

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

**In the Matter of the Accusation** )  
**Against:** )  
 )  
 )  
**Don Shigeo Yokoyama, M.D.** )  
 )  
**Physician's and Surgeon's** )  
**Certificate No. G52988** )  
 )  
**Respondent** )  
\_\_\_\_\_ )

**Case No. 800-2017-035890**

**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 6, 2020.**

**IT IS SO ORDERED February 7, 2020.**

**MEDICAL BOARD OF CALIFORNIA**

**By:**



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

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 AARON L. LENT  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **DON SHIGEO YOKOYAMA, M.D.**  
15 **3000 Q St.**  
**Sacramento, CA 95816-7058**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 52988**

18 Respondent.

Case No. 800-2017-035890

OAH No. 2019030450

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER FOR PUBLIC  
REPRIMAND**

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. Christine J. Lally (Complainant) is the Deputy Director of the Medical Board of  
24 California (Board). This action was brought by then Complainant Kimberly Kirchmeyer solely in her  
25 official capacity.<sup>1</sup> Complainant is represented in this matter by Xavier Becerra, Attorney General of  
26 the State of California, by Aaron L. Lent, Deputy Attorney General.

27  
28 <sup>1</sup> Ms. Kirchmeyer became the Director of the Department of Consumer Affairs on October 28, 2019.







1 which unequivocally states whether the Respondent has demonstrated the ability to practice  
2 safely and independently. Based on Respondent's performance on the clinical competence  
3 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
4 scope and length of any additional educational or clinical training, evaluation or treatment for any  
5 medical condition or psychological condition, or anything else affecting Respondent's practice of  
6 medicine. Respondent shall comply with the program's recommendations.

7 Determination as to whether Respondent successfully completed the clinical competence  
8 assessment program is solely within the program's jurisdiction.

9 If Respondent fails to enroll, participate in, or successfully complete the clinical  
10 competence assessment program within the designated time period, Respondent shall receive a  
11 notification from the Board or its designee to cease the practice of medicine within three (3)  
12 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
13 until enrollment or participation in the outstanding portions of the clinical competence assessment  
14 program have been completed. If the Respondent did not successfully complete the clinical  
15 competence assessment program, the Respondent shall not resume the practice of medicine until a  
16 final decision has been rendered on the accusation and/or a petition to revoke probation. Any  
17 violation of this condition or failure to complete the program and program recommendations shall  
18 be considered unprofessional conduct and grounds for further disciplinary action.

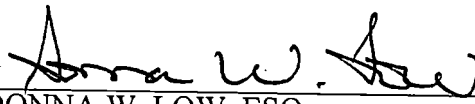
19 **ACCEPTANCE**

20 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
21 discussed it with my attorney, Donna W. Low, Esq.. I understand the stipulation and the effect it  
22 will have on my Physician's and Surgeon's Certificate No. G 52988. I enter into this Stipulated  
23 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
24 bound by the Decision and Order of the Medical Board of California.

25  
26 DATED: 11/20/19   
27 DON SHIGEO YOKOYAMA, M.D.  
28 Respondent

1 I have read and fully discussed with Respondent Don Shigeo Yokoyama, M.D. the terms  
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
3 Order. I approve its form and content.

4 DATED: 11/20/19

  
5 DONNA W. LOW, ESQ.  
6 *Attorney for Respondent*

7 **ENDORSEMENT**

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

10 DATED: 11/20/19

11 Respectfully submitted,

12 XAVIER BECERRA  
13 Attorney General of California  
14 ALEXANDRA M. ALVAREZ  
15 Supervising Deputy Attorney General



16 AARON L. LENT  
17 Deputy Attorney General  
18 *Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2017-035890**



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2 ALEXANDRA ALVAREZ  
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8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:  
15 **Don Shigeo Yokoyama, M.D.**  
3000 Q St.  
16 Sacramento, CA 95816-7058  
17 **Physician's and Surgeon's Certificate**  
No. G 52988,  
18  
19 Respondent.

Case No. 800-2017-035890  
**ACCUSATION**

20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about July 9, 1984, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. G 52988 to Don Shigeo Yokoyama, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on August 31, 2019, unless renewed.

JURISDICTION

1  
2       3. This Accusation is brought before the Board, under the authority of the following  
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
4 indicated.

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

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

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

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

15       “(b) Gross negligence.

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

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

21       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
22 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
23 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the  
24 applicable standard of care, each departure constitutes a separate and distinct breach of the  
25 standard of care.

26       “(d) Incompetence.

27       “...”

28       ///



1           11. Hydrocodone with acetaminophen – Generic name for the drugs Vicodin, Norco, and  
2 Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination  
3 product used to treat moderate to moderately severe pain. Prior to October 6, 2014, Hydrocodone  
4 with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal  
5 Regulations Title 21 section 1308.13(e). On October 6, 2014, Hydrocodone combination  
6 products were reclassified as Schedule II controlled substances. Federal Register Volume 79,  
7 Number 163, Code of Federal Regulations Title 21 section 1308.12. Hydrocodone with  
8 acetaminophen is a dangerous drug pursuant to California Business and Professions Code section  
9 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code  
10 section 11055, subdivision (b).

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

17           13. Morphine Sulfate – Generic name for the drugs MS Contin and MorphaBond ER.  
18 Morphine is an opioid analgesic drug. It is the main psychoactive chemical in opium. Like other  
19 opioids, such as oxycodone, hydromorphone, and heroin, morphine acts directly on the central  
20 nervous system (CNS) to relieve pain. Morphine is a Scheduled II controlled substance pursuant  
21 to Code of Federal Regulations Title 21 section 1308.12. Morphine is a Schedule II controlled  
22 substance pursuant to Health and Safety Code 11055, subdivision (b), and a dangerous drug  
23 pursuant to Business and Professions Code section 4022. With morphine sulfate (MS), the  
24 positive charge on the morphine molecule is neutralized by the negative charge on the sulfate.  
25 Because it is ionic, MS dissolves readily in water and body fluids, creating an immediate release.

26           14. Oxycodone – Generic name for OxyContin, Roxicodone, and Oxecta. Oxycodone  
27 carries a high risk for addiction and dependence, and can cause respiratory distress and death  
28 when taken in high doses or when combined with other substances, especially alcohol.

1 Oxycodone is a short-acting opioid analgesic used to treat moderate to severe pain. OxyContin  
2 ER is a long-acting opioid formulation consisting of an extended-release mechanism sold under  
3 the brand name OxyContin. Oxycodone is a Schedule II controlled substance pursuant to Code of  
4 Federal Regulations Title 21 section 1308.12. Oxycodone is a dangerous drug pursuant to  
5 California Business and Professions Code section 4022 and is a Schedule II controlled substance  
6 pursuant to California Health and Safety Code section 11055(b).

7 15. Suboxone – Brand name for a film comprised of Buprenorphine and Naloxone.

8 a. Buprenorphine – Generic name for Butrans, is an opioid used to treat opioid  
9 addiction, moderate acute pain, and moderate chronic pain. When used in combination with  
10 naloxone for treating opioid addiction, it is known by the trade name Suboxone. As a transdermal  
11 patch, Butrans is used for chronic pain. Buprenorphine is a Schedule III controlled substance  
12 pursuant to Code of Federal Regulations Title 21 Section 1308.13(e), and is a dangerous drug  
13 pursuant to Business and Professions Code section 4022.

14 b. Naloxone – Generic name for Narcan. Naloxone is a narcotic blocker, used to  
15 treat narcotic drug overdose and/or to temporarily reverse the effects of opioid medicines.  
16 Naloxone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21  
17 Section 1308.12(b)(1). Naloxone is a dangerous drug pursuant to Business and Professions Code  
18 section 4022.

19 16. Zolpidem Tartrate – Generic name for Ambien. Zolpidem Tartrate is a sedative and  
20 hypnotic used for short term treatment of insomnia. Zolpidem Tartrate is a Schedule IV  
21 controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a  
22 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
23 (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

24 **FIRST CAUSE FOR DISCIPLINE**

25 **(Gross Negligence)**

26 17. Respondent's license is subject to disciplinary action under section 2234, subdivision  
27 (b), of the Code, in that he committed gross negligence during the prescribing of controlled  
28 substances to Patient A. The circumstances are as follows:

1 18. Sometime on or before August 25, 2006, Respondent began treating Patient A.<sup>1 2</sup>  
2 Respondent reported that he was treating Patient A for chronic back pain, knee pain, and  
3 anxiety/depression. He reported that he was continuing to prescribe hydrocodone to Patient A, in  
4 the amount of 10 milligram doses, with one (1) to two (2) doses every six (6) hours, as needed for  
5 pain.

6 19. On or about March 12, 2007, Respondent began prescribing morphine to Patient A, in  
7 the amount of 30 milligram doses, with one (1) to two (2) tablets, twice daily, for persistent lower  
8 back pain.

9 20. On or about June 6, 2007, Patient A reported continued back pain. A spinal x-ray  
10 revealed that Patient A had suffered a compression fracture of the thoracic vertebral body.

11 Respondent increased Patient A's morphine dosage to 100 milligrams, twice daily. He  
12 additionally continued Patient A's hydrocodone and Xanax prescriptions.

13 21. On or about March 13, 2008, Patient A reported worsening back pain. Respondent  
14 documented that he increased morphine to 200 milligram doses, three (3) times daily.  
15 Respondent additionally continued Patient A's hydrocodone prescription of 10 milligram doses,  
16 with one (1) to two (2) doses every four (4) to six (6) hours, as needed.

17 22. Between January 4, 2010, and April 18, 2013, Patient A was seen approximately  
18 thirty-six (36) times by Respondent, primarily for treatment of chronic musculo-skeletal pain and  
19 depression/anxiety. During this period of time, Respondent regularly prescribed Patient A  
20 morphine, hydrocodone, Oxycontin, alprazolam, diazepam, and lorazepam. In total, Patient A  
21 was prescribed approximately 3,310 morphine tablets in 200 milligram dosages; 5,132 tablets of  
22 hydrocodone in 10 milligram doses; ninety (90) tablets of Oxycontin in 80 milligram doses; 1,110  
23 tablets of alprazolam in 1 milligram doses; 2,520 tablets of alprazolam in 0.5 milligram doses;  
24 ninety (90) tablets of alprazolam in 0.25 milligram doses; ninety (90) tablets of diazepam in 0.5

25 \_\_\_\_\_  
26 <sup>1</sup> Conduct alleged to have before January 1, 2012, is for informational purposes only.  
27 That said, errors or omissions that occurred before January 1, 2012, which led to a continuing  
28 course of conduct which resulted in errors and omissions after January 1, 2012, are being alleged  
as a basis for discipline.

<sup>2</sup> Patient names and information have been removed. All witnesses will be identified in  
discovery.

1 milligram doses; and 120 tablets of lorazepam in 0.5 milligram doses. During this time period,  
 2 Patient A's daily dosage varied between approximately 420 to 620 milligrams of various  
 3 controlled substances per day.

4 23. The Medical Board obtained certified pharmacy profiles pertaining to Patient A, from  
 5 the dates of January 4, 2010, to April 18, 2013. During that time period, Respondent prescribed  
 6 large amounts of a variety of controlled substances to Patient A. For example, between January  
 7 5, 2012, and April 18, 2013, Respondent prescribed or re-filled the following controlled  
 8 substances to Patient A:

Date Filled	Prescription	Quantity	Dosage	Schedule
January 5, 2012	Hydrocodone Bitartrate- Acetaminophe	120 tablets	10 mg./325mg.	III
January 17, 2012	Alprazolam	90 tablets	1 mg.	IV
January 19, 2012	Hydrocodone Bitartrate- Acetaminophe	120 tablets	10 mg./325mg.	III
January 20, 2012	Nuvigil	30 tablets	150 mg.	IV
February 17, 2012	Hydrocodone Bitartrate- Acetaminophe	120 tablets	10 mg./325mg.	III
February 17, 2012	Nuvigil	30 tablets	150 mg.	IV
March 2, 2012	Morphine sulfate	270 tablets	200 mg.	II
March 6, 2012	Alprazolam	270 tablets	1 mg.	IV
March 6, 2012	Nuvigil	90 tablets	150 mg.	IV
March 9, 2012	Hydrocodone Bitartrate- Acetaminophe	120 tablets	10 mg./325mg.	III

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March 30, 2012	Hydrocodone Bitartrate- Acetaminophe	120 tablets	10 mg./325mg.	III
April 5, 2012	Alprazolam	15 tablets	1 mg.	IV
April 9, 2012	Lorazepam	60 tablets	1 mg.	IV
April 9, 2012	Oxycontin	90 tablets	80 mg.	II
April 16, 2012	Hydrocodone Bitartrate- Acetaminophe	120 tablets	10 mg./325mg.	III
<del>April 23, 2012</del>	<del>Alprazolam</del>	<del>90 tablets</del>	<del>1 mg.</del>	<del>IV</del>
April 23, 2012	Morphine sulfate	90 tablets	200 mg.	II
May 2, 2012	Nuvigil	90 tablets	150 mg.	IV
May 8, 2012	Alprazolam	270 tablets	1 mg.	IV
May 14, 2012	Hydrocodone Bitartrate- Acetaminophe	120 tablets	10 mg./325mg.	III
May 15, 2012	Morphine sulfate	270 tablets	200 mg.	II
June 13, 2012	Hydrocodone Bitartrate- Acetaminophe	120 tablets	10 mg./325mg.	III
July 3, 2012	Nuvigil	90 tablets	150 mg.	IV
July 19, 2012	Alprazolam	90 tablets	1 mg.	IV
July 20, 2012	Alprazolam	15 tablets	1 mg.	IV
July 25, 2012	Hydrocodone Bitartrate- Acetaminophe	120 tablets	10 mg./325mg.	III
August 14, 2012	Morphine sulfate	60 tablets	200 mg.	II



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September 5, 2012	Hydrocodone Bitartrate- Acetaminophe	40 tablets	10 mg./325mg.	III
September 6, 2012	Morphine sulfate	20 tablets	200 mg.	II
October 9, 2012	Hydrocodone Bitartrate- Acetaminophe	112 tablets	10 mg./325mg.	III
October 10, 2012	Alprazolam	90 tablets	0.25 mg.	IV
October 11, 2012	Nuvigil	28 tablets	150 mg.	IV
<del>October 17, 2012</del>	<del>Morphine sulfate</del>	<del>60 tablets</del>	<del>200 mg.</del>	<del>II</del>
November 26, 2012	Morphine sulfate	30 tablets	200 mg.	II
December 8, 2012	Morphine sulfate	60 tablets	200 mg.	II
December 11, 2012	Hydrocodone Bitartrate- Acetaminophe	60 tablets	10 mg./325mg.	III
December 27, 2012	Hydrocodone Bitartrate- Acetaminophe	60 tablets	10 mg./325mg.	III
January 3, 2013	Morphine sulfate	60 tablets	200 mg.	II
January 11, 2013	Hydrocodone Bitartrate- Acetaminophe	60 tablets	10 mg./325mg.	III
February 26, 2013	Morphine sulfate	90 tablets	200 mg.	II
April 18, 2013	Morphine sulfate	270 tablets	200 mg.	II

///

1           24. On or about April 1, 2010, Patient A presented to Respondent after sustaining a fall  
2 while walking up the staircase at her place of employment. At the time, she was on a prescription  
3 medication regimen of one (1) to two (2) alprazolam tablets, in 0.5 milligram doses, three (3)  
4 times daily; one (1) morphine sulfate tablet, in 200 milligram doses, three (3) times daily; and one  
5 (1) to two (2) hydrocodone-acetaminophen tablets in 10/325 milligram doses, every six (6) hours;  
6 in addition to other medications.

7           25. On or about May 19, 2011, Respondent became aware that Patient A was improperly  
8 taking up to four (4) alprazolam at a time. Patient A additionally reported that she had been  
9 experiencing emotional lability.<sup>3</sup> Although Respondent was aware that Patient A had improperly  
10 used her medication and was experiencing a known side effect of narcotic and/or benzodiazepine  
11 misuse, he recommended continued usage of her then-current medications.

12           26. On or about July 29, 2011, Respondent became aware that Patient A had fallen asleep  
13 while sitting on the toilet, and proceeded to fall, causing her head to hit the bathroom floor.  
14 However, Respondent failed to change or modify Patient A's prescription regimen.

15           27. On or about September 21, 2011, Respondent became aware that Patient A was  
16 hospitalized with symptoms of slurred speech and decreased mental activity, which resulted from  
17 her taking four (4) milligrams of alprazolam in an apparent error. Respondent acknowledged that  
18 Patient A had improperly taken the medication, however, he continued Patient A's prescription  
19 regimen.

20           28. On April 9, 2012, during a medical appointment with Respondent, Patient A stated to  
21 Respondent that her prescription medicine was stolen from her purse. She additionally reported  
22 to Respondent that she required the assistance of friends and family to help dispense her  
23 medications, since she often forgot to take them. On that date, Patient A entered into a pre-  
24 printed Pain Medication/Narcotic contract with Respondent. The document mentioned risks  
25 including tolerance, addiction, overdose, and inability to drive motor vehicles. The agreement  
26 also stated early refills would not be allowed, all of her prescriptions would be through

27 \_\_\_\_\_  
28 <sup>3</sup> Emotional lability is when a patient presents with pathological laughter and crying, or  
emotional incontinence.

1 Respondent, all prescriptions would be filled at a "Rite Aid Pharmacy," medical and  
2 psychological assessments could be ordered at any time, and any use of illegal drugs or non-  
3 prescribed drugs could result in termination of her existing prescriptions. The document was  
4 signed by Respondent and Patient A.

5 29. On or about May 22, 2012, Respondent became aware that Patient A had tested  
6 positive for methadone and marijuana, after she had been hospitalized for nausea and vomiting.  
7 She additionally reported to Respondent that she had a lack of memory and excessive fatigue. At  
8 that time, she was on a prescription medication regimen of one (1) nuvigil tablet, in 150  
9 milligram doses, once daily; one (1) to two (2) alprazolam tablets, in 1 milligram doses, three (3)  
10 times daily; one (1) morphine sulfate tablet, in 200 milligram doses, three (3) times daily; and one  
11 (1) to two (2) hydrocodone-acetaminophen tablets, in 10/325 milligram doses, every six (6)  
12 hours; in addition to other medications. Respondent acknowledged that Patient A had violated  
13 her pain contract, however, the only modification Respondent made to Patient A's prescription  
14 regimen was a change from one (1) morphine sulfate tablet, in 200 milligram doses, three (3)  
15 times daily, to twice daily.

16 30. On September 12, 2012, Respondent became aware that Patient A had unintentionally  
17 overdosed on pain medication. At that time, she was on a prescription medication regimen of one  
18 (1) nuvigil tablet, in 150 milligram doses, once daily; one (1) clonazepam tablet, in 1 milligram  
19 doses, three (3) times daily; one (1) morphine sulfate tablet, in 200 milligram doses, twice daily;  
20 and one (1) hydrocodone-acetaminophen tablet, in 10/325 milligram doses, every six (6) hours; in  
21 addition to other medications. Respondent continued to prescribe high-dose narcotics, mixed  
22 narcotics, and narcotics mixed with benzodiazepines.

23 31. On April 18, 2013, Respondent became aware that Patient A had unintentionally  
24 overdosed on alprazolam. At that time, she was on a prescription medication regimen of one (1)  
25 alprazolam tablet, in 0.5 to 1 milligram doses, three (3) times daily; one (1) morphine sulfate

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1. tablet, in 200 milligram doses, three (3) times daily; and one (1) to two (2) hydrocodone-  
2. acetaminophen tablets, in 10/325 milligram doses, every six (6) hours; in addition to other  
3. medications. Respondent discontinued the alprazolam prescription, however, he continued to  
4. prescribe the remaining narcotic and benzodiazepine regimen.

5. 32. Between January 4, 2010, and April 18, 2013, Patient A exhibited multiple side  
6. effects from ongoing chronic controlled substances therapy while under Respondent's care.  
7. Specifically, during this time period, Patient A reported that she suffered from severe  
8. constipation, emotional lability, worsening fatigue, memory-related problems, worsening mood  
9. and depression, and low levels of concentration and memory.

10. ~~33. Respondent's license is subject to discipline for gross negligence because, between~~  
11. January 5, 2012, and April 18, 2013, Respondent failed to significantly modify Patient A's  
12. treatment. Instead, Respondent continued to prescribe high-dose narcotics and mix narcotic and  
13. benzodiazepine treatment. Additionally, between January 5, 2012 and April 18, 2013,  
14. Respondent failed to undertake and/or document risk assessment for continued prescribing of  
15. long-term use of controlled substances. Specifically, Respondent failed to use any of the various  
16. screening and monitoring tools available to him, including, but not limited to Opioid Risk Tool,  
17. Screener, Opioid Assessment for Patient's With Pain, Pain Assessment and Documentation Tool,  
18. Current Opioid Misuse Measure, and/or other available tools. Furthermore, throughout this time  
19. period, Respondent failed to fully evaluate potential risks of combined opiate therapy with other  
20. respiratory depressants, such as benzodiazepines.

21. **SECOND CAUSE FOR DISCIPLINE**

22. **(Repeated Negligent Acts)**

23. 34. Respondent's license is subject to disciplinary action under section 2234, subdivision  
24. (c), of the Code, in that he committed repeated negligent acts during the care and treatment of  
25. Patient A by failing to properly provide care during the prescription of controlled substances.  
26. The circumstances are as follows:

27. ///

28. ///

1 35. Complainant realleges paragraphs 17 through 33, and those paragraphs are  
2 incorporated by reference as if fully set forth herein.

3 36. Respondent committed the following repeated negligent acts during the care of  
4 Patient A:

5 a.) Respondent failed to take any action, including termination of Patient A  
6 from his medical practice, after learning that Patient A was in violation of multiple chronic  
7 pain agreements as she was obtaining controlled substances from other sources and at  
8 multiple pharmacies;

9 b.) Respondent failed to engage in a risk stratification and/or to classify  
10 Patient A's risk during continued monitoring when Patient A showed substantial risk of  
11 controlled substance misuse.

12 c.) Respondent continued to prescribe narcotics and benzodiazepines to  
13 Patient A, despite evidence that Patient A was misusing the drugs.

14 **THIRD CAUSE FOR DISCIPLINE**

15 **(Failure to Maintain Adequate and Inaccurate Records)**

16 37. Respondent's license is subject to disciplinary action under section 2266, of the Code,  
17 in that he failed to maintain adequate and accurate medical records relating to his care and  
18 treatment of Patient A, as more fully described in paragraphs 17 through 36, above, and those  
19 paragraphs are incorporated by reference as if fully set forth herein.

20 **PRAYER**

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

23 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 52988,  
24 issued to Don Shigeo Yokoyama, M.D.;


25 2. Revoking, suspending or denying approval of Don Shigeo Yokoyama, M.D.'s  
26 authority to supervise physician assistants and advanced practice nurses;

27 3. Ordering Don Shigeo Yokoyama, M.D., if placed on probation, to pay the Board the  
28 costs of probation monitoring; and

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

DATED:  
January 4, 2019

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

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