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

In the Matter of the Accusation Against: Amy Lee Bodeau, M.D. Physician's and Surgeon's License No. A102917 Respondent	Case No. 800-2017-036691

DECISION

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

This Decision shall become effective at 5:00 p.m. on April 22, 2021.

IT IS SO ORDERED: March 23, 2021.

MEDICAL BOARD OF CALIFORNIA

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

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **AMY LEE BODEAU, M.D.** 27309 Madison Avenue Temecula, CA 92590-5685 **Physician's and Surgeon's Certificate No. A 102917,** Respondent.	Case No. 800-2017-036691 OAH No. 2020080619 **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 LeAnna E. Shields, Deputy Attorney General.

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2. Respondent Amy Lee Bodeau, M.D. (Respondent) is represented in this proceeding by attorney Fredrick M. Ray, Esq., whose address is: 5000 Birch Street, Suite 7000, Newport Beach, CA 92660.

3. On or about March 5, 2008, the Board issued Physician's and Surgeon's Certificate No. A 102917 to 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. 800-2017-036691, and will expire on March 31, 2022, unless renewed.

JURISDICTION

4. On July 30, 2020, Accusation No. 800-2017-036691 was filed before the Board, and is currently pending against Respondent. On July 30, 2020, a true and correct copy of Accusation No. 800-2017-036691 and all other statutorily required documents were properly served on Respondent. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2017-036691 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2017-036691. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. 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.

8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to each and every charge and allegation contained in Accusation No. 800-2017-036691 and agrees that she has thereby subjected her Physician's and Surgeon's Certificate No. A 102917 to disciplinary action.

10. Respondent further agrees that if an accusation is ever filed against her before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2017-036691 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that her Physician's and Surgeon's Certificate No. A 102917 is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that she may not withdraw her agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

13. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any

other matter affecting or involving Respondent. In the event that the Board does not, in its discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 102917 issued to Respondent AMY LEE BODEAU, M.D., is hereby revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, 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 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge 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.

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

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

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

3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to

compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within

15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

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

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7. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than

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

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations.

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

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

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

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

14. 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. 800-2017-036691 shall be deemed to be true, correct, and fully 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, Fredrick M. Ray, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 102917. 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: 2/3/21

AMY LEE BODEAU, M.D.
Respondent

I have read and fully discussed with Respondent Amy Lee Bodeau, 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: 2/3/2021

FREDRICK M. RAY, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: Feb. 4, 2021

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **AMY LEE BODEAU, M.D.** **27309 Madison Avenue** **Temecula, CA 92590-5685** **Physician's and Surgeon's Certificate No. A 102917,** Respondent.	Case No. 800-2017-036691 **A C C U S A T I O N**

PARTIES

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).

2. On or about March 5, 2008, the Medical Board issued Physician's and Surgeon's Certificate No. A 102917 to Amy Lee Bodeau, 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 March 31, 2022, unless renewed.

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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 states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code, states, in pertinent 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:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (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.

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

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

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6. Section 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.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent has subjected her Physician's and Surgeon's Certificate No. A 102917 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that she committed gross negligence in her care and treatment of Patient A[1] as more particularly alleged hereinafter.[2]

8. On or about May 7, 2012, Patient A, a then 68-year old female, presented to Respondent's clinic with questions regarding her medications. Patient A's medical history was significant for hysterectomy, carpal tunnel surgery, rotator cuff repair, gastric bypass surgery, mitral valve repair, chronic back pain, depression and anxiety. During this initial visit with

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[1] Patient identity has been withheld to maintain patient confidentiality. The patient's identity is known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery and in accordance with Government Code section 11507.6.

[2] Any medical care or treatment rendered by Respondent more than seven years prior to the filing of the instant Accusation is described for informational purposes only and not pleaded as a basis for disciplinary action.

Patient A, Respondent noted Patient A's medication regimen included, but was not limited to, Vicodin[3] (5/500), Ambien[4] (5 mg), trazodone[5] (50 mg) and Xanax[6] (0.5 mg).

9. On or about July 11, 2012, Patient A was seen by Respondent for follow up on various issues. During this visit, Respondent changed Patient A's prescription for Vicodin to Norco[7] (10/325).

10. On or about August 23, 2012, Patient A presented to the emergency department with complaints of shortness of breath after suffering a recent fall.

11. On or about September 28, 2012, Patient A was seen by Respondent. During this visit, Patient A reported Norco was causing her to feel drowsy and requested to return back to Vicodin. Records for this visit indicate Respondent offered to prescribe Percocet[8] to Patient A as an alternative, but Patient A declined.

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[3] Vicodin is a brand name for the drug combination of 5 mg of hydrocodone and 500 mg of acetaminophen. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain.

[4] Ambien is a brand name for zolpidem, a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. Ambien is a benzodiazepine analog. When properly prescribed and indicated, it is commonly used to treat insomnia.

[5] Trazodone is commonly used to treat depression and insomnia. It is considered a dangerous drug pursuant to Business and Professions Code section 4022.

[6] Xanax is a brand name for alprazolam, a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

[7] Norco is a brand name for the drug combination of hydrocodone (5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain. The DEA has identified opioids, such as hydrocodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2015 Edition), at p. 43.)

[8] Percocet is a brand name for the drug combination of oxycodone (2.5 mg, 5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). Oxycodone is an opioid and is classified as a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain.

12. On or about October 12, 2012, Patient A was seen by Respondent. During this visit, Patient A again stated Norco was not as effective as Vicodin. Records for this visit indicate Respondent prescribed 120 tablets of Percocet (5/325) to Patient A.

13. On or about December 28, 2012, Respondent prescribed 120 tablets of Percocet (5/325) to Patient A.

14. On or about January 3, 2013, Patient A was seen by Respondent. During this visit, Patient A reported taking eight (8) tablets of Percocet per day after suffering from a fall. Records for this visit indicate Respondent prescribed 240 tablets of Percocet (5/325) to Patient A.

15. On or about March 7, 2013, Patient A was seen by Respondent. During this visit, Patient A requested an early refill of her Percocet prescription before leaving out of town. Records for this visit indicate Respondent prescribed 240 tablets of Percocet (5/325) to Patient A.

16. On or about April 1, 2013, Patient A presented to the emergency department with complaints of right flank pain after suffering a recent fall. Records for this visit indicate Patient A suffered several fractured ribs from her fall.

17. On or about April 26, 2013, Patient A was seen by Respondent to follow up on her recent emergency department visit. During this visit, Patient A reported taking six (6) tablets of Percocet per day, but it was not adequately managing her pain. Records for this visit indicate Respondent prescribed 180 tablets of Percocet (10/325) to Patient A.

18. On or about June 7, 2013, Patient A was seen by Respondent with complaints of fatigue. During this visit, Patient A reported taking eight (8) tablets of Percocet per day and also continuing taking Ambien. Records for this visit indicate Respondent encouraged Patient A to wean off of Ambien and prescribed 240 tablets of Percocet (10/325) to Patient A.

19. On or about September 5, 2013, Patient A presented to urgent care after suffering an ankle sprain from a recent fall.

20. On or about September 6, 2013, Patient A presented to the emergency department to follow up on her recent fall and was determined to have suffered a fractured vertebrae.

21. On or about October 25, 2013, Patient A was seen by Respondent with a request to refill her medications. During this visit, Patient A reported her recent steroid injection relieved

her pain for only a few days and was now taking eight (8) tablets of Percocet per day. Records for this visit indicate Respondent prescribed 240 tablets of Percocet (10/325) to Patient A.

22. On or about November 21, 2013, Patient A was seen by Respondent with complaints of right shoulder pain. During this visit, Patient A reported her recent steroid injection relieved her pain for only a few days. Records for this visit indicate Respondent prescribed 240 tablets of Percocet (10/325) and 60 tablets of MS Contin[9] (15 mg) to Patient A.

23. On or about December 18, 2013, Patient A was seen by Respondent with complaints of a sore throat and plugged ears. Records for this visit indicate Respondent prescribed 240 tablets of Percocet (10/325) and 60 tablets of MS Contin (15 mg) to Patient A.

24. On or about December 31, 2013, Patient A presented to the emergency department for altered mental status after striking her head in a recent fall. Patient A was transferred to another facility to monitor her care. On or about January 19, 2014, Patient A was discharged home with instructions to stop taking Ambien, Percocet, and Keppra.[10] Patient A was then prescribed Norco (10/325), MS Contin (15 mg), trazodone (50 mg) and Xanax (0.5 mg). The hospital summary noted Patient A's history of abusing opiates and benzodiazepines, which further increased her risk of falling. The discharge summary also recommended a taper of her benzodiazepines and narcotic medications.

25. On or about January 21, 2014, a home health nurse left a message for Respondent informing her of concerns regarding Patient A overmedicating with opiates and benzodiazepines, increasing her risk of falling and that Patient A continued taking Ambien and Percocet, despite the hospital discharge orders to stop these two medications. This note was received and signed by Respondent on or about January 28, 2014.

26. On or about January 24, 2014, Patient A was seen by Respondent for follow up after her recent hospitalization and to review her medications. During this visit, Patient A reported she

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[9] MS Contin is a brand name for morphine sulfate, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[10] Keppra is a brand name for levetiracetam, an anti-epileptic drug commonly used to treat epilepsy. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

ran out of morphine, preferred Percocet over Norco, and believed she needed Xanax. Records for this visit indicate Respondent prescribed 150 tablets of Percocet (10/325), 60 tablets of trazodone (100 mg), 60 tablets of MS Contin (15 mg), and 30 tablets of Xanax (0.25 mg) to Patient A.

27. When asked about how she determined the appropriate dose of Percocet to replace Patient A's prescription for Norco during a subject interview at the Department of Consumer Affairs Health Quality Investigation Unit, Respondent stated she used a one-to-one ratio.

28. On or about February 14, 2014, Patient A was seen by Respondent. Patient A's two sons accompanied Patient A at the visit and expressed concerns regarding Patient A's medications and slurred speech. Records for this visit indicate Respondent attributed Patient A's altered speech to expressive aphasia and increased Patient A's prescription for Celexa[11] from 20 mg to 40 mg.

29. On or about March 6, 2014, Patient A was seen by Respondent. During this visit, Patient A reported her Percocet was not controlling her chronic back pain. Records for this visit indicate Respondent increased Patient A's prescription for morphine and prescribed 120 tablets of MS Contin (15 mg) to Patient A.

30. On or about March 7, 2014, Patient A left a message for Respondent requesting a refill of her trazodone prescription. On or about March 10, 2014, Respondent increased Patient A's prescription for trazodone from 50 mg to 100 mg.

31. On or about March 31, 2014, Patient A was seen by Respondent with complaints of increased depression. Records for this visit indicate Respondent prescribed Wellbutrin[12] (75 mg) to Patient A.

32. On or about April 23, 2014, Patient A was seen by Respondent with complaints of increased pain despite taking six (6) tablets per day of Percocet. Records for this visit indicate

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[11] Celexa is a brand name for citalopram, an antidepressant used to treat major depressive disorder. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

[12] Wellbutrin is a brand name for bupropion, an antidepressant used to treat major depressive disorder. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

Respondent prescribed 180 tablets of Norco (10/325) and referred Patient A to pain management and acupuncture.

33. On or about April 30, 2014, Patient A presented to the emergency department after suffering a recent fall. Records for this visit note several concerns regarding the numerous falls Patient A has experienced and directions for Patient A to follow up with Respondent regarding Patient A's abuse of opioids and concurrent use of benzodiazepines.

34. On or about May 1, 2014, Patient A was seen by Respondent to follow up on her recent hospitalization. During this visit, Patient A presented with complaints of depression and reported no pain relief despite taking six (6) tablets of Norco (10/325) per day and two (2) tablets of MS Contin per day. Patient A also reported running out of her clonazepam[13] two weeks earlier. Records for this visit indicate Respondent prescribed 60 tablets of MS Contin (15 mg) to Patient A and referred Patient A to psychiatry.

35. On or about June 17, 2014, Patient A attended an intake session for a Chemical Dependency Recovery Program (CDRP) but was declined upon determination pain management would be a better fit for Patient A's issues.

36. On or about July 16, 2014, Patient A left a phone message for Respondent requesting a refill of Xanax, reporting she ran out of her prescription for one week.

37. On or about July 22, 2014, Respondent authorized a refill prescription of 60 tablets of Xanax (0.25 mg) for Patient A.

38. On or about July 30, 2014, Patient A attended orientation for a pain management program but declined to register for the program.

39. On or about August 6, 2014, Patient A was seen by Respondent. During this visit, Patient A reported taking both two (2) tablets of MS Contin per day and four (4) tablets of Norco per day, but requested an increase of her Norco prescription to allow up to six (6) tablets per day. Records for this visit indicate Respondent prescribed 160 tablets of Norco (10/325) to Patient A.

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[13] Clonazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

40. On or about March 29, 2015, Patient A presented to the emergency department with altered mental status and slurred speech. Records for this visit revealed Patient A had also been prescribed phentermine[14] by another physician.

41. On or about April 6, 2015, Patient A was seen by Respondent to follow up on her recent hospitalization. Records for this visit indicate Respondent prescribed 120 tablets of Percocet (10/325) to Patient A.

42. On or about April 15, 2015, Patient A was seen by Respondent. During this visit, Patient A requested increasing her Percocet prescription to allow six (6) tablets per day. Records for this visit indicate Respondent's plan to fill Patient A's prescription for Percocet early and with the higher quantity to allow six (6) tablets per day.

43. On or about April 27, 2015, Patient A was seen by Respondent. Records for this visit indicate Respondent prescribed 180 tablets of Percocet (10/325) to Patient A.

44. On or about May 18, 2015, Patient A was seen by Respondent and reported running out of trazodone and mentioned prescriptions for gabapentin[15] and baclofen.[16] Records for this visit indicate Respondent prescribed 60 tablets of trazodone (100 mg) to Patient A.

45. On or about June 29, 2015, Patient A was seen by Respondent to discuss her medications. During this visit, Patient A asked to resume her Xanax prescription. Records for this visit indicate Respondent prescribed 30 tablets of Xanax (0.25 mg), 60 tablets of trazodone (100 mg), and recommended Patient A follow up with psychiatry.

46. On or about July 16, 2015, Patient A was seen by Respondent with complaints of restless leg syndrome. Records for this visit indicate Respondent prescribed 180 tablets of

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[14] Phentermine is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a stimulant and an appetite suppressant.

[15] Gabapentin is an anti-epileptic drug commonly used to treat seizures and epilepsy. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

[16] Baclofen is a muscle relaxer commonly used to treat muscle spasms. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

Percocet (10/325), 30 tablets of Xanax (0.25), and 100 tablets of gabapentin (300 mg). Respondent also referred Patient A to follow up with neurology.

47. On or about July 24, 2015, Patient A was seen by Respondent. During this visit, Patient A reported running out of her Xanax early. Records for this visit indicate Respondent prescribed 60 tablets of Xanax (0.25 mg) and 60 tablets of trazodone (100 mg) to Patient A.

48. On or about September 5, 2015, Patient A presented to the emergency department after suffering a recent fall resulting in a minor head injury.

49. On or about October 27, 2015, Patient A was seen by Respondent for urinary issues. During this visit, Patient A reported seeing psychiatry who changed her medications, that her prescriptions for trazodone and Wellbutrin were replaced with prescriptions for Celexa and Remeron.[17] Records for this visit indicate Respondent prescribed 180 tablets of Percocet (10/325) to Patient A.

50. On or about December 9, 2015, Patient A left a phone message for Respondent requesting a prescription for trazodone.

51. On or about December 11, 2015, Respondent left a message for Patient A declining to issue a prescription for trazodone and recommended she contact her psychiatrist to adjust her medications.

52. On or about December 28, 2015, Patient A was seen by Respondent after a recent hospitalization for swelling in the legs. During this visit, Patient A indicated she was dissatisfied with Remeron and requested a prescription for trazodone for her insomnia. Patient A also indicated she was leaving town for two weeks and needed an early refill of Percocet. Records for this visit indicate Respondent recommended Patient A return to psychiatry but then prescribed 100 tablets of trazodone (100 mg) and issued the early refill of 180 tablets of Percocet (10/325).

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[17] Remeron is a brand name for mirtazapine, an antidepressant commonly used to treat major depressive disorder. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

53. On or about January 17, 2016, Patient A left a phone message requesting a refill of her Remeron prescription. On or about January 18, 2016, Patient A was informed her Remeron prescription was discontinued when she was prescribed trazodone.

54. On or about January 22, 2016, Patient A left a phone message for Respondent requesting a refill of her trazodone prescription, claiming one (1) tablet per day was insufficient, and that she had been taking two and a half (2.5) pills or three (3) pills per day instead.

55. On or about April 13, 2016, Patient A was seen by Respondent. Records for this visit indicate Respondent prescribed 180 tablets of Percocet (10/325) and 30 tablets of trazodone (100 mg) to Patient A.

56. On or about May 12, 2016, Patient A was seen by Respondent to discuss her medications. During this visit, Patient A reported running out of trazodone, and borrowing some from her daughter. Patient A also reported taking "two yellow pills" which she believed to be clonazepam. According to Patient A, after taking the pills, she fell asleep and her family was unable to wake her, so they brought her to the emergency department. Records for this visit indicate Respondent advised Patient A to not take medications issued to others and then prescribed 30 tablets of trazodone (100 mg) to Patient A.

57. On or about July 18, 2016, Patient A was seen by Respondent to follow up on her recent visits to the emergency department. Records for this visit indicate Respondent prescribed 100 tablets of gabapentin (300 mg) to Patient A.

58. On or about August 23, 2016, Patient A was seen by Respondent. During this visit, Patient A reported increased pain due to a sore throat, so Patient A had been taking eight (8) tablets of Percocet per day and needed an early refill. Records for this visit indicate Respondent prescribed 180 tablets of Percocet (10/325) to Patient A.

59. On or about September 13, 2016, Patient A was seen by Respondent with complaints of back pain. During this visit, Patient A claimed she lost her Percocet and needed an early refill. Records for this visit indicate Respondent prescribed 90 tablets of Percocet (10/325) to Patient A.

60. On or about September 23, 2016, Respondent prescribed another 90 tablets of Percocet (10/325) to Patient A.

61. On or about February 11, 2017, Patient A presented to the emergency department after suffering a head injury after experiencing multiple recent falls. Records for this visit indicate Patient A exhibited slurred speech, which Patient A attributed to her dental implants. A urine drug screen revealed positive results for amphetamines but negative results for opiates.

62. On or about March 1, 2017, Patient A was seen by Respondent regarding a bladder infection. During this visit, Patient A reported she was leaving out of town and needed an early refill of her medications. Records for this visit indicate Respondent prescribed 180 tablets of Percocet (10/325) and 100 tablets of Celexa (40 mg) to Patient A.

63. On or about March 13, 2017, Patient A presented to the emergency department with complaints of shortness of breath and was diagnosed with pneumonia.

64. On or about March 22, 2017, Patient A presented to the emergency department with complaints of bruising to her abdomen area. Records for this visit indicate Patient A was allowed to self-regulate her administration of Dilaudid[18] due to Patient A's frequent requests for increasing amounts of pain medications. Records for this visit indicate Narcan[19] was administered to Patient A when she became nonresponsive. Patient A was discharged on April 1, 2017.

65. On or about April 2, 2017, Patient A left a phone message for Respondent requesting a prescription for Percocet. On or about April 3, 2017, Respondent prescribed 180 tablets of Percocet (10/325) to Patient A.

66. On or about April 13, 2017, Patient A left a phone message for Respondent requesting a prescription for hydroxyzine.[20]

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[18] Dilaudid is a brand name for hydromorphone, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[19] Narcan is a brand name for naloxone, a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of known or suspected opioid overdose.

[20] Hydroxyzine, brand name Atarax, is a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of anxiety and tension.

67. On or about April 28, 2017, Patient A left a phone message for Respondent requesting a prescription for Percocet.

68. On or about May 2, 2017, Patient A left a phone message for Respondent requesting a full prescription of Percocet (180 tablets, not 150 tablets).

69. On or about May 9, 2017, Respondent issued a prescription for 150 tablets of Percocet (10/325) for Patient A.

70. On or about September 2, 2017, Patient A presented to the emergency department after falling down the stairs. Records for this visit indicate Patient A fractured her arm as a result of the fall, and due to Patient A's history of opioid abuse, Patient A was admitted to expedite surgery and to avoid risk of opioid abuse.

71. On or about September 20, 2017, Patient A had her splint removed from her arm and received a prescription for 40 tablets of Percocet (5/325) by a different physician.

72. On or about October 12, 2017, Patient A presented to the emergency department with reports of intermittent expressive aphasia, emotional disorder, speech disturbance and altered mental status. Records for this visit indicate emergency services and law enforcement responded to Patient A's home when she exhibited angry outbursts after not taking opiate medications for two weeks.

73. On or about November 7, 2017, Patient A was seen by Respondent to refill her medications. During this visit, Patient A reported taking two (2) trazodone each night and requested an early refill. Respondent declined to refill Patient A's trazodone early. Records for this visit indicate Respondent prescribed 60 tablets of Percocet (5/325) to Patient A.

74. On or about November 21, 2017, Patient A presented to the emergency department for slurred speech. Records for this visit indicate Patient A's urine drug screen tested negative for opiates and benzodiazepines.

75. On or about December 5, 2017, Patient A was seen by Respondent regarding insomnia and restless leg syndrome. Records for this visit indicate Respondent prescribed 100 tablets of gabapentin (300 mg), 50 tablets of trazodone (100 mg), and 40 tablets of Celexa (40 mg).

76. On or about December 12, 2017, Patient A was seen by Respondent. Records for this visit indicate Respondent prescribed 30 tablets of Percocet (10/325) to Patient A as a two-week supply.

77. On or about December 21, 2017, Patient A left a message requesting a refill of her Percocet prescription.

78. On or about December 23, 2017, Patient A presented to the emergency department with complaints of a cough. Records for this visit indicate Patient A was issued a prescription for Percocet (10/325).

79. On or about January 12, 2018, Patient A was seen by Respondent for medication refill. Records for this visit indicate Respondent prescribed 30 tablets of Percocet (10/325) to Patient A as a two-week supply and 50 tablets of trazodone (100 mg).

80. Beginning on or about October 2, 2014, through on or about January 26, 2018, the Controlled Substance Utilization Review and Evaluation System[21] (CURES) database lists regular prescriptions for opioids and benzodiazepines, as having been issued by Respondent and filled by Patient A, as follows:

Date Filled	Drug Name and Strength	Qty	Days Supply
10/3/14	Norco (10/325)	180	30
10/7/14	Xanax/Alprazolam (0.25 mg)	60	30
10/8/14	Morphine Sulfate (15 mg)	60	30
11/3/14	Xanax/Alprazolam (0.25)	60	30
11/5/14	Morphine Sulfate (15 mg)	60	30
11/25/14	Norco (10/325)	180	30

[21] The Controlled Substance Utilization Review and Evaluation System (CURES) is a program operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in their efforts to control diversion and abuse of controlled substances. (Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the DOJ the dispensing of Schedule II, III, and IV controlled substances as soon as reasonably possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) It is important to note that the history of controlled substances dispensed to a specific patient based on the data contained in CURES is available to a health care practitioner who is treating that patient. (Health & Saf. Code, § 11165.1, subd. (a).)

Date Filled	Drug Name and Strength	Qty	Days Supply
12/2/14	Xanax/Alprazolam (0.25 mg)	60	30
12/3/14	Morphine Sulfate (15 mg)	60	30
12/24/14	Norco (10/325)	180	30
12/29/14	Xanax/Alprazolam (0.25 mg)	60	30
12/29/14	Morphine Sulfate (15 mg)	60	30
1/27/15	Morphine Sulfate (15 mg)	60	30
1/27/15	Norco (10/325)	180	30
1/27/15	Xanax/Alprazolam (0.25 mg)	60	30
2/20/15	Xanax/Alprazolam (0.25 mg)	90	30
2/20/15	Percocet (10/325)	180	30
3/17/15	Percocet (10/325)	180	22
3/17/15	Xanax/Alprazolam (0.25 mg)	90	30
4/6/15	Xanax/Alprazolam (0.25 mg)	90	30
4/10/15	Percocet (10/325)	120	30
4/27/15	Percocet (10/325)	180	15
5/9/15	Xanax/Alprazolam (0.25 mg)	90	45
5/18/15	Percocet (10/325)	180	23
6/29/15	Xanax/Alprazolam (0.25 mg)	30	30
7/16/15	Percocet (10/325)	180	23
7/17/15	Xanax/Alprazolam (0.25 mg)	30	30
7/24/15	Xanax/Alprazolam (0.25 mg)	60	30
8/13/15	Percocet (10/325)	180	22
10/8/15	Percocet (10/325)	180	30
11/6/15	Percocet (10/325)	180	22
12/3/15	Percocet (10/325)	180	22
12/28/15	Percocet (10/325)	180	23
2/2/16	Percocet (10/325)	180	22

Date Filled	Drug Name and Strength	Qty	Days Supply
2/23/16	Percocet (10/325)	180	22
3/18/16	Percocet (10/325)	180	22
4/13/16	Percocet (10/325)	180	23
5/6/16	Percocet (10/325)	180	23
5/28/16	Percocet (10/325)	180	22
6/23/16	Percocet (10/325)	180	22
7/12/16	Percocet (10/325)	180	22
8/4/16	Percocet (10/325)	180	22
8/30/16	Percocet (10/325)	180	22
9/13/16	Percocet (10/325)	90	14
9/27/16	Percocet (10/325)	90	14
10/11/16	Percocet (10/325)	90	14
10/24/16	Percocet (10/325)	90	14
11/1/16	Percocet (10/325)	180	22
11/23/16	Percocet (10/325)	180	22
12/13/16	Percocet (10/325)	180	30
1/12/17	Percocet (10/325)	180	30
2/8/17	Percocet (10/325)	180	30
3/1/17	Percocet (10/325)	180	30
4/3/17	Percocet (10/325)	180	30
5/9/17	Percocet (10/325)	150	30
6/8/17	Percocet (10/325)	150	30
7/5/17	Percocet (10/325)	150	30
8/3/17	Percocet (10/325)	150	30
10/21/17	Percocet (5/325)	60	15
11/2/17	Percocet (5/325)	60	15
11/15/17	Percocet (5/325)	60	15

Date Filled	Drug Name and Strength	Qty	Days Supply
11/30/17	Percocet (10/325)	30	15
12/13/17	Percocet (10/325)	30	7
12/27/17	Percocet (10/325)	30	15
1/12/18	Percocet (10/325)	30	15
1/26/18	Percocet (10/325)	30	14

81. Respondent committed gross negligence in her care and treatment of Patient A, which included, but is not limited to:

A. Paragraphs 7 through 80, above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Respondent failed to consider the role of Patient A's medication regimen in her frequent falls, and instead, prescribed increasing doses of opioids;

C. Respondent failed to assess, and/or document an assessment of, Patient A's anxiety symptoms to warrant the prescribing of short-term benzodiazepines to Patient A, and failed to discuss, and/or document a discussion, with Patient A about the discontinuation of the benzodiazepines;

D. Respondent failed to order, and/or document the order of, urine drug screens to determine compliance or possible diversion by Patient A while prescribing several controlled substances to Patient A over an extended period of time;

E. Respondent failed to review, and/or document the review of, Patient A's CURES report to check for other prescriptions by other physicians, despite Patient A's drug-seeking behavior, poor adherence to recommendations of other physicians, and increasing expectations of prescriptions;

F. Respondent failed to consider the instructions and recommendations of the discharge summaries after Patient A's hospitalizations, including but not limited to, the January 19, 2014 discharge summary with instructions to stop Patient A's Ambien and Percocet prescriptions and resuming Patient A's prescription for Percocet on January 24, 2014;

G. Respondent failed to appropriately respond to, or act upon, the home health nurse's reported concerns of Patient A's overmedicating and misuse of Ambien and Percocet and lack of compliance with physician's orders; and

H. Respondent failed to consult with Patient A's psychiatrist before resuming Patient A's prescription for trazodone after Patient A had been switched to Remeron by her psychiatrist.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

82. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 102917 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in her care and treatment of Patient A as more particularly alleged hereinafter.

A. Paragraphs 7 through 81, above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Respondent failed to prescribe long-acting opioids to Patient A for chronic pain, and instead, prescribed short-acting opioids on a regular long term basis;

C. Respondent continued prescribing short-acting benzodiazepines to Patient A over a prolonged period of time, despite Patient A's lack of follow up, and/or inconsistent follow up, with psychiatry;

D. Respondent failed to document Patient A's potential history of substance abuse, and failed to discuss, and/or document a discussion, with Patient A regarding the addiction potential while prescribing to Patient A more than one addictive substance, including both opioids and benzodiazepines; and

E. Respondent failed to appropriately respond to Patient A's numerous requests for early refills and admissions to taking more than the prescribed quantity, and instead, prescribed increasing quantities to match Patient A's usage.

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THIRD CAUSE FOR DISCIPLINE

(Violations of Provisions of the Medical Practice Act)

83. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 102917 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (a), of the Code, in that she violated a provision or provisions of the Medical Practice Act, as more particularly alleged in paragraphs 7 through 82, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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 No. A 102917, issued to Respondent Amy Lee Bodeau, M.D.;

2. Revoking, suspending or denying approval of Respondent Amy Lee Bodeau, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Amy Lee Bodeau, 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: JUL 30 2020

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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