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

In the Matter of the First Amended Accusation Against:	)	
Douglas Eugene Severance, M.D.	)	**Case No. 800-2015-014937**
Physician's and Surgeon's Certificate No. G 35610	)	
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 August 23, 2019.

IT IS SO ORDERED: July 26, 2019.

MEDICAL BOARD OF CALIFORNIA

Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **DOUGLAS EUGENE SEVERANCE, M.D.** 5601 Norris Canyon Road #330 San Ramon, CA 94583 **Physician's and Surgeon's Certificate No. G 35610** Respondent.	Case No. 800-2015-014937 **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. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Emily L. Brinkman, Deputy Attorney General.

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2. Respondent Douglas Eugene Severance, M.D. (Respondent) is represented in this proceeding by attorney Robert W. Hodges Esq., whose address is: 3480 Buskirk Ave., #250 Pleasant Hill, CA 94523.

3. On or about September 26, 1977, the Board issued Physician's and Surgeon's Certificate No. G 35610 to Douglas Eugene Severance, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2015-014937, and will expire on April 30, 2020, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-014937 was filed before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on June 13, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. First Amended Accusation No. 800-2015-014937 was filed before the Board, and properly served on Respondent on July 23, 2018. The First Amended Accusation is currently pending before the Board.

6. A copy of First Amended Accusation No. 800-2015-014937 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the First Amended Accusation No. 800-2015-014937. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

8. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision;

and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

CULPABILITY

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in the First Amended Accusation No. 800-2015-014937 and that he has thereby subjected his Physician's and Surgeon's Certificate No. G 35610 to disciplinary action.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in the First Amended Accusation No. 800-2015-014937 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

CONTINGENCY

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 35610 issued to Respondent Douglas Eugene Severance, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

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

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

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

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

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

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

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices

are within the standards of practice of medicine, and whether Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

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

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

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

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

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. Respondent is prohibited from supervising physician assistants and advanced nurse

practitioners. However, Respondent may supervise one physician assistant and one advanced practice nurse in the context of his primary care practice that does not involve the prescribing of controlled substances for a chronic condition within his addiction practice, except that Respondent's current advanced nurse practitioner may treat all patients.

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

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

application shall be treated as a petition for reinstatement of a revoked certificate.

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

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Robert W. Hodges Esq.. 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 agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 6-11-19

DOUGLAS EUGENE SEVERANCE, M.D.
Respondent

I have read and fully discussed with Respondent Douglas Eugene Severance, 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: 6-11-19

ROBERT W. HODGES ESQ.
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: 6/11/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General

EMILY L. BRINKMAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2015-014937

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 23 2018
BY [illegible] ANALYST

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

In the Matter of the First Amended Accusation Against: **Douglas Eugene Severance, M.D.** 5601 Norris Canyon Road #330 San Ramon, CA 94583 **Physician's and Surgeon's Certificate No. G35610,** Respondent.	Case No. 800-2015-014937 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about September 26, 1977, the Medical Board issued Physician's and Surgeon's Certificate Number G35610 to Douglas Eugene Severance, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2020, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

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

"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:

". . . ."

"(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 appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or 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 licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care."

". . . ."

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6. Section 2241 of the Code states:

"(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances.

"(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

"(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

"(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

"(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

"(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

"(d)(1) For purposes of this section and Section 2241.5, "addict" means a person whose actions are characterized by craving in combination with one or more of the following:

"(A) Impaired control over drug use.

"(B) Compulsive use.

"(C) Continued use despite harm.

"(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5."

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7. Section 2242 of the Code states, in relevant part:

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

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

9. Health and Safety Code section 11156 states:

"(a) Except as provided in Section 2241 of the Business and Professions Code, no person shall prescribe for, or administer, or dispense a controlled substance to, an addict, or to any person representing himself or herself as such, except as permitted by this division.

"(b)(1) For purposes of this section, "addict" means a person whose actions are characterized by craving in combination with one or more of the following:

"(A) Impaired control over drug use.

"(B) Compulsive use.

"(C) Continued use despite harm.

"(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section."

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts; and/or Prescribing Without an Appropriate Examination in the Care of Patient SH)[1]

10. Respondent Douglas Eugene Severance, M.D. is subject to disciplinary action under sections 2234 [unprofessional conduct], and/or 2234(b) [gross negligence], and/or 2234(c) [repeated negligence], and/or 2242 [prescribing without adequate examination] in the care of patient SH. The circumstances are as follows:

[1] Patient initials are used to protect the patient's privacy. Respondent may learn the identity of the patient through the discovery process.

11. Respondent practices as a family practitioner in a solo private practice. He provided care to Patient SH off and on from 2010 through 2013. She then returned to Respondent for care from April 29, 2014 through June 9, 2015. Patient SH was a then 24-year-old female with a history of drug addiction and epilepsy. Patient SH had been hospitalized on several occasions for overdoses and Respondent was aware of at least one of these hospitalizations. Furthermore, Respondent's medical records for Patient SH documented illegal drug use and drug-seeking behavior.[2]

12. On or about April 29, 2014, Patient SH went to Respondent's medical practice for treatment. She reported that she previously went through "detox," but there was no additional information on the patient's detox program or addiction history. Respondent's note for the patient visit indicated that Patient SH was taking oxycodone for lumbar disc issues but then Kaiser "stopped meds." The record also included the entry "psychiatrist/history of rehab/not working" without any further explanation of the meaning behind this entry. Respondent prescribed the patient 8 milligrams (mg) of Subutex,[3] two pills per day for 28 days. There was no documentation that Respondent conducted a physical exam, history of her present illness and past medical history, or reviewed the patient's current medications with her. Respondent did not attempt to determine whether Patient SH received controlled substance prescriptions from other providers during the previous year.[4]

13. On or about May 27, 2014, Patient SH returned for a follow-up appointment and she indicated she did not need a refill of the Subutex, but that she was having increased anxiety and was being seen at Kaiser. Respondent conducted a urine toxicology screen in the office that was

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[2] Respondent's medical records are completely illegible which required him to transcribe his records for Board investigators. He was even unable to read some of his own records for the transcription.

[3] Subutex is the trade name for buprenorphine. It is used to treat opiate dependence. It is a dangerous drug as defined by Business and Professions Code section 4022 and a Schedule III controlled substance as defined by Health and Safety Code section 11056. Buprenorphine prevents the withdrawal symptoms of opioid use. Suboxone is the tradename for buprenorphine with naloxone. Naloxone is an opioid antagonist and prevents the brain receptors from feeling high.

[4] According to Controlled Substance Utilization Review and Evaluation System reports (CURES), at least two other physicians prescribed Klonopin and oxycodone to Patient SH in the previous months.

positive for OxyContin,[5] which Respondent had not prescribed. Patient SH also reported that she was using intravenous narcotics and no longer wanted to take Subutex. She requested Xanax,[6] which Respondent prescribed (0.5 mg three times per day (84 pills) for 28 days). Respondent informed investigators for the Board that he wrote "RBC" on the medical record to mean "risk/benefit/complications," but the medical record is completely illegible making it impossible to determine if this was in fact written in the medical record.[7]

14. On or about June 13, 2014, Patient SH returned to Respondent's office to discuss options to get off of narcotics, including methadone. Respondent's transcription of his medical record indicated that the patient was seen by orthopedics for "lumbar disc disease." He also noted "insomnia." Despite the patient's stated interest to get off of narcotics, Respondent prescribed 10 mg of Ambien[8] and five mg of Valium[9] (51 pills), two highly addictive medications. Other than

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[5] OxyContin is a trade name for oxycodone hydrochloride controlled-release tablets. Oxycodone is an opioid that's principal purpose is analgesia. Additional effects include anxiolysis, euphoria, and feelings of relaxation. It is a dangerous drug as defined by Business and Professions Code section 4022 and a Schedule II controlled substance as defined by Health and Safety Code section 11055. Respiratory depression is the chief hazard from all opioid agonist preparations and should be used with caution and started in a reduced dosage in patients who are currently using other central nervous system (CNS) depressants, including sedatives or hypnotics and alcohol.

[6] Xanax is the trade name for alprazolam. It is a benzodiazepine that affects the CNS and is used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined by Business and Professions Code section 4022 and a Schedule IV controlled substance as defined by Health and Safety Code section 11057. Physicians should caution patients on the use of Xanax with other CNS depressant drugs or alcohol. Addiction prone individuals should also be under careful surveillance when receiving Xanax because of habituation and dependence.

[7] According to the CURES report, Patient SH received a three day supply of Valium from another physician on May 2, 2014.

[8] Ambien is the trade name for zolpidem tartrate, a non-benzodiazepine hypnotic. It is a dangerous drug as defined by Business and Professions Code section 4022 and a Schedule IV controlled substance as defined by Health and Safety Code section 11057. It is indicated for the short term treatment of insomnia. It is a CNS depressant and should be used cautiously in combination with other CNS depressants as the CNS depressants could enhance the effects of the Ambien. It should be prescribed cautiously to patients exhibiting signs or symptoms of depression because of suicide risk. Physicians should carefully monitor the use of Ambien in patients with a history of addiction due to habituation and dependence of Ambien.

[9] Valium is the trade name for diazepam. It is used for the management of anxiety disorders or the short-term relief of anxiety symptoms. It is a dangerous drug as defined by Business and Professions Code section 4022 and a Schedule IV controlled substance as defined by Health and Safety Code section 11057. Valium can produce psychological and physical dependence and it should be prescribed with caution particularly to patients who have a history of addiction.

the patient's previous reports of anxiety and the entry of "insomnia" in this progress note, Respondent failed to indicate the reason he prescribed Ambien and Valium.

15. On or about July 11, 2014, Patient SH reported to Respondent during her appointment with him that she was off of non-steroidal anti-inflammatory medications due to renal issues and insomnia. She had two bruises to her left arm and was on an antifungal cream. Respondent prescribed 5 mg of Valium (70 pills).[10] Respondent did not document the reason he prescribed Valium.

16. On or about August 29, 2014, Patient SH returned for a follow-up appointment where she reported that she took Valium and received opiates from her boyfriend. Respondent wrote in his transcription for investigators "Refuses CFR (Center for Recovery)." He also indicated he decreased the Valium to twice daily and prescribed five mg (56 pills from 70 pills).[11]

17. Between August 30, 2014 and June 9, 2015, Patient SH received three prescriptions for Xanax and Ativan[12] from two different physicians.

18. On or about June 9, 2015, Patient SH returned to Respondent's office for an appointment. According to the transcription of the medical records Respondent provided to Board investigators, the patient came in reporting that she had not been feeling well for about one month, with vomiting and diarrhea, including inducing herself to vomit—the same symptoms she was treated for on June 4, 2015 at the Kaiser emergency room.[13] Respondent conducted a urine toxicology screen that was positive for amphetamines, methamphetamines, benzodiazepines,

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[10] Patient SH did not show for an appointment on June 24, 2014.

[11] Patient SH did not show for an appointment on July 29, 2014 and cancelled an appointment on September 26, 2014.

[12] Ativan is the trade name for Lorazepam, a psychotropic drug used for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined by Business and Professions Code section 4022 and a Schedule IV controlled substance as defined by Health and Safety Code section 11057. Physicians should caution patients on the use of Ativan with other CNS depressant drugs or alcohol. Addiction prone individuals should also be under careful surveillance when receiving Ativan because of habituation and dependence.

[13] On or about June 4, 2015, Patient SH was seen at the Kaiser emergency department for complaints of nausea, vomiting, and diarrhea for the past month. She reported that her whole body hurt, denied ever using intravenous drugs, and that she had not used any drugs since her last hospital admission on April 4, 2015. She was diagnosed with a virus and to follow up with her primary care provider should she get worse. Multiple tests and blood work were ordered during this visit. It is not clear from Respondent's medical records whether Patient SH informed him of this emergency room visit.

OxyContin, and opiates. The patient reported again that she was using heroin intravenously and wanted Xanax. Respondent did not refill the Xanax, ordered various lab tests and imaging studies, and "to ER now advise detox." Respondent did not review any other medical records or consult with any other medical providers about Patient SH's complaints. The patient left the appointment with her boyfriend and father.

19. At approximately 5:59 p.m. on June 9, 2015, Patient SH was seen at the Kaiser emergency department complaining of multiple witnessed seizures in the past 24 hours. A toxicology screen was positive for Xanax, amphetamines, methamphetamines, and multiple opiates. Patient SH was admitted to the hospital but then checked herself out against medical advice. The consulting neurologist suspected the seizures were secondary to benzodiazepine withdrawal.

20. Respondent is guilty of unprofessional conduct and subject to disciplinary action under sections 2234 [unprofessional conduct], and/or 2234(b) [gross negligence], and/or 2234(c) [repeated negligence], and/or 2242 [prescribing without adequate examination] based on, but not limited to, the following conduct:

A. Respondent failed to conduct a physical examination of Patient SH, and failed to take an adequate medical history before prescribing controlled substances.

B. Respondent prescribed highly addictive controlled substances to a patient with a known history of addiction and he failed to adequately inform her of the risks and benefits of controlled substances, including potential for addiction and sedation in this high-risk patient.

C. Respondent failed to take any steps to determine whether Patient SH received controlled substances from other providers while he was also prescribing controlled substances to her.

D. Respondent failed to consult with other medical providers treating Patient SH, particularly her psychiatrist, when he was aware she was also receiving medical care through Kaiser.

E. Respondent failed to ensure Patient SH was not taking other controlled substances, including benzodiazepines, in the 24 hours before starting Subutex. Furthermore, he did not order

any lab work to evaluate her liver function, nor did he observe her taking this medication or recommend any follow-up care.

F. Respondent failed to adequately manage Patient SH's seizure disorder, particularly given his knowledge that she was using illegal drugs.

SECOND CAUSE FOR DISCIPLINE

(Prescribing to an Addict, Patient SH)

21. Respondent is subject to disciplinary action under Health and Safety Code section 11156 [prescribing to an addict], as alleged in paragraphs 10 through 19, which are herein incorporated by reference as if fully set forth below.

22. Respondent prescribed controlled substances to Patient SH, a patient that he was aware had a history of addiction, overdoses, and previous rehabilitation admissions, and who admitted to Respondent that she was using heroin and another person's opioids.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records in the Care of Patient SH)

23. Respondent is subject to disciplinary action under section 2266 [failure to maintain adequate and accurate medical records], as alleged in paragraphs 10 through 19, which are herein incorporated by reference as if fully set forth below.

24. Respondent's medical records for Patient SH are wholly inadequate. They are not legible, are not maintained in any standard format, fail to document a complete medical history, physical examination, and fail to include a substance abuse history.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts in the Care of Patient AS)

25. Respondent is subject to disciplinary action under sections 2234 [unprofessional conduct], and/or 2234(b) [gross negligence], and/or 2234(c) [repeated negligent acts] in the care and treatment of Patient AS. The circumstances are as follows:

26. Respondent began treating Patient AS, a then 19-year-old male, in 2008 and continued to see him to March 1, 2018. Patient AS was on intravenous heroin and taking

Suboxone and Respondent began treating Patient AS for his addiction to heroin. Respondent's initial progress note is wholly deficient regarding the patient's past medical history, family or social history, and a physical examination. The patient relapsed on heroin at some point in the fall of 2008.

27. From 2008 through 2015, Respondent prescribed Suboxone, Ambien, and Xanax through telephone visits or infrequent face-to-face visits. At no point in the medical records from 2008 through 2015, was there any indication why Respondent was prescribing Xanax to a heroin addict. Patient AS requested numerous early refills for Suboxone with various excuses, such as he lost his medications, they were stolen, he left them at a hotel on vacation, or that he dropped the medications in the shower. There was no indication in the medical record that Respondent questioned the frequent early refill requests other than to approve the request. The patient also cancelled or was a "no show" at several appointments and Respondent did not document any concerns about these missed appointments.

28. Respondent's handwritten medical records from 2008 through 2015 were completely illegible and failed to adequately document any of the patient encounters with necessary information, such as history, current medications, physical examinations, test orders, assessment, or plan for care. There was also no indication that Respondent ever conducted a comprehensive alcohol and drug assessment.

29. Sometime in 2015, Respondent began using an electronic medical record keeping system. The majority of the interactions between Respondent and Patient AS between 2015 and 2017 were by telephone. Respondent prescribed small amounts of buprenorphine,[14] requiring the patient to have weekly refills of his medications. Despite the small amount of pills dispensed at one time, Patient AS still reported lost or stolen medications and the need for early refills, which Respondent always approved.

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[14] At some point during Respondent's care of Patient AS, he switched him from Suboxone to Subutex because the Patient stated he was getting headaches from the Suboxone.

30. In 2015, Respondent did not document a single face-to-face patient encounter with Patient AS. In 2016, Respondent only saw Patient AS on two occasions, with the remainder of the patient encounters by telephone.

31. The progress notes from 2015 through 2017 in the electronic medical record are also missing the necessary medical information in that there was never a documented history, physical, or assessment of the care and how the patient was doing on the current treatment "plan." There was no medical documentation supporting the continued prescription for Xanax.

32. On or about April 17, 2017, Respondent conducted the only urine toxicology screen on Patient AS. The test was positive for buprenorphine and benzodiazepines—the appropriate medications prescribed to Patient AS.

33. In 2016 and 2017, Patient AS also received controlled substances and prescription drugs from four other providers. He received Ambien, buprenorphine, phenobarbital,[15], gabapentin,[16] hydroxyzine,[17] trazodone,[18] clonidine,[19] and clordiazepoxide.[20] Patient AS also

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[15] Phenobarbital is a barbiturate. It is a dangerous drug as defined in section 4022 and a schedule IV controlled substance as defined by section 11057(d)(19) of the Health and Safety Code. Barbiturates are capable of producing all levels of central nervous system (CNS) mood alteration, from excitation to mild sedation, hypnosis, and deep coma. The concomitant use of alcohol or other CNS depressants may produce additive CNS depressant effects. Barbiturates are indicated for sedation and for the treatment of generalized and partial seizures. Phenobarbital may be habit forming and tolerance and psychological and physical dependence may occur with continued use. Barbiturates should be administered with caution, if at all, to patients who are mentally depressed, have suicidal tendencies, or have a history of drug abuse.

[16] Gabapentin in the generic name for Neurontin. It is an antiepileptic and is indicated as adjunctive therapy in the treatment of partial seizures with and without secondary generalization in adults with epilepsy. It is a dangerous drug within the meaning of Business and Professions Code section 4022.

[17] Hydroxyzine is the generic name for Vistaril, and is used for the relief of anxiety and tension symptoms associated with psychoneurosis. It is a dangerous drug as defined in section 4022. It has a potentiating action upon CNS depressants and, therefore, when CNS depressants are administered concomitantly with Vistaril their dosage should be reduced.

[18] Trazodone hydrochloride, a triazolopyridine derivative antidepressant, sometimes marketed under the trade name Desyrel, is a dangerous drug within the meaning of Business and Professions Code section 4022.

[19] Clonidine is the generic name for Catapres, and is a dangerous drug as defined in section 4022. Clonidine is an antihypertensive medication, indicated in the treatment of hypertension. Clonidine has a potential sedative effect. Tricyclic antidepressants may reduce the effects of clonidine. Clonidine may enhance the central nervous system depressive effects of alcohol, barbiturates, or other sedatives.

[20] Clordiazepoxide, is the generic name for Librium. It is a benzodiazepine uses to treat anxiety disorders and anxiety from withdrawal symptoms of alcoholism. It is a schedule IV controlled substance as defined by Health and Safety Code section 11057(d)(5). It is also a

(continued...)

used multiple pharmacies. There was no documentation in Respondent's medical record for Patient AS that he was aware of these other prescriptions and discussed them with the patient. Furthermore, Respondent admitted in his interview with representatives from the Board that he did not begin using CURES until early 2017.

34. In July of 2017, the patient's mother contacted Respondent with concerns that her son was injecting buprenorphine[21] and she was trying to get him into a rehabilitation program. When Respondent discussed the information with Patient AS, he admitted he injected Unisom, an over the counter sleep aid, in order to get some sleep. Respondent took no further action following this information from Patient AS.

35. Respondent's treatment of Patient AS departed from the standard of care in multiple aspects. Respondent failed to:

a) obtain a patient history and conduct physician examinations and reassess the patient's physical health over the course of his care; and

b) Assess the patient's continued and frequent need for early refills based on a variety of excuses, and to consider the missed appointments.

FIFTH CAUSE FOR DISCIPLINE

(Prescribing to an Addict, Patient AS)

36. Respondent is subject to disciplinary action under section 2241 [prescribing to an addict] and/or Health and Safety Code section 11156 [prescribing to an addict], as alleged in paragraphs 26 through 35, which are herein incorporated by reference as if fully set forth below.

37. Patient prescribed Xanax to Patient AS, a patient that he was aware had a history of addiction, overdoses, and previous rehabilitation admissions without conducting the necessary evaluation and assessment or formulating a rationale for prescribing under these circumstances.

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dangerous drug as defined in section 4022.

[21] An attempt to abuse Suboxone by injecting it will fully activate the naloxone, creating a full state of withdrawal, which cannot be reversed by taking heroin or other opiates.

SIXTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records in the Care of Patient AS)

38. Respondent is subject to disciplinary action under section 2266 [failure to maintain adequate and accurate medical records], as alleged in paragraphs 26 through 35, which are herein incorporated by reference as if fully set forth below.

39. Respondent's medical records for Patient AS are wholly inadequate. There was no patient history, current/review of medications, what tests were ordered, assessment, or treatment plan in any of the medical records. The only physical examination noted in the records was an occasional blood pressure value for the infrequent face-to-face visits. There was no psychological screening or review of the medications with possible mental health issues.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G35610, issued to Douglas Eugene Severance, M.D.;

2. Revoking, suspending or denying approval of Douglas Eugene Severance, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced practice nurses;

3. Ordering Douglas Eugene Severance, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: July 23, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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