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

In the Matter of the Accusation Against: Karen N. Carothers, M.D. Physician's & Surgeon's Certificate No G71913 Respondent	Case No. 800-2017-030495

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 31, 2021.

IT IS SO ORDERED March 1, 2021.

MEDICAL BOARD OF CALIFORNIA

By: Ronald H Lewis, MD

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
REBECCA D. WAGNER
Deputy Attorney General
State Bar No. 165468
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3760
Facsimile: (415) 703-5480
E-mail: Rebecca.Wagner@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **KAREN N. CAROTHERS, M.D.** **26 Cedar Lane** **Orinda, CA 94563** **Physician's and Surgeon's Certificate No. G 71913** Respondent.	Case No. 800-2017-030495 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Rebecca D. Wagner, Deputy Attorney General.

2. Respondent Karen N. Carothers, M.D. (Respondent) is represented in this proceeding by attorney Joseph R. Picchi whose address is: Galloway, Lucchese, Everson & Picchi, 2300 Contra Costa Boulevard, Suite 350, Pleasant Hill, California 94523-2398.

3. On or about July 17, 1991, the Board issued Physician's and Surgeon's Certificate No. G 71913 to Karen N. Carothers, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-030495, and will expire on December 31, 2022, unless renewed.

JURISDICTION

1. Accusation No. 800-2017-030495 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 11, 2019. Respondent timely filed her Notice of Defense contesting the Accusation.

2. A copy of Accusation No. 800-2017-030495 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

3. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-030495. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

6. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2017-030495, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

7. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges.

8. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

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

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

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

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND.

IT IS HEREBY ORDERED that Respondent Karen N. Carothers M.D., as holder of Physician's and Surgeon's Certificate No. G 71913, shall be and hereby is publicly reprimanded

pursuant to Business and Professions Code section 2227. This public reprimand is issued as a result of the conduct by Respondent as set forth in Accusation No. 800-2017-030495.

B. **EDUCATION COURSE**. Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge, with an emphasis on high-risk headache assessment, and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition. Failure to enroll in, participate in, or successfully complete the education course within the designated time period shall constitute unprofessional conduct and grounds for further disciplinary action.

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

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

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later. Failure to enroll in, participate in , or successfully complete the medical records course within the designated time period shall constitute unprofessional conduct and grounds for further disciplinary action.

D. **FUTURE ADMISSIONS CLAUSE.** If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-030495 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Joseph R. Picchi. 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: 12/30/2020

KAREN N. CAROTHERS, M.D.
Respondent

I have read and fully discussed with Respondent Karen N. Carothers, 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: December 30, 2020

JOSEPH R. PICCHI
Attorney for Respondent

ENDORSEMENT

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

DATED: December 31, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

Rebecca D. Wagner

REBECCA D. WAGNER
Deputy Attorney General
Attorneys for Complainant

SF2019202278
Karen Carothers Stipulated Settlement and Disciplinary Order

Exhibit A

Accusation No. 800-2017-030495

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
EMILY L. BRINKMAN
Deputy Attorney General
State Bar No. 219400
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3374
Facsimile: (415) 703-5843
E-mail: Emily.Brinkman@doj.ca.gov
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 11 20 19
BY Anna Logan ANALYST

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

In the Matter of the Accusation Against: **Karen N. Carothers, M.D.** 26 Cedar Lane Orinda, CA 94563 **Physician's and Surgeon's Certificate No. G 71913,** Respondent.	Case No. 800-2017-030495 **A C C U S A T I O N**

PARTIES

1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about July 17, 1991, the Medical Board issued Physician's and Surgeon's Certificate Number G 71913 to Karen N. Carothers, 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 December 31, 2020, unless renewed.

\\\

\\\

JURISDICTION

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

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

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

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> "...."
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
>
> (d) Incompetence.
>
> "...."

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

\\\

\\\

CAUSES FOR DISCIPLINE

(Unprofessional Conduct: (Gross Negligence and/or Repeated Negligent Acts and/or Incompetence; Inadequate Medical Record Keeping)

7. Respondent Karen N. Carothers, M.D. is subject to disciplinary action under sections 2234 [unprofessional conduct]; and/or 2234 (b) [gross negligence]; and/or 2234 (c) [repeated negligent acts]; and/or 2234 (d) [incompetence]; and/or 2266 [inadequate medical records] based on the care she provided to Patient A.[1] The circumstances are as follows:

8. On or about January 16, 2014 (Thursday) at approximately 12:15 a.m., Patient A arrived at the Emergency Department (ED) at Alta Bates Summit-Merritt Medical Center. Patient A was a 37-year old female who complained of a headache. She reported vomiting after having a few drinks on the previous Friday, then slept all day Sunday. On Monday, Patient A noticed that the vision in her right eye was blurry, but by Tuesday her vision was normal. Patient A did not report any dizziness to the triage nurse, but she was sensitive to light, and reported a history of migraine headaches and hypertension. The triage nurse documented Patient A's blood pressure as 161/106 and pain at a six out of ten.[2]

9. At approximately 3:00 a.m., a nurse took Patient A to an examination room. In the nursing Flowchart, she documented that Patient A has "disconjugate gaze[3] with right eye" along with double vision in her right eye.[4]

10. At approximately 3:10 a.m., Respondent first met Patient A in the ED. Respondent documented in the provider notes that Patient A had not taken any hypertension medications for the past six weeks. According to the physical examination, Respondent documented that Patient A was positive for hearing loss (without any further explanation), positive for light sensitivity and

---

[1] In order to protect the patient's privacy, she will be referred to as Patient A. Respondent learned the name of the patient during the related Board investigation.

[2] A normal blood pressure has a systolic reading of less than 120 and diastolic less than 80. Patient A's blood pressure was abnormal, in the hypertensive range.

[3] Disconjugate gaze means that the patient's eyes are not moving together. This is a possible sign in a person having a stroke, among other medical conditions.

[4] The nurse never told Respondent about the patient's disconjugate gaze and at the time, the ED was using a new version of the electronic medical record. Respondent claims that she was not aware of the nursing Flowchart sheets in the electronic medical record.

visual disturbance, but all other systems were negative or normal. Respondent also documented that the patient's pupils were equal, round, reactive to light and accommodation, and extraocular movements were intact. Respondent documented that Patient A was taking hydrochlorothiazide[5] and Sertraline[6]. Respondent ordered intravenous medications for pain and nausea. Respondent did not order any imaging or testing. She diagnosed Patient A with an acute migraine headache and hypertension.[7]

11. Patient A was accompanied by a friend who reported that the entire examination lasted less than five minutes and she advised Respondent that Patient A was having visual problems, specifically a "wandering eye," which was not common for Patient A's migraines. The friend also reported that the only time Respondent touched Patient A during the examination was when she looked at Patient A's eyes. It is not clear from the medical record whether Patient A and her friend used the term "migraine headache" or Respondent just assumed the headache was a migraine.

12. There is no documentation in the medical record that Respondent fully examined Patient A's headache or her history of headache. For example, was this headache similar to past headaches, how was it different, was this the worst headache of her life, when was she diagnosed with having migraine headaches, who diagnosed her, or if she had ever undergone any imaging for migraines? Respondent also did not document any inquiry into the location of the headache or the quality of the pain (dull, sharp, pounding, waxing, or waning).

\\\

\\\

\\\

\\\

---

[5] Hydrochlorothiazide is a diuretic that helps to prevent the body from absorbing too much salt. It treats both fluid retention and high blood pressure (hypertension). It is a dangerous drug within the meaning of Business and Professions Code section 4022.

[6] Sertraline is the generic name for Zoloft. It is an anti-depressant used to treat depression, anxiety disorders, post-traumatic stress disorders, obsessive-compulsive disorder, and premenstrual dysphoric disorder.

[7] As part of the provider note, Respondent documented that she reviewed the nursing notes.

13. At approximately 3:45 a.m. a nurse administered 15 milligrams (mg) of Toradol,[8] one mg of Dilaudid,[9] and two mg of Zofran[10].

14. At approximately 4:00 a.m., a nurse documented Patient A's blood pressure of 140/107, which was still in the hypertensive range. According to the nursing notes, Patient A reported that her pain had improved after receiving pain medications. A nurse documented the patient's pain level at five.

15. At approximately 4:16 a.m., Respondent began discharge paperwork for Patient A and she was formally discharged from the ED at 4:39 a.m. A nurse documented Patient A's blood pressure at discharge as 166/94, and her pain level at four. Respondent provided written discharge instructions for arterial hypertension and migraine headache and advised her to follow up with her primary care provider. Respondent wrote prescriptions for hydrochlorothiazide (30 pills), 5/325 mg Norco (20 pills),[11] and Compazine (12 pills)[12].

16. On or about January 21, 2014, Patient A returned to the ED where she was diagnosed with a subarachnoid bleed,[13] cerebral aneurysm,[14] altered level of consciousness, hypertension,

---

[8] Toradol is the trade name for ketoralac tromethamine, a nonsteroidal anti-inflammatory drug (NSAID) indicated for the short-term management of moderately severe, acute pain, that requires analgesia at the opioid level. It is a dangerous drug within the meaning of Business and Professions Code section 4022.

[9] Dilaudid is the trade name for hydromorphone hydrochloride and is principally used for pain relief. It is a dangerous drug as defined in section 4022 and a schedule II controlled substance as defined by section 11055, subdivision (d) of the Health and Safety Code.

[10] Zofran is the trade name for ondansetron hydrochloride. It is an anti-emetic and is generally used to prevent nausea and vomiting associated with chemotherapy and/or radiotherapy and/or to prevent post-operative nausea and vomiting. It is a dangerous drug as defined by section 4022.

[11] Norco is the trade name for hydrocodone bitartrate with acetaminophen. Norco tablets contain 5 mg of hydrocodone bitartrate and 325 mg of acetaminophen. Acetaminophen is a non-opiate, non-salicylate analgesic and antipyretic. Hydrocodone bitartrate is semisynthetic narcotic analgesic and a dangerous drug as defined in section 4022. Norco is a Schedule III controlled substance and narcotic as defined by section 11056, subdivision (e) of the Health and Safety Code.

[12] Compazine is the trade name for prochlorperazine, an anti-anxiety agent. It is a dangerous drug within the meaning of Business and Professions Code section 4022.

[13] A subarachnoid bleed is bleeding into the subarachnoid space of the brain, which is between the brain and the membrane covering the brain. A sudden headache, nausea and vomiting, drowsiness, pain in the eyes, hypertension, photophobia (light sensitivity), cranial nerve deficits are some of the symptoms of a subarachnoid bleed.

[14] A cerebral aneurysm is a bulging, weakened area in the wall of an artery in the brain, which poses a risk of rupturing. People with hypertension are at higher risks of developing an aneurysm. Symptoms of an aneurysm are headaches, eye pain, vision problems, and eye movement problems.

and a fever. She was eventually transferred to another hospital for surgery and a higher level of care.

17. During a July 29, 2019, interview with Board investigators, Respondent stated that patients with hypertension often complain of headaches.

18. Respondent departed from the standard of care based on the following:

a) Failing to perform and document an adequate history and physical to differentiate between a benign medical condition or a potentially life-threatening condition;

b) Failing to perform an adequate physical examination due to Respondent's assumption that Patient A suffered only from a migraine;

19. Respondent showed a lack of knowledge regarding the relationship between hypertension and headaches, especially in a patient presenting with elevated blood pressure and another symptom, such as pain, and the effect that the symptom has on blood pressure.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 71913, issued to Karen N. Carothers, M.D.;

2. Revoking, suspending or denying approval of Karen N. Carothers, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Karen N. Carothers, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

\\\

\\\

\\\

\\\

\\\

\\\

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

DATED: December 11, 2019

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SF2019202278
14212808.docx