Surgeon's Certificate  
5 No. A 73241 to Respondent. The Physician's and Surgeon's Certificate was in full force and  
6 effect at all times relevant to the charges brought in Accusation No. 800-2022-086187, and will  
7 expire on August 31, 2026, unless renewed.

8                                   **JURISDICTION**

9       4.     On June 24, 2024, Accusation No. 800-2022-086187 was filed before the Board, and  
10 is currently pending against Respondent. The Accusation and all other statutorily required  
11 documents were properly served on Respondent on or about June 24, 2024. Respondent timely  
12 filed his Notice of Defense contesting the Accusation.

13       5.     A copy of Accusation No. 800-2022-086187 is attached as exhibit A and incorporated  
14 herein by reference.

15                                   **ADVISEMENT AND WAIVERS**

16       6.     Respondent has carefully read, fully discussed with counsel, and fully understands the  
17 charges and allegations in Accusation No. 800-2022-086187. Respondent has also carefully read,  
18 fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement  
19 and Disciplinary Order.

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

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

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1 **ADDITIONAL PROVISIONS**

2 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein  
3 to be an integrated writing representing the complete, final, and exclusive embodiment of the  
4 agreements of the parties in the above-entitled matter.

5 15. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
6 including copies of the signatures of the parties, may be used in lieu of original documents and  
7 signatures and, further, that such copies shall have the same force and effect as originals.

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

11 **DISCIPLINARY ORDER**

12 1. **PUBLIC REPRIMAND.**

13 IT IS HEREBY ORDERED that Respondent Jeffrey Charles Petrilla, M.D., holder of  
14 Physician's and Surgeon's Certificate No. A 73241, shall be and hereby is Publicly Reprimanded  
15 pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued  
16 in connection with the allegation as set forth in Accusation No. 800-2022-086187, is as follows:

17 In 2018-2019, Respondent failed to conduct an adequate evaluation of Patient  
18 A and Patient B's continued used of opiates in the management of non-malignant  
19 pain, as more fully described in Accusation No. 800-2022-086187.

20 2. **INVESTIGATION/ENFORCEMENT COST RECOVERY.** Respondent is hereby  
21 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
22 limited to, expert review, legal reviews, and investigations, in the amount of \$25,284.40 (twenty-  
23 five thousand two hundred eighty-four dollars and forty cents). Costs shall be payable to the  
24 Medical Board of California. Failure to pay such costs shall constitute unprofessional conduct and  
25 grounds for further disciplinary action.

26 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
27 by a payment plan approved by the Medical Board of California. Any and all requests for a  
28 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with

1 the payment plan shall be considered shall constitute unprofessional conduct and grounds for  
2 further disciplinary action.

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

5 3. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a  
6 new license or certification, or petition for reinstatement of a license, by any other health care  
7 licensing action agency in the State of California, all of the charges and allegations contained in  
8 Accusation No. 800-2022-086187 shall be deemed to be true, correct, and admitted by  
9 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
10 restrict license.

11 4. FAILURE TO COMPLY. Any failure by Respondent to comply with terms and  
12 conditions of the Stipulated Settlement and Disciplinary Order set forth above shall constitute  
13 unprofessional conduct and grounds for further disciplinary action.

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**ACCEPTANCE**

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

DATED:

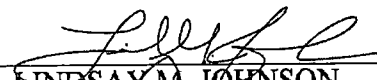
1/31/2025

  
JEFFREY CHARLES PETRILLA, M.D.  
*Respondent*

I have read and fully discussed with Respondent Jeffrey Charles Petrilla, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

01/31/2025

  
LINDSAY M. JOHNSON  
*Attorney for Respondent*

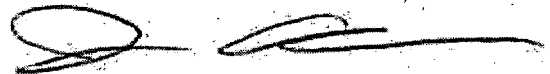
**ENDORSEMENT**

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

DATED: February 3, 2025

Respectfully submitted,

ROB BONTA  
Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General



JASON J. AHN  
Deputy Attorney General  
*Attorneys for Complainant*



1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
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6 San Diego, CA 92186-5266  
Telephone: (619) 738-9433  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2022-086187

14 **Jeffrey Charles Petrilla, M.D.**  
15 **3750 GRAND AVE**  
**CHINO CA 91710-5478**

**A C C U S A T I O N**

16 **Physician's and Surgeon's**  
17 **Certificate No. A 73241,**

Respondent.

18  
19  
20 **PARTIES**

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

24 2. On or about October 5, 2000, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. A 73241 to Jeffrey Charles Petrilla, 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 August 31, 2024, 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 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  
into a stipulation for disciplinary action with the board, may, in accordance with the  
provisions of this chapter:

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

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

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

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

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

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

20 5. Section 2234 of the Code states:

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

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

25 (b) Gross negligence.

26 (c) Repeated negligent acts. To be repeated, there must be two or more  
27 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.

28 (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 no later than 30 calendar days after being  
15 notified by the board. This subdivision shall only apply to a certificate holder who is  
16 the subject of an investigation by the board.

17 (h) Any action of the licensee, or another person acting on behalf of the  
18 licensee, intended to cause their patient or their patient's authorized representative to  
19 rescind consent to release the patient's medical records to the board or the  
20 Department of Consumer Affairs, Health Quality Investigation Unit.

21 (i) Dissuading, intimidating, or tampering with a patient, witness, or any person  
22 in an attempt to prevent them from reporting or testifying about a licensee.

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

26 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct  
27 which breaches the rules or ethical code of the medical profession, or conduct which is  
28 unbecoming 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.)

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## COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in

that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

## **FIRST CAUSE FOR DISCIPLINE**

### **(Repeated Negligent Acts)**

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 73241 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patient A,<sup>1</sup> and Patient B, as more particularly alleged herein:

#### **Patient A**

10. On or about May 10, 2019, Patient A presented to Respondent. At that time, Patient A was a sixty-one (61) year-old male with a history of chronic persistent asthma,<sup>2</sup> bilateral shoulder pain with prior right shoulder surgery, cervical disc degeneration with chronic neck pain, hypertension,<sup>3</sup> hyperlipidemia,<sup>4</sup> low testosterone with ED<sup>5</sup>, obesity, osteoarthritis<sup>6</sup> of bilateral shoulders, prediabetes,<sup>7</sup> sleep apnea,<sup>8</sup> shoulder arthroscopy<sup>9</sup> and right rotator cuff repair – 1980s,

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<sup>1</sup> References to "Patient A and Patient B" are used to protect patient privacy.

<sup>2</sup> Asthma (Bronchial asthma) is a lung disease in which your airways get narrow and swollen and are blocked by excess mucus.

<sup>3</sup> Hypertension, also known as high blood pressure, is a condition in which the force of the blood against the artery walls is too high.

<sup>4</sup> Hyperlipidemia refers to a condition in which there are high levels of fat particles (lipids) in the blood.

<sup>5</sup> Erectile Dysfunction (ED) is a condition in which you are unable to get or keep an erection firm enough for satisfactory sexual intercourse.

<sup>6</sup> Osteoarthritis, the most common form of arthritis [swelling and tenderness in one or more joints, causing joint pain or stiffness that often worsens with age], is a degenerative disease that worsens over time, often resulting in chronic pain.

<sup>7</sup> Prediabetes is a blood sugar level that is higher than what is considered healthy, but not high enough to be type 2 diabetes.

<sup>8</sup> Sleep apnea refers to a potentially serious sleep disorder in which breathing repeatedly stops and starts.

<sup>9</sup> Arthroscopy is a procedure for diagnosing and treating joint problems.

1 knee dislocation open repair, childhood, and left carpal tunnel release.<sup>10</sup> There was a remote  
2 history of rare tobacco use as a "youngster." There was no known personal history of alcohol use  
3 or abuse. There was no known personal or family history of illegal substance use. There was no  
4 known personal or family history of prescription medication abuse. There was no known history  
5 of schizophrenia or depression. Respondent noted that Patient A had advanced shoulder "DJD"  
6 and "eventually needs knee replacement" but was not ready. Respondent also noted that Patient  
7 A was on Norco,<sup>11</sup> 1 to 1 ½ tablets at bedtime and that Norco seems to control night symptoms  
8 and Patient A "just gets through the daytime." Respondent failed to document Patient A's level  
9 of analgesia, presence or absence of adverse effects, presence or absence of aberrant behavior or  
10 Patient A's affect. Respondent failed to document an examination, if any, of Patient A's neck and  
11 shoulders. Respondent prescribed Norco, 5-325 mg oral tablet. Respondent failed to check the  
12 CURES<sup>12</sup> database and/or failed to document having checked the CURES database.

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15 <sup>10</sup> During a carpal tunnel release, a surgeon makes an incision in the palm of the hand over  
the carpal tunnel ligament and cuts through the ligament to relieve pressure on the median nerve.

16 <sup>11</sup> Hydrocodone Products - On August 22, 2014, the DEA published a final rule  
17 rescheduling hydrocodone combination products (HCPs) to Schedule II of the Controlled  
18 Substances Act, which became effective October 6, 2014. HCPs are pharmaceutical drugs  
19 containing specified doses of hydrocodone in combination with other drugs in specified  
20 amounts. There are several hundred brand name and generic hydrocodone products marketed in  
the United States with the most frequently prescribed combination being hydrocodone and  
21 acetaminophen (e.g., Vicodin, Norco, and Lortab.). Schedule II controlled substances are  
22 substances that have a currently accepted medical use in the United States, but also have a high  
23 potential for abuse, and the abuse of which may lead to severe psychological or physical  
dependence. After considering the analysis and rescheduling recommendation of Department of  
24 Health and Human Services and reviewing available data, the DEA found that HCPs meet the  
25 statutory definition of a Schedule II controlled substance. Various drug abuse indicators for  
HCPs indicate that HCPs are widely diverted and abused at rates largely similar to that of  
26 oxycodone products (Schedule II). The data indicates that HCPs have an abuse potential similar  
27 to Schedule II opioid analgesics such as oxycodone and their abuse is associated with severe  
28 psychological or physical dependence. Abuse of HCPs is also associated with large numbers of  
individuals being admitted to addiction treatment centers. Individuals are taking these drugs in  
sufficient quantities to create a hazard to their health, and abuse of HCPs is associated with large  
numbers of deaths.

26 <sup>12</sup> CURES is the Controlled Substances Utilization Review and Evaluation System  
27 (CURES), a database of schedule II, III, IV, and V controlled substance prescriptions dispensed  
28 in California, serving the public health, regulatory oversight agencies, and law-enforcement.

1 11. Respondent committed repeated negligent acts in his care and/or treatment of Patient  
2 A, including, but not limited to:

3 a. Respondent failed to conduct an adequate evaluation of Patient A's continued use of  
4 opiates in the management of non-malignant pain;

5 b. Respondent failed to check the CURES database and/or failed to document having  
6 checked the CURES database.

7 **Patient B**

8 12. On or about September 24, 2018, Patient B first presented to Respondent, who  
9 provided care and treatment as a covering physician, instead of as a primary physician. At that  
10 time, Patient B was a sixty-two (62) year-old male with an extensive past-medical history  
11 consisting of obstructive sleep apnea, plantar fasciitis,<sup>13</sup> pre-diabetes, hyperuricemia,<sup>14</sup> renal  
12 calculus (urate)<sup>15</sup>, right rotator cuff syndrome,<sup>16</sup> benign prostatic hyperplasia,<sup>17</sup> ureteral  
13 calculus,<sup>18</sup> ureteral stent placement,<sup>19</sup> right rotator cuff tear repair, lumbar spondylosis,<sup>20</sup> low  
14 chronic back pain, diabetes mellitus 2,<sup>21</sup> and right hip arthritis. At this visit, Patient B complained

15 \_\_\_\_\_  
16 <sup>13</sup> Plantar fasciitis is an inflammation of a thick band of tissue that connects the heel bone  
to the toes.

17 <sup>14</sup> Hyperuricemia refers to an excess of uric acid in the blood. Uric acid is a chemical  
18 created when the body breaks down substances called purines.

19 <sup>15</sup> Kidney stones (also called renal calculi, nephrolithiasis or urolithiasis) are hard deposits  
made of mineral and salts that form inside your kidneys.

20 <sup>16</sup> Rotator cuff syndrome (RCS) is any injury or degenerative condition affecting the  
21 rotator cuff.

22 <sup>17</sup> Benign prostatic hyperplasia is an age-associated prostate gland enlargement that can  
cause urination difficulty.

23 <sup>18</sup> Ureteral calculus refers to the presence or formation of stones within ureters, which are  
24 the tubes responsible for the passage of urine from the kidneys to the bladder.

25 <sup>19</sup> Ureteral stent placement is a surgery to place a soft plastic tube in the ureter.

26 <sup>20</sup> Lumbar spondylosis refers to age-related change of the bones (vertebrae) and discs of  
the spine.

27 <sup>21</sup> Type 2 diabetes is a chronic disease, which is characterized by high levels of sugar in  
28 the blood.

1 of a left forearm 3 mm by 4 mm wart, which was growing and not responsive to home treatment.

2 Respondent treated the verruca vulgaris [wart] with liquid nitrogen for 10~12 seconds.

3 Respondent documented Patient B's chronic low back pain with the plan of gabapentin.<sup>22</sup>

4 Thereafter, Patient B requested to be assigned to Respondent.

5 13. On or about February 25, 2019, Patient B returned to Respondent for diabetes care  
6 management, with Respondent now providing care as Patient B's primary physician. The  
7 medical records noted, among other things, "Having trouble dropping weight. Trying to eat right  
8 and exercise. Takes in minimal sugars. Tries to keep carbs low... Also chronic left knee pain.  
9 Patellar area, feels like something floating in there. Works on knees at times." Respondent failed  
10 to document any review of systems, presence or absence of adverse effects of the medications,  
11 Patient B's affect, or aberrant behavior. Respondent continued Patient B's prescription of  
12 Tylenol (Acetaminophen-codeine Phosphate), 300 MG -30 MG, 60 pills, among other  
13 medications. Respondent failed to check the CURES database and/or failed to document having  
14 checked the CURES database.

15 14. On or about September 23, 2019, Patient B returned to Respondent, with a cough,  
16 diarrhea, and sleepiness. Respondent noted that Patient B had a cough for a week and took  
17 Zpak<sup>23</sup> from the urgent care, two days prior to this visit. Respondent attributed the diarrhea to the  
18 Zpak, which was stopped. However, Patient B still had diarrhea. Respondent noted that Bentyl<sup>24</sup>  
19 did not help and that there was no known blood in the stool. There was no fever or chills. There  
20 was no abdomen pain. There was no abdominal examination. Respondent failed to document  
21 anything about Patient B's pain that would justify prescribing Tylenol #3, such as the knee, hip,  
22 shoulder, and back pains. Respondent failed to document any review of systems, presence or  
23 absence of adverse effects of the medications, the patient's affect, or aberrant behavior.

24 <sup>22</sup> Gabapentin is an anticonvulsant and nerve pain medication, which can treat seizures  
25 and pain caused by shingles.

26 <sup>23</sup> Azithromycin (common brands AzaSite, Zmax, Z-Pak) is an antibiotic, which can treat  
various types of infections.

27 <sup>24</sup> Dicycloverine (brand name Bentyl) is a medication which can treat irritable bowel  
28 syndrome.



1 Respondent noted that there were no changes to Patient B's prescription of Tylenol #3 because of  
2 the multiple successive medical conditions ["bad luck"] that Patient B had, such as diabetic foot  
3 ulcer,<sup>25</sup> prepatellar bursitis,<sup>26</sup> and then ganglion.<sup>27</sup> For the diarrhea, Respondent prescribed  
4 Lomotil.<sup>28</sup> Among other medications, Respondent prescribed Tylenol #3 (Acetaminophen-  
5 Codeine) 300-30 MG, 1 tablet by mouth, 2 times a day, as needed. Respondent failed to check  
6 the CURES database and/or failed to document having checked the CURES database.

7 15. On or about September 25, 2019, Patient B went to the Emergency Room (ER) with  
8 Clostridioides difficile colitis.<sup>29</sup> Patient B was hospitalized for two (2) days and was discharged  
9 on oral vancomycin<sup>30</sup> on September 28, 2019.

10 16. On or about October 3, 2019, Patient B returned to Respondent for after care  
11 following the September 2019 hospitalization. Among other medications, Respondent prescribed  
12 Tylenol #3 (Acetaminophen-Codeine) 300-30 MG, 1 tablet by mouth, 2 times a day, as needed.  
13 Respondent failed to check the CURES database and/or failed to document having checked the  
14 CURES database.

15 17. Respondent committed repeated negligent acts in his care and/or treatment of Patient  
16 B, including, but not limited to:

17 a. Respondent failed to conduct an adequate evaluation of Patient B's continued use of  
18 opiates in the management of non-malignant pain;

19 b. Respondent failed to check the CURES database and/or failed to document having  
20 checked the CURES database.

21 <sup>25</sup> A diabetic foot ulcer is an open sore or wound that occurs in approximately 15 percent  
22 of patients with diabetes and is commonly located on the bottom of the foot.

23 <sup>26</sup> Prepatellar bursitis is inflammation of the bursa sac in front of your kneecap. Bursae  
24 are small fluid-filled sacs that reduce friction between moving parts in your body's joints.

25 <sup>27</sup> A ganglion is a group of neuron cell bodies in the peripheral nervous system.

26 <sup>28</sup> Diphenoxylate / Atropine (brand name Lomotil) is a medication which is used to treat  
27 diarrhea.

28 <sup>29</sup> Clostridioides difficile colitis is inflammation of the colon caused by the bacteria  
Clostridium difficile.


<sup>30</sup> Vancomycin is an antibiotic, which can be used to treat infections.



1           3.     Ordering Respondent Jeffrey Charles Petrilla, M.D., to pay the Board the costs of the  
2 investigation and enforcement of this case, and if placed on probation, the costs of probation  
3 monitoring; and

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

7     DATED:     JUN 24 2024

  
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REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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