

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

In the Matter of the Accusation Against:

David Allen Padilla, M.D.

**Physician's and Surgeon's
Certificate No. G 73271**

Respondent.

Case No. 800-2018-044572

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 January 29, 2021.

IT IS SO ORDERED: December 30, 2020.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
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Deputy Attorney General
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9
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. 800-2018-044572

14 **DAVID ALLEN PADILLA, M.D.**
15 **568 N. Sunrise Avenue, Suite 250**
Roseville, CA 95661

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate**
17 **No. G 73271**

18 Respondent.

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. William Prasifka (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 Xavier Becerra, Attorney General of the State of California, by Ryan J. Yates, Deputy
26 Attorney General.

27 2. Respondent David Allen Padilla, M.D. (Respondent) is represented in this proceeding
28 by attorney Ian A. Scharg, whose address is 400 University Avenue, Sacramento, CA 95825. On

1 or about January 14, 1992, the Board issued Physician's and Surgeon's Certificate No. G 73271
2 to David Allen Padilla, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full
3 force and effect at all times relevant to the charges brought in Accusation No. 800-2018-044572,
4 and will expire on September 30, 2021, unless renewed.

5 JURISDICTION

6 3. Accusation No. 800-2018-044572 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on August 14, 2020. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 4. A copy of Accusation No. 800-2018-044572 is attached as exhibit A and incorporated
11 herein by reference.

12 5. Respondent is currently on probation for five (5) years regarding an unrelated
13 Accusation. On or about March 28, 2019, an Accusation (No. 800-2017-035835) was filed with
14 the Board, which alleged Gross Negligence (Bus. & Prof. Code § 2234, subd. (b)), Repeated
15 Negligent Acts (Bus. & Prof. Code § 2234, subd. (c)), Failure to Maintain Adequate and
16 Accurate Records (Bus. & Prof. Code § 2266), and General Unprofessional Conduct (Bus. &
17 Prof. Code §§ 2227, 2234), regarding his care and treatment of Patient A, Patient B, and Patient
18 C. A copy of Accusation No. 800-2017-035835 is attached as exhibit B and incorporated herein
19 by reference.

20 6. On or about On July 20, 2020, a Decision was rendered. Revocation was stayed, and
21 Respondent was placed on five (5) years' probation, with the following terms: Education
22 Course, Prescribing Practices Course, Medical Record Keeping Course, Ethics Course, Clinical
23 Competence Assessment Program, Practice Monitoring, Solo Practice Prohibition, and Standard
24 Probationary Terms A copy of the Decision in case No. 800-2017-035835 is attached as exhibit
25 B and incorporated herein by reference.

26 ADVISEMENT AND WAIVERS

27 7. Respondent has carefully read, fully discussed with counsel, and understands the
28 charges and allegations in Accusation No. 800-2018-044572. Respondent has also carefully read,

1 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
2 Disciplinary Order.

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

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

11 CULPABILITY

12 10. Respondent understands and agrees that the charges and allegations in Accusation
13 No. 800-2018-044572, if proven at a hearing, constitute cause for imposing discipline upon his
14 Physician's and Surgeon's Certificate.

15 11. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
16 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right
17 to contest those charges.

18 12. Respondent does not contest that, at an administrative hearing, complainant could
19 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
20 2018-044572, a true and correct copy of which is attached hereto as Exhibit A, and that he has
21 thereby subjected his Physician's and Surgeon's Certificate, No. G 73271 to disciplinary action.

22 ACKNOWLEDGMENT

23 13. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
24 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
25 Disciplinary Order below.

26 CONTINGENCY

27 14. This stipulation shall be subject to approval by the Medical Board of California.
28 Respondent understands and agrees that counsel for Complainant and the staff of the Medical

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

9 15. Respondent agrees that if he ever petitions for early termination or modification of
10 probation, or if an accusation and/or petition to revoke probation is filed against him before the
11 Board, all of the charges and allegations contained in Accusation No. 800-2018-044572 shall be
12 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
13 other licensing proceeding involving Respondent in the State of California.

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

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

20 **DISCIPLINARY ORDER**

21 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 73271 issued
22 to Respondent David Allen Padilla, M.D. is revoked. However, the revocation is stayed and
23 Respondent is placed on probation for an additional two (2) years following the expiration of his
24 current probation on the following terms and conditions:

25 1. **PROBATION TO BE SERVED CONSECUTIVELY**: The two (2) year term of
26 probation shall be served fully consecutively to the probation currently imposed as a result of the
27 Board's Decision and Order in *In the Matter of the Accusation Against David Allen Padilla*, case
28 No. 800-2017-035835, effective August 9, 2020. Thus, probation for both matters will expire

1 upon the successful completion of both consecutive probations, following the new comprehensive
2 term of seven (7) years from the original effective date of August 9, 2020. .

3 Additionally, Respondent will continue to abide by the all the following disciplinary terms
4 and conditions imposed as a result of the Board's Decision and Order in *In the Matter of the*
5 *Accusation Against David Allen Padilla*, case No. 800-2017-035835, effective August 9, 2020,
6 which shall remain in full force and effect for the entire probationary term of seven (7) years;:

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

17 3. PRESCRIBING PRACTICES COURSE: Within 60 calendar days of the effective
18 date of this Decision, respondent shall enroll in a course in prescribing practices approved in
19 advance by the Board or its designee. Respondent shall provide the approved course provider
20 with any information and documents that the approved course provider may deem pertinent.
21 Respondent shall participate in and successfully complete the classroom component of the course
22 no later than six (6) months after respondent's initial enrollment. Respondent shall successfully
23 complete any other component of the course within one (1) year of enrollment. The prescribing
24 practices course shall be at respondent's expense and shall be in addition to the CME
25 requirements for renewal of licensure.

26 A prescribing practices course taken after the acts that gave rise to the charges in the
27 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
28 or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its
4 designee no later than 15 calendar days after successfully completing the course, or no later than
5 15 calendar days after the effective date of the Decision, whichever is later.

6 4. MEDICAL RECORD KEEPING COURSE: Within 60 calendar days of the effective
7 date of this Decision, respondent shall enroll in a course in medical record keeping approved in
8 advance by the Board or its designee. Respondent shall provide the approved course provider
9 with any information and documents that the approved course provider may deem pertinent.
10 Respondent shall participate in and successfully complete the classroom component of the course
11 no later than six months after respondent's initial enrollment. Respondent shall successfully
12 complete any other component of the course within one year of enrollment. The medical record
13 keeping course shall be at respondent's expense and shall be in addition to the CME requirements
14 for renewal of licensure.

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

20 Respondent shall submit a certification of successful completion to the Board or its
21 designee no later than 15 calendar days after successfully completing the course, or no later than
22 15 calendar days after the effective date of the Decision, whichever is later.

23 5. PROFESSIONALISM PROGRAM (ETHICS COURSE): Within 60 calendar days
24 of the effective date of this Decision, respondent shall enroll in a professionalism program that
25 meets the requirements of Title 16, California Code of Regulations (CCR), section 1358.1.
26 Respondent shall participate in and successfully complete that program. Respondent shall provide
27 any information and documents that the program may deem pertinent. Respondent shall
28 successfully complete the classroom component of the program no later than six months after

1 respondent's initial enrollment, and the longitudinal component of the program no later than the
2 time specified by the program, but no later than one year after attending the classroom
3 component. The professionalism program shall be at respondent's expense and shall be in addition
4 to the CME requirements for renewal of licensure.

5 A professionalism program taken after the acts that gave rise to the charges in the
6 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
7 or its designee, be accepted towards the fulfillment of this condition if the program would have
8 been approved by the Board or its designee had the program been taken after the effective date of
9 this Decision.

10 Respondent shall submit a certification of successful completion to the Board or its
11 designee no later than 15 calendar days after successfully completing the program or no later than
12 15 calendar days after the effective date of the Decision, whichever is later.

13 6. CLINICAL COMPETENCE ASSESSMENT PROGRAM: Within 60 calendar days
14 of the effective date of this Decision, respondent shall enroll in a clinical competence assessment
15 program approved in advance by the Board or its designee. Respondent shall successfully
16 complete the program no later than six months after respondent's initial enrollment unless the
17 Board or its designee agrees in writing to an extension of that time. The program shall consist of a
18 comprehensive assessment of respondent's physical and mental health and the six general
19 domains of clinical competence as defined by the Accreditation Council on Graduate Medical
20 Education and American Board of Medical Specialties pertaining to respondent's current or
21 intended area of practice. The program shall take into account data obtained from the pre-
22 assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other
23 information that the Board or its designee deems relevant. The program shall require respondent's
24 on-site participation for a minimum of three and no more than five days as determined by the
25 program for the assessment and clinical education evaluation. Respondent shall pay all expenses
26 associated with the clinical competence assessment program.

27 At the end of the evaluation, the program will submit a report to the Board or its designee
28 which unequivocally states whether the respondent has demonstrated the ability to practice safely

1 and independently. Based on respondent's performance on the clinical competence assessment,
2 the program will advise the Board or its designee of its recommendation(s) for the scope and
3 length of any additional educational or clinical training, evaluation or treatment for any medical
4 condition or psychological condition, or anything else affecting respondent's practice of medicine.
5 Respondent shall comply with the program's recommendations. Determination as to whether
6 respondent successfully completed the clinical competence assessment program is solely within
7 the program's jurisdiction.

8 If respondent fails to enroll, participate in, or successfully complete the clinical competence
9 assessment program within the designated time period, respondent shall receive a notification
10 from the Board or its designee to cease the practice of medicine within three calendar days after
11 being so notified. The respondent shall not resume the practice of medicine until enrollment or
12 participation in the outstanding portions of the clinical competence assessment program have
13 been completed. If the respondent did not successfully complete the clinical competence
14 assessment program, the respondent shall not resume the practice of medicine until a final
15 decision has been rendered on the accusation and/or a petition to revoke probation. The cessation
16 of practice shall not apply to the reduction of the probationary time period.

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

26 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
27 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
28 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed

1 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
2 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
3 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
4 signed statement for approval by the Board or its designee. Within 60 calendar days of the
5 effective date of this Decision, and continuing throughout probation, respondent's practice shall
6 be monitored by the approved monitor. Respondent shall make all records available for
7 immediate inspection and copying on the premises by the monitor at all times during business
8 hours and shall retain the records for the entire term of probation. If respondent fails to obtain
9 approval of a monitor within 60 calendar days of the effective date of this Decision, respondent
10 shall receive a notification from the Board or its designee to cease the practice of medicine within
11 three calendar days after being so notified. Respondent shall cease the practice of medicine until a
12 monitor is approved to provide monitoring responsibility.

13 The monitor(s) shall submit a quarterly written report to the Board or its designee which
14 includes an evaluation of respondent's performance, indicating whether respondent's practices are
15 within the standards of practice of medicine, and whether respondent is practicing medicine
16 safely. It shall be the sole responsibility of respondent to ensure that the monitor submits the
17 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
18 preceding quarter.

19 If the monitor resigns or is no longer available, respondent shall, within five calendar days
20 of such resignation or unavailability, submit to the Board or its designee, for prior approval, the
21 name and qualifications of a replacement monitor who will be assuming that responsibility within
22 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60
23 calendar days of the resignation or unavailability of the monitor, respondent shall receive a
24 notification from the Board or its designee to cease the practice of medicine within three calendar
25 days after being so notified. Respondent shall cease the practice of medicine until a replacement
26 monitor is approved and assumes monitoring responsibility.

27 In lieu of a monitor, respondent may participate in a professional enhancement program
28 approved in advance by the Board or its designee that includes, at minimum, quarterly chart

1 review, semi-annual practice assessment, and semi-annual review of professional growth and
2 education. Respondent shall participate in the professional enhancement program at respondent's
3 expense during the term of probation.

4 8. SOLO PRACTICE PROHIBITION: Respondent is prohibited from engaging in the
5 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
6 where: 1) respondent merely shares office space with another physician but is not affiliated for
7 purposes of providing patient care, or 2) respondent is the sole physician practitioner at that
8 location.

9 If respondent fails to establish a practice with another physician or secure employment in an
10 appropriate practice setting within 60 calendar days of the effective date of this Decision,
11 respondent shall receive a notification from the Board or its designee to cease the practice of
12 medicine within three (3) calendar days after being so notified. The respondent shall not resume
13 practice until an appropriate practice setting is established.

14 If, during the course of the probation, the respondent's practice setting changes and the
15 respondent is no longer practicing in a setting in compliance with this Decision, the respondent
16 shall notify the Board or its designee within 5 calendar days of the practice setting change. If
17 respondent fails to establish a practice with another physician or secure employment in an
18 appropriate practice setting within 60 calendar days of the practice setting change, respondent
19 shall receive a notification from the Board or its designee to cease the practice of medicine within
20 three calendar days after being so notified. The respondent shall not resume practice until an
21 appropriate practice setting is established.

22 9. NOTIFICATION: Within seven days of the effective date of this Decision, the
23 respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
24 Chief Executive Officer at every hospital where privileges or membership are extended to
25 respondent, at any other facility where respondent engages in the practice of medicine, including
26 all physician and locum tenens registries or other similar agencies, and to the Chief Executive
27 Officer at every insurance carrier which extends malpractice insurance coverage to respondent.
28

1 Respondent shall submit proof of compliance to the Board or its designee within 15 calendar
2 days. This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

3 10. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE

4 NURSES: During probation, respondent is prohibited from supervising physician assistants and
5 advanced practice nurses.

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

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

12 Respondent shall submit quarterly declarations no later than 10 calendar days after the end
13 of the preceding quarter.

14 13. GENERAL PROBATION REQUIREMENTS:

15 Compliance with Probation Unit

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

17 Address Changes

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

23 Place of Practice

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

26 License Renewal

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

1 Travel or Residence Outside California

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

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

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

11 15. NON-PRACTICE WHILE ON PROBATION: Respondent shall notify the Board or
12 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
13 30 calendar days and within 15 calendar days of respondent's return to practice. Non-practice is
14 defined as any period of time respondent is not practicing medicine as defined in Business and
15 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
16 patient care, clinical activity or teaching, or other activity as approved by the Board. If respondent
17 resides in California and is considered to be in non-practice, respondent shall comply with all
18 terms and conditions of probation. All time spent in an intensive training program which has been
19 approved by the Board or its designee shall not be considered non-practice and does not relieve
20 respondent from complying with all the terms and conditions of probation. Practicing medicine in
21 another state of the United States or Federal jurisdiction while on probation with the medical
22 licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-
23 ordered suspension of practice shall not be considered as a period of non-practice.

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

1 Respondent's period of non-practice while on probation shall not exceed two years.
2 Periods of non-practice will not apply to the reduction of the probationary term.
3 Periods of non-practice for a respondent residing outside of California, will relieve
4 respondent of the responsibility to comply with the probationary terms and conditions with the
5 exception of this condition and the following terms and conditions of probation: Obey All Laws;
6 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
7 Controlled Substances; and Biological Fluid Testing.

8 16. COMPLETION OF PROBATION: Respondent shall comply with all financial
9 obligations (e.g., restitution, probation costs) no later than 120 calendar days prior to the
10 completion of probation. Upon successful completion of probation, respondent's certificate shall
11 be fully restored.

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

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

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

6 20. FUTURE ADMISSIONS CLAUSE: If Respondent should ever apply or reapply for
7 a new license or certification, or petition for reinstatement of a license, by any other health care
8 licensing action agency in the State of California, all of the charges and allegations contained in
9 Accusation No. 800-2018-044572 shall be deemed to be true, correct, and admitted by
10 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
11 restrict license.

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ACCEPTANCE

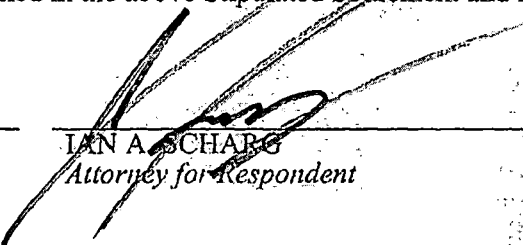
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Ian A. Scharg. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order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

DATED: 9/10/2020


DAVID ALLEN PADILLA, M.D.
Respondent

I have read and fully discussed with Respondent David Allen Padilla, 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: 9/22/2020



IAN A. SCHARG
Attorney for Respondent

ENDORSEMENT

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

DATED: 10/23/20

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General


RYAN J. YATES
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-044572

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8 *Attorneys for Complainant*

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**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
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In the Matter of the Accusation Against:

Case No. 800-2018-044572

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Roseville, CA 95661**

A C C U S A T I O N

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**Physician's and Surgeon's Certificate
No. G 73271,**

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Respondent.

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PARTIES

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1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

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2. On or about January 14, 1992, the Medical Board issued Physician's and Surgeon's Certificate No. G 73271 to David Allen Padilla, 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 September 30, 2021, unless renewed.

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JURISDICTION

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

5 4. Section 2227 of the Code 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 “...”

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1 6. Section 2266 of the Code states, in pertinent part:

2 “The failure of a physician and surgeon to maintain adequate and accurate records relating
3 to the provision of services to their patients constitutes unprofessional conduct.”

4 **PERTINENT DRUG INFORMATION**

5 7. Aripiprazole – Generic name for the drug Abilify, among others. Aripiprazole is an
6 atypical antipsychotic, primarily used in the treatment of schizophrenia and bipolar disorder.
7 Other uses include as an add-on treatment in major depressive disorder, tic disorders, and
8 irritability associated with autism. It is taken by mouth or injection into a muscle. Aripiprazole is
9 a dangerous drug pursuant to California Business and Professions Code section 4022.

10 8. Butalbital with caffeine and with aspirin – Generic name for the drug Fiorinal. It is a
11 barbiturate with an immediate duration of action. Often combined with other medications,
12 Fiorinal is commonly used for the treatment of pain and headache. Fiorinal is a Schedule III
13 controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13 and to
14 Health and Safety Code section 1105. It is a dangerous drug pursuant to Business and
15 Professions Code section 4022.

16 9. Butalbital with caffeine and with acetaminophen – Generic name for the drug
17 Fioricet. It is a barbiturate with an immediate duration of action. Often combined with other
18 medications, Fioricet is commonly used for the treatment of pain and headache. Fioricet is a
19 Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section
20 1308.13 and to Health and Safety Code section 1105. It is a dangerous drug pursuant to Business
21 and Professions Code section 4022.

22 10. Carisoprodol – Generic name for the drug is Soma. Carisoprodol is a centrally acting
23 skeletal muscle relaxant. On January 11, 2012, carisoprodol was classified a Schedule IV
24 controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a
25 dangerous drug pursuant to Business and Professions Code section 4022.

26 11. Clonazepam – Generic name for the drug Klonopin. Clonazepam is an anti-anxiety
27 medication in the benzodiazepine family used to prevent seizures, panic disorder, and akathisia.
28 Clonazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title

1 21 section 1308.14(c). It is also a Schedule IV controlled substance pursuant to Health and
2 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
3 Professions Code section 4022.

4 12. Fluoxetine – Generic name for the drugs Prozac and Sarafem, among others. It is an
5 antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. It is used for the
6 treatment of major depressive disorder, obsessive-compulsive disorder (OCD), bulimia nervosa,
7 panic disorder, and premenstrual dysphoric disorder. Fluoxetine may decrease the risk of suicide
8 in those over the age of sixty-five. It has also been used to treat premature ejaculation.
9 Fluoxetine is taken by mouth. Common side effects include trouble sleeping, sexual dysfunction,
10 loss of appetite, dry mouth, rash, and abnormal dreams. Serious side effects include serotonin
11 syndrome, mania, seizures, an increased risk of suicidal behavior in people under twenty-five
12 years-old, and an increased risk of bleeding. If stopped suddenly, a withdrawal syndrome may
13 occur with anxiety, dizziness, and changes in sensation. Its mechanism of action is not entirely
14 clear but believed to be related to increasing serotonin activity in the brain. Fluoxetine is not
15 currently controlled under the Controlled Substances Act; however, it is a dangerous drug,
16 pursuant to Business and Professions Code, section 4022.

17 13. Lorazepam – Generic name for the drug Ativan. Lorazepam is a member of the
18 benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term
19 management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to
20 Code of Federal Regulations Title 21 section 1308.14(c) and to Health and Safety Code section
21 11057, subdivision (d). It is a dangerous drug pursuant to Business and Professions Code section
22 4022.

23 14. Oxycodone – Generic names for drug include Oxycontin, Roxicodone, and Oxecta.
24 Oxycodone has a high risk for addiction and dependence, and it can cause respiratory distress and
25 death when taken in high doses or when combined with other substances, especially alcohol.
26 Oxycodone is a short acting opioid analgesic used to treat moderate to severe pain. Oxycodone is
27 a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section
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1 1308.12 and to California Health and Safety Code section 11055(b). Oxycodone is a dangerous
2 drug pursuant to California Business and Professions Code section 4022.

3 15. Methadone – Generic name for the drug Symoron. Methadone is a synthetic opioid.
4 It is used medically as an analgesic and a maintenance anti-addictive and reductive preparation
5 for use by patients with opioid dependence. Methadone is a Scheduled II controlled substance
6 pursuant to Code of Federal Regulations Title 21 section 1308.12 and to Health and Safety Code
7 11055, subdivision (c). It is a dangerous drug pursuant to Business and Professions Code section
8 4022.

9 16. Quetiapine – Generic name for the drug Seroquel, among others, and is an atypical
10 antipsychotic medication used for the treatment of schizophrenia, bipolar disorder, and major
11 depressive disorder. It is widely used as a sleep aid, due its sedating effect; however the benefits
12 of such use do not appear to generally outweigh the side effects. It is taken by mouth. Common
13 side effects include sleepiness, constipation, weight gain, and dry mouth. Other side effects
14 include low blood pressure with standing, seizures, a prolonged erection, high blood sugar,
15 tardive dyskinesia, and neuroleptic malignant syndrome. Quetiapine is not currently controlled
16 under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and
17 Professions Code section 4022.

18 **FIRST CAUSE FOR DISCIPLINE**

19 **(Repeated Negligent Acts)**

20 17. Respondent's license is subject to disciplinary action under section 2234, subdivision
21 (c) of the Code, in that he committed repeated negligent acts during the care and treatment of
22 Patient A¹ and Patient B. The circumstances are as follows:

23 **Patient A**

24 18. In or about 2013, Respondent began treating Patient A, a then forty-year-old woman,
25 who suffered from chronic back pain, post-traumatic stress disorder, migraine headaches, and
26 obesity.

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28 ¹ Patient names and information have been removed. All witnesses will be identified in
discovery.

1 19. The Medical Board obtained certified pharmacy profiles pertaining to Patient A, from
 2 the dates of June 20, 2013 to December 20, 2018. During that time period, Respondent
 3 prescribed large amounts of a variety of controlled substances to Patient A. Between June 20,
 4 2013 and December 20, 2018, Respondent prescribed or re-filled the following controlled
 5 substances to Patient A:

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2018-12-20	CLONAZEP AM	TAB	0.5 MG	30	23	PADILLA, DAVID ALLEN (MD)	4237337	0
2018-04-17	OXYCODON E HCL	TAB	30 MG	90	25	PADILLA, DAVID ALLEN (MD)	2188640	0
2018-03-23	OXYCODON E HCL	TAB	30 MG	90	25	PADILLA, DAVID ALLEN (MD)	2187539	0
2017-09-19	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	1844627 59	0
2017-09-13	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4234306	0
2017-08-23	OXYCODON E HCL	TAB	30 MG	110	18	PADILLA, DAVID ALLEN (MD)	2186526	0
2017-08-12	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4234108	0
2017-07-28	OXYCODON E HCL	TAB	30 MG	110	18	PADILLA, DAVID ALLEN (MD)	2186387	0
2017-06-16	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4233844	0
2017-06-15	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4233839	0
2017-06-04	OXYCODON E HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2186074	0
2017-05-18	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4233688	0

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2017-05-16	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4233689	0
2017-04-19	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4233470	0
2017-04-14	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4233471	0
2017-04-08	OXYCODON E HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2185764	0
2017-02-20	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4233131	0
2017-02-08	OXYCODON E HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2185413	0
2016-12-11	OXYCODON E HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2185051	0
2016-11-25	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4232532	0
2016-11-19	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4232498	0
2016-10-27	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4232351	0
2016-10-21	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4232350	0
2016-10-12	BUTALBITA L-ASPIRIN-CAFFEINE	CAP	325 MG-50 MG-40 MG	30	30	PADILLA, DAVID ALLEN (MD)	4232321	0

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2016-08-30	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4232048	0
2016-08-30	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4232049	0
2016-08-16	OXYCODON E HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2029499	0
2016-08-08	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4231931	0
2016-07-28	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4231869	0
2016-07-16	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4231803	0
2016-07-15	OXYCODON E HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2184150	0
2016-06-29	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4231705	0
2016-05-31	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4065489	0
2016-05-18	CLONAZEP AM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4231442	0

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2016-05-16	OXYCODON E HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2028214	0
2016-04-28	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4065263	0
2016-03-31	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4064933	0
2016-03-07	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4064584	0
2016-03-05	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4064305	1
2016-02-04	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4064305	0
2015-12-23	OXYCODON E HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2026067	0
2015-12-08	BUTALBITA L/ASPIRIN/CAFFEINE/CO DEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4063761	0
2015-12-08	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4063760	0

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2015-11-08	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4063483	0
2015-10-28	OXYCODON E HCL-ACETAMIN OPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2025331	0
2015-09-28	OXYCODON E HCL-ACETAMIN OPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2024891	0
2015-09-10	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4062663	1
2015-08-28	OXYCODON E HCL-ACETAMIN OPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2024434	0
2015-08-12	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4062663	0
2015-07-29	OXYCODON E HCL-ACETAMIN OPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2023950	0
2015-07-14	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4062052	1
2015-06-29	OXYCODON E HCL-ACETAMIN OPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2023478	0
2015-06-24	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4062134	0

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2015-06-16	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4062052	0
2015-05-19	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4061180	2
2015-04-29	ENDOCET	TAB	325 MG-10 MG	90	15	PADILLA, DAVID ALLEN (MD)	2022568	0
2015-04-21	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4061180	1
2015-04-18	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4061476	0
2015-03-24	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4061180	0
2015-03-20	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4061181	0
2015-02-23	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	28	PADILLA, DAVID ALLEN (MD)	4060877	0

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-12-23	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4060143	0
2014-10-19	ESTERIFIED ESTROGENS - METHYLTE STOST E	TAB	0.625 MG- 1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	5
2014-09-22	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4058999	0
2014-09-19	ESTERIFIED ESTROGENS - METHYLTE STOST E	TAB	0.625 MG- 1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	4
2014-09-17	ENDOCET	TAB	325 MG- 10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2019277	0
2014-08-26	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4058514	0
2014-08-21	ESTERIFIED ESTROGENS - METHYLTE STOST E	TAB	0.625 MG- 1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	3

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-08-19	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2019025	0
2014-08-16	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4058340	0
2014-07-23	ESTERIFIED ESTROGENS - METHYLTE STOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	2
2014-07-23	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4057909	0
2014-06-25	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4056279	2
2014-06-24	ESTERIFIED ESTROGENS - METHYLTE STOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	1
2014-06-19	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4057157	0
2014-05-27	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4056279	1

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-05-26	ESTERIFIED ESTROGENS - METHYLTESTOSTERONE	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	0
2014-04-29	BUTALBITAL-APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4056279	0
2014-04-29	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2017952	0
2014-04-25	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4056167	0
2014-04-01	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2017682	0
2014-04-01	BUTALBITAL-APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4055751	0
2014-03-26	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4055662	0
2014-03-03	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2017404	0

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-03-03	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4055239	0
2014-02-27	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4055168	0
2014-02-21	LORAZEPA M	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4055028	0
2014-02-05	ENDOCET	TAB	325 MG- 10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2017142	0
2014-02-04	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	5	PADILLA, DAVID ALLEN (MD)	4054720	0
2014-01-29	LORAZEPA M	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4054599	0
2014-01-29	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4054600	0
2014-01-10	ENDOCET	TAB	325 MG- 10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2016859	0
2014-01-07	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	5	PADILLA, DAVID ALLEN (MD)	4054117	0

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-01-02	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4054012	0
2014-01-02	ESTERIFIED ESTROGENS - METHYLTESTOSTERONE	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	4
2013-12-30	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4053955	0
2013-12-11	BUTALBITAL-APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	28	PADILLA, DAVID ALLEN (MD)	4053653	0
2013-12-11	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2016592	0
2013-12-06	ESTERIFIED ESTROGENS - METHYLTESTOSTERONE	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	3
2013-12-04	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4053497	0
2013-12-04	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4053507	0
2013-11-15	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2016356	0

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2013-11-15	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4053152	0
2013-11-07	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4052999	0
2013-11-07	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4053007	0
2013-11-06	ESTERIFIED ESTROGENS - METHYLTESTOSTERONE	TAB	0.625 MG- 1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	2
2013-10-17	ENDOCET	TAB	325 MG- 10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2016099	0
2013-10-16	BUTALBITA L- APAP- CAFFEINE- CODEINE	CAP	325 MG- 50 MG- 40 MG- 30 MG	30	20	PADILLA, DAVID ALLEN (MD)	4051462	2
2013-10-11	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4052468	0
2013-10-09	ESTERIFIED ESTROGENS - METHYLTESTOSTERONE	TAB	0.625 MG- 1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	1

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Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2013-09-19	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	20	PADILLA, DAVID ALLEN (MD)	4051462	1
2013-09-19	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2015819	0
2013-09-12	ESTERIFIED ESTROGENS - METHYLTESTOSTERONE	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	0
2013-09-11	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051855	0
2013-08-23	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	20	PADILLA, DAVID ALLEN (MD)	4051462	0
2013-08-23	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2015565	0
2013-07-23	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2015255	0
2013-07-23	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	5	PADILLA, DAVID ALLEN (MD)	4050864	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2013-06-25	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2014974	0
2013-06-25	BUTALBITA L- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	28	PADILLA, DAVID ALLEN (MD)	4050258	0
2013-06-20	CARISOPRO DOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4050091	0

20. Despite Respondent's lengthy history of prescribing to Patient A, there are only five (5) documented visits between Patient A and Respondent.

21. On or about August 30, 2013, Respondent saw Patient A for the first time. Patient A had previously been receiving treatment from a physician's assistant, rather than directly from Respondent. Respondent failed to administer a complete examination on Patient A. However, he subsequently ordered magnetic resonance imaging (MRI) for Patient A. Respondent, prescribed Seroquel to Patient A—an obese patient—even though one of the side effects of Seroquel is rapid weight gain. Respondent additionally failed to otherwise address Respondent's psychiatric illness, particularly her potential for addiction. Nonetheless, Respondent continued to prescribe Butalbital and Lorazepam to Patient A in the same quantities.

22. On or about November 15, 2013, Patient A returned with worsening symptoms. Respondent increased her dose of Prozac to 40 mg and Seroquel to 100 mg. Respondent failed to perform a complete examination of Patient A and failed to subsequently note, in Patient A's medical records, his rationale behind the prescribing of opioids combined with sedatives to Patient A.

23. On or about April 24, 2014, Respondent saw Patient A for a final visit. During the visit, Respondent failed to administer a complete examination on Patient A which adequately addressed Patient A's complaints. Respondent noted in Patient A's medical records that she had

1 been diagnosed by a psychiatrist with Post Traumatic Stress Disorder and was taking Abilify,
2 Fioricet, and Percocet. Patient A additionally disclosed that she was continuing to have migraines
3 and headaches, which have increased in number, since beginning therapy. Respondent failed to
4 consider that Patient A's prescription regimen of opioids and benzodiazepines could have
5 exacerbated her migraines, anxiety, and emotional dysregulation.

6 24. During each of the aforementioned visits with Patient A, Respondent failed to obtain
7 and/or document an adequate patient history, physical examination, and/or psychiatric and
8 addiction history in Patient A's medical records.

9 25. Respondent committed the following repeated negligent acts in his care of Patient A,
10 which included but was not limited to, the following:

11 a.) Between on or about August 30, 2013 and on or about April 24, 2014,
12 Respondent kept inadequate records regarding Patient A; and

13 b.) Between on or about August 30, 2013 and on or about April 24, 2014,
14 Respondent improperly prescribed medication for Patient A's psychiatric illness.

15 **Patient B**

16 26. In or about 2012, Respondent began treating Patient B, a then twenty-eight-year-old
17 man, who suffered from chronic leg pain, septic arthritis, osteomyelitis, and a left kneecap
18 replacement. Prior to Respondent's treatment of Patient B, he had already been on a heavy
19 regimen of opioid therapy, consisting of forty 10 milligram methadone tablets per day, as well as
20 testosterone therapy.

21 27. The Board obtained certified pharmacy profiles pertaining to Patient B, from the
22 dates of February 2, 2013 to November 21, 2014. During that period, Respondent prescribed or
23 re-filled the following controlled substances to Patient B:

24

Date Filled	Drug Name	Form	Str	Qty	Days Sup.	Prescriber Name	Refill #
25 26 2014-11-21	METHADONE HCL	TAB	10 MG	460	29	PADILLA, DAVID ALLEN (MD)	0

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Date Filled	Drug Name	Form	Str	Qty	Days Sup.	Prescriber Name	Refill #
2014-04-16	METHADONE HCL	TAB	10 MG	460	28	PADILLA, DAVID ALLEN (MD)	0
2014-04-16	METHADONE HCL	TAB	10 MG	460	28	PADILLA, DAVID ALLEN (MD)	0
2014-02-28	METHADONE HCL	TAB	10 MG	480	30	PADILLA, DAVID ALLEN (MD)	0
2014-01-08	METHADONE HCL	TAB	10 MG	500	25	PADILLA, DAVID ALLEN (MD)	0
2013-10-14	METHADONE HCL	TAB	10 MG	750	27	PADILLA, DAVID ALLEN (MD)	0
2013-08-27	METHADONE HCL	TAB	10 MG	1000	25	PADILLA, DAVID ALLEN (MD)	0
2013-07-12	METHADONE HCL	TAB	10 MG	1000	25	PADILLA, DAVID ALLEN (MD)	0
2013-04-05	ANDROGEL	GEL	1.62%	75	30	PADILLA, DAVID ALLEN (MD)	0
2013-04-03	METHADONE HCL	TAB	10 MG	1000	25	PADILLA, DAVID ALLEN (MD)	0
2013-03-28	ANDROGEL	GEL	1%	150	30	PADILLA, DAVID ALLEN (MD)	0
2013-02-14	METHADONE HCL	TAB	10 MG	1000	25	PADILLA, DAVID ALLEN (MD)	0

28. Despite Respondent's lengthy history of prescribing to Patient B, there were only five (5) documented visits between Patient B and Respondent. Additionally, during Respondent's care and treatment of Patient B, Respondent failed to properly document medication quantities and dosages in Patient B's medical records. Also during the course of his care and treatment of Patient B, Respondent failed to document any sufficient background information regarding Patient B, such as addiction or psychosocial history, for which other physicians were treating the patient, and a detailed description of Patient B's current complaint.

1 29. On or about April 18, 2013, Patient B complained of low testosterone. Respondent
2 failed to confirm and to note Patient B's testosterone levels in Patient B's medical records.
3 Instead, Respondent prescribed Androgel (testosterone) to Patient B on or about March 28, 2013
4 and April 3, 2013. Respondent failed to subsequently note Patient B's diagnoses or explain
5 Patient B's need for opioids and steroid hormones.

6 30. Respondent committed the following repeated negligent acts in his care of Patient B,
7 which included but was not limited to, the following:

8 a.) Between on or about August 27, 2013 and November 21, 2014, Respondent
9 kept inadequate records regarding Patient B; and

10 b.) Between on or about August 27, 2013 and November 21, 2014, Respondent
11 prescribed methadone to Patient B without adequate social, addiction or psychiatric information.

12 **SECOND CAUSE FOR DISCIPLINE**

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

14 31. Respondent's license is further subject to disciplinary action under section 2266 of
15 the Code, in that he failed to maintain adequate and accurate medical records relating to his care
16 and treatment of Patient A and Patient B, as more fully described in paragraphs 17 through 30
17 above, and those paragraphs are incorporated by reference as if fully set forth herein.

18 **THIRD CAUSE FOR DISCIPLINE**

19 **(General Unprofessional Conduct)**

20 32. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
21 defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules
22 or ethical code of the medical profession, or conduct which is unbecoming of a member in good
23 standing of the medical profession, and which demonstrates an unfitness to practice medicine, as
24 more particularly alleged in paragraphs 17 through 31 above, which are hereby realleged and
25 incorporated by reference as if fully set forth herein.

26 **DISCIPLINARY CONSIDERATIONS**

27 33. To determine the degree of discipline, if any, to be imposed on Respondent,
28 Complainant alleges that on or about July 20, 2020, in a prior disciplinary action entitled *In the*

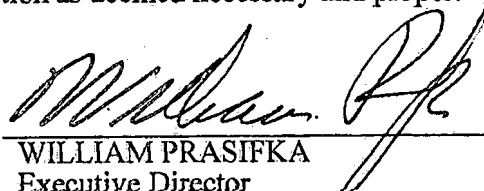
1 *Matter of the Accusation Against David Allen Padilla, M.D.*, before the Medical Board of
2 California, in Case Number 800-2017-035835, Respondent's license was placed on probation for
3 five (5) years—which included several terms and conditions—for gross negligence, repeated
4 negligent acts, unprofessional conduct, and failure to maintain adequate and accurate medical
5 records, in the care and treatment of multiple patients. That decision is now final and is
6 incorporated by reference as if fully set forth herein.

7 **PRAYER**

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

- 10 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 73271,
11 issued to David Allen Padilla, M.D.;
- 12 2. Revoking, suspending, or denying approval of David Allen Padilla, M.D.'s authority
13 to supervise physician assistants and advanced practice nurses;
- 14 3. Ordering David Allen Padilla, M.D., if placed on probation, to pay the Board the
15 costs of probation monitoring; and
- 16 4. Taking any other and further action as deemed necessary and proper.

17
18 DATED: AUG 14 2020


19 WILLIAM PRASIFKA
20 Executive Director
21 Medical Board of California
22 Department of Consumer Affairs
23 State of California
24 Complainant

25 SA2020301019
26 34195243.docx

Exhibit B

Accusation No. 800-2017-035835

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7

8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO MARCH 28 20 19
BY: R. L. L. M. A. S. ANALYST

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. 800-2017-035835

14 **David Allen Padilla, M.D.**
15 **568 N. Sunrise Ave., Ste. 250**
Roseville, CA 95661

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. G 73271,**

18 Respondent.

19
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 January 14, 1992, the Medical Board issued Physician's and Surgeon's
26 Certificate No. G 73271 to David Allen Padilla, 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 September 30, 2019, unless renewed.

1 JURISDICTION

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

5 4. Section 2227 of the Code provides 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 "..."

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1 6. Section 2266 of the Code states, in pertinent part:

2 “The failure of a physician and surgeon to maintain adequate and accurate records relating
3 to the provision of services to their patients constitutes unprofessional conduct.”

4 **PERTINENT DRUG INFORMATION**

5 7. Alprazolam – Generic name for the drug Xanax. Alprazolam is a short-acting
6 benzodiazepine used to treat anxiety, and is a Schedule IV controlled substance pursuant to Code
7 of Federal Regulations Title 21 section 1308.14. Alprazolam is a dangerous drug pursuant to
8 California Business and Professions Code section 4022 and is a Schedule IV controlled substance
9 pursuant to California Health and Safety Code section 11057(d).

10 8. Clonazepam – Generic name for Klonopin. Clonazepam is an anti-anxiety
11 medication in the benzodiazepine family used to prevent seizures, panic disorder, and akathisia.
12 Clonazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title
13 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety
14 Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions
15 Code section 4022.

16 9. Diazepam – Generic name for Valium. Diazepam is a long-acting member of the
17 benzodiazepine family used for the treatment of anxiety and panic attacks. Diazepam is a
18 Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section
19 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug
20 pursuant to Business and Professions Code section 4022.

21 10. Hydrocodone bitartrate with acetaminophen – Generic name for the drugs Vicodin,
22 Norco, and Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic
23 combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014,
24 Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of
25 Federal Regulations Title 21 section 1308.13(e). On October 6, 2014, Hydrocodone combination
26 products were reclassified as Schedule II controlled substances. Federal Register Volume 79,
27 Number 163, Code of Federal Regulations Title 21 section 1308.12. Hydrocodone with

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1 acetaminophen is a dangerous drug pursuant to California Business and Professions Code section
2 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code
3 section 11055, subdivision (b).

4 11. Dexmethylphenidate – Generic name for the drug Focalin, is a potent central nervous
5 system (CNS) stimulant of the phenethylamine and piperidine classes, and is used in the treatment
6 of attention deficit hyperactivity disorder (ADHD) and narcolepsy. Dexmethylphenidate is
7 classified as a Schedule II controlled substance according to Federal Register Volume 79,
8 Number 163, Code of Federal Regulations Title 21 section 1308.12. Dexmethylphenidate is a
9 dangerous drug pursuant to California Business and Professions Code section 4022 and is a
10 Schedule II controlled substance pursuant to California Health and Safety Code section 11055,
11 subdivision (b).

12 12. Lorazepam – Generic name for Ativan. Lorazepam is a member of the
13 benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term
14 management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to
15 Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section
16 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section
17 4022.

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

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1 14. Temazepam – Temazepam is a member of the benzodiazepine family and is used for
2 the short-term treatment of insomnia. Temazepam is a Schedule IV controlled substance pursuant
3 to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section
4 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section
5 4022.

6 15. Phentermine – Phentermine, also known as dimethylphenethylamine, is a
7 psychostimulant drug of the substituted amphetamine chemical class, with pharmacology similar
8 to amphetamine. It is used medically as an appetite suppressant for short-term use, as an adjunct
9 to exercise and reducing calorie intake. Phentermine is a Schedule IV controlled substance
10 pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code
11 section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code
12 section 4022.

13 16. Triazolam – Generic name for the drug Halcion. Triazolam is a central nervous
14 system (CNS) depressant in the benzodiazepine class. It possesses pharmacological properties
15 similar to those of other benzodiazepines, but it is generally only used as a sedative to treat severe
16 insomnia. Triazolam is a Schedule IV controlled substance pursuant to Code of Federal
17 Regulations Title 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision
18 (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

19 **FIRST CAUSE FOR DISCIPLINE**

20 **(Gross Negligence)**

21 17. Respondent's license is subject to disciplinary action under section 2234, subdivision
22 (b), of the Code, in that he committed gross negligence during the care and treatment of Patient
23 A, Patient B, and Patient C. The circumstances are as follows:

24 **Patient A:**

25 18. On or about June 30, 2011, Respondent began prescribing medication to his relative,
26 Patient A.^{1 2}

27 ¹ Conduct alleged to have before March 20, 2012, is for informational purposes only.

28 ² Patient names and information have been removed. All witnesses will be identified in
discovery.

1 19. The Medical Board obtained certified pharmacy profiles pertaining to Patient A, from
 2 the dates of April 14, 2012, to December 29, 2017. During that time period, Respondent
 3 prescribed large amounts of a variety of controlled substances to Patient A. During the
 4 aforementioned time period, Respondent prescribed or re-filled the following controlled
 5 substances to Patient A:

Date Filled	Prescription	Quantity	Dosage	Schedule
April 14, 2012	Focalin XR	30 tablets	10 milligram	II
May 16, 2012	Focalin XR	30 tablets	15 milligram	II
June 20, 2012	Focalin XR	30 tablets	15 milligram	II
July 24, 2012	Focalin XR	30 tablets	15 milligram	II
August 27, 2012	Focalin XR	30 tablets	15 milligram	II
September 26, 2012	Focalin XR	30 tablets	15 milligram	II
October 27, 2012	Focalin XR	30 tablets	15 milligram	II
November 28, 2012	Focalin XR	30 tablets	15 milligram	II
December 31, 2012	Focalin XR	30 tablets	15 milligram	II
February 7, 2013	Focalin XR	30 tablets	15 milligram	II
March 14, 2013	Focalin XR	30 tablets	10 milligram	II
April 11, 2013	Focalin XR	30 tablets	15 milligram	II
October 14, 2015	Dexmethylphenidate HCL	30 tablets	5 milligram	II
May 15, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
June 13, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
July 14, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
August 22, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
September 20, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
October 23, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II

Date Filled	Prescription	Quantity	Dosage	Schedule
November 24, 2017	Dexmethylphenidate HCL	30 tablets	2.5 milligram	II
November 24, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
December 29, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II

20. During Respondent's care and treatment of Patient A, Respondent failed to maintain adequate and accurate medical records. Although Respondent provided care and treatment to Patient A and prescribed medication for him, Respondent failed to include any records of prescriptions for Patient A in Patient A's file.

21. On or about November 9, 2018, Respondent was interviewed by a Board Investigator. During the interview, Respondent stated the following regarding Patient A's medical information:

"I had a chart at home that I kept track of and regularly completed and -- um -- at the beginning of the year, which was January, when he established with a new physician - - um -- I didn't want to keep the notes at home, he'd already established, I took it to the office and for whatever reason I just -- um -- I just sent it to shred, so I didn't keep the records."

Patient B:

22. On or about August 7, 2012, Respondent prescribed medication to his relative, Patient B. Specifically, he prescribed ten (10) tablets of clonazepam in 0.25 milligram doses to her. The medication was prescribed to Patient B, although he had not physically evaluated her.

Additionally, Respondent failed to produce any notes regarding his care and treatment of Patient B.

Patient C:

23. On or about January 12, 2012, Respondent began prescribing medication to his relative, Patient C.

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1 24. The Medical Board obtained certified pharmacy profiles pertaining to Patient C, from
2 the dates of January 28, 2013, to April 19, 2018. During that time period, Respondent prescribed
3 or re-filled the following controlled substances to Patient C:

Date Filled	Prescription	Quantity	Dosage	Schedule
June 28, 2013	Phentermine HCL	30 tablets	15 milligram	IV
June 2, 2014	Phentermine HCL	30 tablets	15 milligram	IV
November 1, 2016	Diazepam	30 tablets	2 milligram	IV

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9 25. During Respondent's care and treatment of Patient C, Respondent failed to maintain
10 adequate and accurate medical records. Although Respondent provided care and treatment to
11 Patient C and prescribed medication for her, Respondent failed to include any records of
12 prescriptions for Patient C in Patient C's file.

13 26. Respondent committed gross negligence in his care and treatment of Patient A,
14 Patient B, and Patient C, in that he failed to maintain adequate and accurate medical records
15 regarding his care and treatment of Patient A, Patient B, and Patient C.

16 **SECOND CAUSE FOR DISCIPLINE**

17 **(Repeated Negligent Acts)**

18 27. Respondent's license is subject to disciplinary action under section 2234, subdivision
19 (c), of the Code, in that he committed repeated negligent acts during the care and treatment of
20 Patient A, Patient B, and Patient C, as more fully described in paragraphs 17 through 26, above,
21 and those paragraphs are incorporated by reference as if fully set forth herein. Respondent
22 additionally committed repeated negligent acts during the care and treatment of Patient D. The
23 circumstances are as follows:

24 28. In or about 1997, Respondent began treating Patient D, who suffered from bipolar
25 disorder and chronic abdominal pain. Prior to Respondent's treatment of Patient D, she had
26 already been on a regimen of opioid therapy, consisting of one (1) twenty (20) milligram dose of
27 OxyContin, twice daily.

28 ///

1 29. Sometime before February of 2009, Respondent increased Patient D's dosage of
2 OxyContin to one (1) forty (40) milligram dose, twice daily. In or about February of 2009,
3 Respondent switched Patient D to a sixty (60) milligram dose of MS Contin every twelve (12)
4 hours.

5 30. In or about May of 2009, Respondent began prescribing Patient D a sixty (60)
6 milligram dose of Kadian, once a day. Respondent additionally began prescribing Patient D with
7 intermittent one (1) milligram dosages of clonazepam, up to twice daily, as well as one (1) thirty
8 (30) milligram dose of temazepam nightly.

9 31. The Medical Board obtained certified pharmacy profiles pertaining to Patient D, from
10 the dates of April 3, 2012, to April 18, 2013. During that time period, Respondent prescribed
11 large amounts of a variety of controlled substances to Patient D. Between April 3, 2012, and
12 April 18, 2013, Respondent prescribed or re-filled the following controlled substances to Patient
13 D:

Date Filled	Prescription	Quantity	Dosage	Schedule
April 3, 2012	Temazepam	30 tablets	30 milligram	IV
April 3, 2012	Clonazepam	60 tablets	1 milligram	IV
April 6, 2012	Morphine Sulfate	30 tablets	80 milligram	II
May 2, 2012	Temazepam	30 tablets	30 milligram	IV
May 2, 2012	Clonazepam	60 tablets	1 milligram	IV
May 8, 2012	Morphine Sulfate	30 tablets	80 milligram	II
May 30, 2012	Clonazepam	60 tablets	1 milligram	IV
May 31, 2012	Temazepam	30 tablets	30 milligram	IV
June 30, 2012	Temazepam	30 tablets	30 milligram	IV
July 7, 2012	Morphine Sulfate	30 tablets	80 milligram	II
July 18, 2012	Clonazepam	60 tablets	1 milligram	IV
August 3, 2012	Temazepam	30 tablets	30 milligram	IV
August 6, 2012	Morphine Sulfate	30 tablets	80 milligram	II

Date Filled	Prescription	Quantity	Dosage	Schedule
August 28, 2012	Clonazepam	60 tablets	1 milligram	IV
August 31, 2012	Temazepam	30 tablets	30 milligram	IV
September 6, 2012	Morphine Sulfate	30 tablets	80 milligram	II
September 28, 2012	Temazepam	30 tablets	30 milligram	IV
October 5, 2012	Morphine Sulfate	30 tablets	80 milligram	II
October 8, 2012	Clonazepam	60 tablets	1 milligram	IV
October 26, 2012	Temazepam	30 tablets	30 milligram	IV
November 6, 2012	Morphine Sulfate	30 tablets	80 milligram	II
November 27, 2012	Temazepam	30 tablets	30 milligram	IV
December 8, 2012	Morphine Sulfate	30 tablets	80 milligram	II
December 31, 2012	Clonazepam	60 tablets	1 milligram	IV
December 31, 2012	Temazepam	30 tablets	30 milligram	IV
January 7, 2013	Morphine Sulfate	30 tablets	80 milligram	II
January 29, 2013	Clonazepam	60 tablets	1 milligram	IV
February 5, 2013	Morphine Sulfate	30 tablets	80 milligram	II
February 11, 2013	Temazepam	30 tablets	30 milligram	IV
April 4, 2013	Temazepam	30 tablets	30 milligram	IV
April 5, 2013	Morphine Sulfate	30 tablets	80 milligram	II
April 26, 2013	Temazepam	30 tablets	30 milligram	IV
May 6, 2013	Clonazepam	60 tablets	1 milligram	IV
May 7, 2013	Morphine Sulfate	30 tablets	80 milligram	II

32. During Respondent's care of Patient D, Respondent failed to attempt to reduce the dosages and/or combinations of prescription medication being prescribed to Patient D. Instead, throughout his care of Patient D, from on or about May 4, 2010, through on or about May 7, 2013, Respondent continued to prescribe Patient D high levels of opiates combined with benzodiazepines.

1 33. On or about May 16, 2013, Patient D died. The County of Sacramento Department of
2 Coroner determined that the cause of Patient D's death was due to acute morphine toxicity.

3 34. Respondent committed the following repeated negligent acts in his care of Patient D,
4 which included but was not limited to, the following:

5 a.) Between on or about March 20, 2012 and on or about May 7, 2013, Respondent
6 failed to attempt to taper Patient D off of the large quantity of prescription drugs she
7 was being prescribed, and decrease use of concurrent benzodiazepines.

8 **THIRD CAUSE FOR DISCIPLINE**

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

10 35. Respondent's license is subject to disciplinary action under section 2266, of the Code,
11 in that he failed to maintain adequate and accurate medical records relating to his care and
12 treatment of Patient A, Patient B, and Patient C, as more fully described in paragraphs 17 through
13 26, above, and those paragraphs are incorporated by reference as if fully set forth herein.

14 **FOURTH CAUSE FOR DISCIPLINE**

15 **(General Unprofessional Conduct)**

16 36. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
17 defined by section 2234, of the Code, in that he has engaged in conduct which breaches the rules
18 or ethical code of the medical profession, or conduct which is unbecoming of a member in good
19 standing of the medical profession, and which demonstrates an unfitness to practice medicine, as
20 more particularly alleged in paragraphs 17 through 35, above, which are hereby realleged and
21 incorporated by reference as if fully set forth herein.

22 **PRAYER**

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

25 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 73271, issued
26 to David Allen Padilla, M.D.;

27 2. Revoking, suspending or denying approval of David Allen Padilla, M.D.'s authority
28 to supervise physician assistants and advanced practice nurses;

1 3. Ordering David Allen Padilla, M.D., if placed on probation, to pay the Board the
2 costs of probation monitoring; and

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

4 DATED:
5 March 28, 2019


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

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