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

In the Matter of the Second Amended Accusation Against: **Edward Alan Ridgill, M.D.** **Physician's and Surgeon's Certificate No. G 40690** **Respondent.**	**Case No. 800-2014-005887**

DECISION

The attached Stipulated Surrender of License and 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 February 1, 2022.

IT IS SO ORDERED January 25, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Second Amended Accusation Against: **EDWARD ALAN RIDGILL, M.D.** **37259 Bosley Street** **Indio, CA 92203** **Physician's and Surgeon's Certificate No. G 40690,** Respondent.	Case No. 800-2014-005887 OAH No. 2021041022 **STIPULATED SURRENDER OF LICENSE AND 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 Rob Bonta, Attorney General of the State of California, by Peggie Bradford Tarwater, Deputy Attorney General.

2. Edward Alan Ridgill, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On August 24, 1979, the Board issued Physician's and Surgeon's Certificate No. G 40690 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Second Amended Accusation No. 800-2014-005887. The Physician's and Surgeon's Certificate expired on September 30, 2018 and has not been renewed.

JURISDICTION

4. Second Amended Accusation No. 800-2014-005887 was filed before the Board, and is currently pending against Respondent. The Second Amended Accusation and all other statutorily required documents were properly served on Respondent on January 8, 2021. Respondent timely filed his Notice of Defense contesting the Second Amended Accusation. A copy of Second Amended Accusation No. 800-2014-005887 is attached as Exhibit A and incorporated by reference.

5. The Board maintains jurisdiction over Respondent's expired Physician's and Surgeon's Certificate pursuant to Business and Professions Code section 118.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Second Amended Accusation No. 800-2014-005887. Respondent also has carefully read, and understands the effects of this Stipulated Surrender of License and Order.

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

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

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CULPABILITY

9. Respondent understands that the charges and allegations in the Fifth and Sixth Causes for Discipline of the Second Amended Accusation No. 800-2014-005887, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate. Respondent hereby surrenders his Physician's and Surgeon's Certificate No. G 40690 for the Board's formal acceptance.

10. For the purpose of resolving the Second Amended Accusation without the expense and uncertainty of further proceedings, Respondent gives up his right to contest that, at a hearing, Complainant could establish a *prima facie* case with respect to the charges contained in the Fifth and Sixth Causes for Discipline of the Second Amended Accusation.

11. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender 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.

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

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeons Certificate No. G 40690, issued to Respondent EDWARD ALAN RIDGILL, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in the Fifth and Sixth Causes for Discipline of the Second Amended Accusation No. 800-2014-005887 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. 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 agency in the State of California, all of the charges and allegations contained in the Fifth and Sixth Causes for Discipline of the Second Amended Accusation No. 800-2014-005887 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 licensure.

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ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1/19/2022

EDWARD ALAN RIDGILL, M.D.
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

PEGGIE BRADFORD TARWATER
Deputy Attorney General
Attorneys for Complainant

LA2017505698

ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____

EDWARD ALAN RIDGILL, M.D.
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: Jan. 19, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

Peggie B. Tarwater
Digitally signed by Peggie B. Tarwater
Date: 2022.01.19 12:49:19 -08'00'

PEGGIE BRADFORD TARWATER
Deputy Attorney General
Attorneys for Complainant

LA2017505698

Exhibit A

Second Amended Accusation No. 800-2014-005887

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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 Second Amended Accusation Against: EDWARD ALAN RIDGILL, M.D. 37259 Bosley Street Indio, California 92203-4880 Physician's and Surgeon's Certificate G 40690, Respondent.	Case No. 800-2014-005887 **SECOND AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. William Prasifka (Complainant) brings this Second Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On August 24, 1979, the Board issued Physician's and Surgeon's Certificate Number G 40690 to Edward Alan Ridgill, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein. The license is currently in delinquent status.

JURISDICTION

3. This Second Amended 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 118 of the Code provides:

> (a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.
>
> (b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.
>
> (c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

6. 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:
>
> 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.
>
> (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.

. . . .

7. Section 2242, subdivision (a), of the Code states:

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

8. Health and Safety Code section 11153, subdivision (a), provides that a "prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. . . ."

9. Section 725 of the Code states:

> (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.
>
> (b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.
>
> (c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.
>
> (d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.

10. Section 2236 of the Code states:

> (a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.
>
> . . . .
>
> (d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section and Section 2236.1. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

11. Section 2237 of the Code states:

> (a) The conviction of a charge of violating any federal statutes or regulations or any statute or regulation of this state, regulating dangerous drugs or controlled

substances, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section.

(b) Discipline may be ordered in accordance with Section 2227 or the [Medical Board] may order the denial of the license when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

12. California Code of Regulations, title 16, section 1360, states:

For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act.

13. Section 2238 of the Code states:

A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct. . . .

RELEVANT DRUG INFORMATION

14. Hydrocodone is an opioid analgesic combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, hydrocodone was a Schedule III controlled substance. (21 U.S.C. § 812; Health & Saf. Code, § 11055.) It is currently a Schedule II controlled substance. (21 C.F.R., § 1308.12; Health & Saf. Code, § 11055, subd. (b).) It is a dangerous drug pursuant to section 4022 of the Code.

15. Xanax, or alprazolam, is a benzodiazepine used for the short-term management of anxiety. It is a Schedule IV controlled substance. (21 C.F.R. 1308.14, subd. (c); Health & Saf. Code, § 11057, subd. (b)(1).) It is a dangerous drug pursuant to section 4022 of the Code.

16. Carisoprodol is used as a muscle relaxer. It is a Schedule IV controlled substance. (21 C.F.R. 1308.14, subd. (c).) It is a dangerous drug pursuant to section 4022 of the Code.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

17. Respondent is subject to disciplinary action under section 2234, subdivisions (a) and (b), of the Code in that he was grossly negligent in his care and treatment of two patients. The circumstances are as follows:

18. On or about June 13, 2014, the Board received a complaint from a pharmacist alleging multiple patients had presented to the pharmacy with the exact same prescriptions written by Respondent. The complaint alleged that each patient had prescriptions for large quantities of the highest available doses of Xanax and Vicodin (an opiate).

19. The Board initiated an investigation into Respondent's medical practice and learned that the Drug Enforcement Agency (DEA) and Torrance Police Department had an ongoing criminal investigation open into Respondent's medical and, specifically, prescribing practices.

20. As part of the criminal investigation, several undercover operations were conducted in which confidential sources of the Torrance Police Department posed as patients presenting for care from Respondent.

21. During the relevant time-period, Respondent practiced medicine at a clinic located at 3625 E. Martin Luther King Boulevard in Lynwood, California.

Confidential Source 1, Patient S.D.

22. S.D. is a confidential source of the Torrance Police Department.

23. On or about May 8, 2014, S.D. presented at Respondent's medical clinic posing as a patient complaining of back pain. Though Respondent did not examine S.D.'s back or ask S.D. to walk, move or touch her toes, he did prescribe S.D. 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam, both controlled narcotics. S.D. did not ask for alprazolam.

24. On or about June 11, 2014, S.D. again posed as a patient and was prescribed 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam by Respondent. This visit was recorded. Respondent prescribed these medications to S.D. without any physical examination or an adequate evaluation.

25. On or about July 21, 2014, S.D. posed as a patient and was treated by Respondent again. S.D. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam. Respondent also prescribed S.D. two other non-controlled substances. Respondent prescribed these medications to S.D. without an adequate physical examination or evaluation.

26. On or about August 19, 2014, S.D. again posed as a patient and was treated by Respondent. S.D. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam. Respondent also prescribed S.D. three other non-controlled substances. This visit was recorded. Respondent prescribed these medications to S.D. without any physical examination or evaluation.

27. On or about September 17, 2014, S.D. posed as a patient again and was treated by Respondent. S.D. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam. Respondent also prescribed S.D. two other non-controlled substances. This visit was recorded. Respondent prescribed these medications to S.D. without any physical examination or evaluation.

28. On or about October 14, 2014, S.D. posed as a patient again in Respondent's clinic. S.D. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam. Respondent also prescribed S.D. two other non-controlled substances. This visit was recorded. Respondent prescribed these medications to S.D. without any physical examination or evaluation.

29. On or about November 12, 2014, S.D. posed as a patient again and was treated by Respondent. S.D. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam. Respondent also prescribed S.D. three other non-controlled substances. Respondent prescribed these medications to S.D. without any physical examination or adequate evaluation.

30. On or about December 11, 2014, S.D. posed as a patient again and was treated by Respondent. S.D. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam. Respondent also prescribed S.D. two other non-controlled

substances. Respondent prescribed these medications to S.D. without any physical examination or evaluation.

31. Respondent was grossly negligent in the care and treatment of S.D. as follows:

a. Respondent failed to obtain an adequate and sufficient history of S.D.'s complaint of pain.

b. Respondent failed to perform an appropriate examination. Specifically, the area of pain was never examined and at multiple visits, not even a partial examination was performed.

c. Respondent never obtained imaging or other evaluation of the areas of pain.

d. Respondent's evaluation of S.D. was insufficient to justify prescribing controlled medications.

e. Respondent failed to discuss the risks of opioids, including overdose and death, with S.D.

f. Respondent failed to adequately monitor S.D. including with urine drug screens to look for diversion and to ensure that S.D. was not using additional illegal drugs, or with CURES Report reviews or blood tests.

g. Respondent failed to consider other non-controlled medications as well as non-pharmacologic therapies for S.D.'s reported pain.

h. Despite ongoing pain and high dosing of opioids, Respondent never referred S.D. for physical therapy, orthopedic treatment, pain management, addiction treatment or other specialized treatment.

i. Because S.D. complained of chronic pain symptoms and was taking opioids and alprazolam, at every visit Respondent should have taken an updated history, performed a physical examination, asked about medication side effects, and S.D.'s use of alcohol, drugs and other over the counter medications. Respondent failed to do this at each visit.

j. Respondent failed to discuss treatment goals for S.D.

k. Respondent continued to prescribe opioids even when S.D.'s pain level was low.

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l. Respondent failed to re-evaluate S.D. for pain improvement and, if improved, to lower the medication dosage.

32. Respondent's care and treatment of S.D. included multiple extreme departures from the standard of care. Respondent repeatedly prescribed S.D. controlled substances without a legitimate medical purpose.

Confidential Source 2, Patient J.J.

33. On or about July 21, 2014, J.J., another confidential source of the Torrance Police Department, J.J., presented to Respondent for care and treatment, posing as a patient complaining of wrist, knee and back pain. Respondent prescribed J.J. 100 tablets of 10 mg hydrocodone-acetaminophen and 100 tablets of 350 mg carisoprodol, both controlled narcotics. Respondent prescribed J.J. two other non-controlled substances. The visit was recorded. Respondent prescribed these medications to J.J. without an adequate physical examination or evaluation.

34. On or about August 19, 2014, J.J. again posed as a patient and was treated by Respondent. J.J. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 100 tablets of 350 mg carisoprodol. Respondent also prescribed J.J. two other non-controlled substances. This visit was recorded. Respondent prescribed these medications to J.J. without an adequate physical examination or evaluation.

35. On or about September 17, 2014, J.J. again posed as a patient and was treated by Respondent. J.J. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 100 tablets of 350 mg carisoprodol. Respondent also prescribed J.J. two other non-controlled substances. This visit was recorded. Respondent prescribed these medications to J.J. without an adequate physical examination or evaluation.

36. On or about October 14, 2014, J.J. again posed as a patient and was treated by Respondent. J.J. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 100 tablets of 350 mg carisoprodol. Respondent also prescribed J.J. two other non-controlled substances. This visit was recorded. Respondent prescribed these medications to J.J. without any physical examination or evaluation.

37. On or about November 12, 2014, J.J. again posed as a patient and was treated by

Respondent. J.J. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam. Respondent also prescribed J.J. three other non-controlled substances. Respondent prescribed these medications to J.J. without an adequate physical examination or evaluation.

38. On or about December 11, 2014, J.J. again posed as a patient and was treated by Respondent. J.J. received prescriptions for 100 tablets of 10 mg hydrocodone-acetaminophen and 60 tablets of 2 mg alprazolam. Respondent also prescribed J.J. three other non-controlled substances. Respondent prescribed these medications to J.J. without an adequate physical examination or evaluation.

39. Respondent was grossly negligent in the care and treatment of J.J. as follows:

a. Respondent failed to obtain an adequate and sufficient history of J.J.'s complaint of pain.

b. Respondent failed to perform an appropriate examination. Specifically, Respondent's examination of J.J.'s wrist was not appropriate and other areas of pain were never examined and at multiple visits, not even a partial examination was performed.

c. Respondent never obtained imaging or other evaluation of the areas of pain.

d. Respondent's evaluation of J.J. was insufficient to justify prescribing controlled medications.

e. Respondent failed to discuss the risks of opioids, including overdose and death, with J.J.

f. Respondent failed to adequately monitor J.J. including with urine drug screens to look for diversion and to ensure that he was not using additional illegal drugs, or with CURES Report reviews or blood tests.

g. Respondent failed to consider other non-controlled medications as well as non-pharmacologic therapies for J.J.'s reported pain.

h. Despite ongoing pain and high dosing of opioids, Respondent never referred J.J. for physical therapy, orthopedic treatment, pain management, addiction treatment or other specialized treatment.

i. Because J.J. complained of chronic pain symptoms and was taking opioids at every visit, Respondent should have taken an updated history, performed a physical examination, asked about medication side effects, and J.J.'s use of alcohol, drugs and other over the counter medications. Respondent failed to do this at any visit.

j. Respondent failed to discuss treatment goals for J.J.

k. Respondent continued to prescribe controlled substances to J.J. even after J.J. exhibited signs that he was abusing or diverting the controlled substances. These signs included, but are not limited to, repeatedly asking for larger quantities of the controlled substances, asking for cough syrup with codeine, asking for opioids even when J.J.'s purported pain level was low, asking Respondent's office staff where he could obtain a marijuana card and admitting to taking controlled substances in larger doses than prescribed.

l. Respondent prescribed controlled substances even when the pain level was minimal.

m. Respondent failed to re-evaluate J.J. for pain improvement and, if improved, lower the medication dosage.

n. Respondent failed to adequately evaluate and manage J.J.'s hypertension.

40. Respondent's care and treatment of J.J. included multiple extreme departures from the standard of care. Respondent repeatedly prescribed J.J. controlled substances without a legitimate medical purpose.

41. Respondent's acts and omissions as set forth above whether proven individually, jointly or in some combination thereof constitute gross negligence in violation of Code sections 2234, subdivisions (a) and (b). Respondent has therefore subjected his medical license to discipline.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

42. Respondent is subject to disciplinary action under section 2234, subdivisions (a) and (c), in that he committed repeated negligent acts in his care and treatment of patients S.D. and J.J. The circumstances are as follows:

43. The allegations of the First Cause for Discipline are incorporated herein as if fully set forth.

44. Respondent's acts and omissions as set forth above whether proven individually, jointly or in some combination thereof constitute repeated negligent acts in violation of Code section 2234, subdivisions (a) and (c). Respondent has therefore subjected his medical license to discipline.

THIRD CAUSE FOR DISCIPLINE

(Prescribing Without Examination)

45. Respondent is subject to disciplinary action under sections 2234, subdivision (a), and 2242 in that he prescribed controlled substances to S.D. and J.J. without an appropriate prior examination and/or medical indication. The circumstances are as follows:

46. The allegations of the First Cause for Discipline are incorporated herein as if fully set forth.

47. Respondent's acts and omissions as set forth above whether proven individually, jointly or in some combination thereof constitute prescribing without an examination in violation of Code sections 2234, subdivision (a), and 2242. Respondent has therefore subjected his medical license to discipline.

FOURTH CAUSE FOR DISCIPLINE

(Excessive Prescribing)

48. Respondent is subject to disciplinary action under Code sections 2234, subdivision (a), and 725 in that he committed repeated acts of excessively prescribing narcotics to S.D. and J.J. The circumstances are as follows:

49. The allegations of the First Cause for Discipline are incorporated herein as if fully set forth.

50. Respondent's acts and omissions as set forth above whether proven individually, jointly or in some combination thereof constitute excessive prescribing in violation of Code sections 2234, subdivision (a), and 725. Respondent has therefore subjected his medical license to discipline.

FIFTH CAUSE FOR DISCIPLINE

(Conviction of Crimes)

51. Respondent is subject to disciplinary action under sections 2236 and 2237, and California Code of Regulations, title 16, section 1360, in that he sustained 26 convictions for violations of federal drug laws. The circumstances are as follows:

52. On September 6, 2016, a 26-count indictment was filed against Respondent in the United States District Court, Central District of California in *United States of America v. Edward Ridgill,* Case Number 2:16-MJ-01676.

a. In Counts One through Seven, Respondent was charged with a violation of 21 United States Code section 841, subdivisions (a)(1), (b)(1)(E), and 18 United States Code section 2, subdivision (b). It was alleged that Respondent, a licensed physician, while acting and intending to act outside the usual course of professional practice and without a legitimate medical purpose, knowingly and intentionally prescribed and distributed, and willfully caused to be prescribed and distributed, hydrocodone, then a Schedule III narcotic drug to the following patients on the following dates:

i. Patient S.D.: June 11, 2014, July 21, 2014, August 19, 2014, September 17, 2014;

ii. Patient J.J.: July 21, 2014, August 19, 2014, September 17, 2014.

b. In Counts Eight through Thirteen, Respondent was charged with a violation of 21 United States Code section 841, subdivisions (a)(1), (b)(1)(C), and 18 United States Code section 2, subdivision (b). It was alleged that Respondent, a licensed physician, while acting and intending to act outside the usual course of professional practice and without a legitimate medical purpose, knowingly and intentionally prescribed and distributed, and willfully caused to be prescribed and distributed, hydrocodone, a Schedule II narcotic drug at the time of treatment to the following patients on the following dates:

i. Patient S.D.: October 14, 2014, November 12, 2014, December 11, 2014;

ii. Patient J.J.: October 14, 2014, November 12, 2014, December 11, 2014.

c. In Counts Fourteen through Twenty-Two, Respondent was charged with a violation of 21 United States Code section 841, subdivisions (a)(1), (b)(2), and 18 United States Code section 2, subdivision (b). It was alleged that Respondent, a licensed physician, while acting and intending to act outside the usual course of professional practice and without a legitimate medical purpose, knowingly and intentionally prescribed and distributed, and willfully caused to be prescribed and distributed, alprazolam, a Schedule IV narcotic drug at the time of treatment to the following patients on the following dates:

i. Patient S.D.: June 11, 2014, July 21, 2014, August 19, 2014, September 17, 2014, October 14, 2014, November 12, 2014, December 11, 2014;

ii. Patient J.J.: November 12, 2014, December 11, 2014.

d. In Counts Twenty-Three through Twenty-Six, Respondent was charged with a violation of 21 United States Code section 841, subdivisions (a)(1), (b)(2), and 18 United States Code section 2, subdivision (b). It was alleged that Respondent, a licensed physician, while acting and intending to act outside the usual course of professional practice and without a legitimate medical purpose, knowingly and intentionally prescribed and distributed, and willfully caused to be prescribed and distributed, carisoprodol, a Schedule IV narcotic drug at the time of treatment to the following patients on the following dates:

i. Patient J.J.: July 21, 2014, August 19, 2014, September 17, 2014, October 14, 2014.

53. On December 4, 2017, after a jury trial, the jury returned guilty verdicts on all counts.

54. On April 23, 2018, Respondent was sentenced to five years in prison, followed by three years of supervised release.

55. Respondent appealed his conviction. On October 23, 2019, the Ninth Circuit Court of Appeals issued a decision in the case. *United States v. Ridgill,* (9th Cir. 2019) 781 F. App'x 641. The court upheld the conviction but found errors in sentencing and remanded the case for resentencing. *(Id.)* The court's decision became final on November 14, 2019.

56. Respondent was resentenced on February 20, 2020. He was sentenced to 30 months in prison, followed by three years of supervised release. Conditions of Respondent's probation

include abstention from unlawful use of a controlled substance with periodic drug testing; refraining from the use of alcohol and illicit drugs and from abusing prescription medications; participation in an outpatient substance abuse treatment and counseling program; and payment of costs of treatment. Additionally, as a condition of probation, Respondent "shall not be employed in any position that requires licensing and/or certification by any local, state, or federal agency without the prior written approval of the Probation Officer.

57. Respondent's acts and omissions as set forth above whether proven individually, jointly or in some combination thereof constitute criminal convictions under sections 2236 and 2237 of the Code, and California Code of Regulations, title 16, section 1360. Respondent has therefore subjected his medical license to discipline.

SIXTH CAUSE FOR DISCIPLINE

(Violation of Drug Laws)

58. Respondent is subject to disciplinary action under sections 2234, subdivision (a), and 2238 of the Code in that he violated drug laws. The circumstances are as follows:

59. Respondent violated Health and Safety Code section 11153, in that he prescribed controlled substances to S.D. and J.J. in the absence of a legitimate medical purpose.

60. Respondent violated 21 United States Code section 841, subdivisions (a)(1), (b)(1)(C), (b)(1)(E), (b)(2), and 18 United States Code section 2, subdivision (b), in prescribing controlled substances to Patients S.D. and J.J.

61. The allegations of the First and Fifth Causes for Discipline are incorporated herein as if fully set forth.

62. Respondent's acts and omissions as set forth above whether proven individually, jointly or in some combination thereof constitute violation of drug laws. Respondent has therefore subjected his medical license to discipline.

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DISCIPLINARY CONSIDERATIONS

63. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on January 8, 2001, in a prior action entitled *In the Matter of the Accusation Against: Edward A. Ridgill, M.D.*, Case No. 06-1997-78021, before the Medical Board of California, Respondent's license was disciplined after he was charged with incurring criminal convictions, dishonest and corrupt acts, excessive prescribing, gross negligence, repeated negligent acts, incompetence, inappropriate record maintenance and false documentation. More specifically, Respondent was alleged: to have incurred numerous convictions for federal felony mail fraud; to have perpetrated fraud to the Employment Development Department wherein he would falsely certify the disability of particular patients when, in fact, they were not; to have excessively prescribed controlled substances; and to have falsely developed medical records. An order of license revocation issued, but was stayed, and a five-year period of probation was imposed with multiple terms and conditions, including completing a prescribing practices course and ethics course. That decision is now final and is incorporated by reference as if fully set forth herein.

64. Complainant further alleges that on August 26, 2016, an Order was issued in *United States of America v. Edward Ridgill,* United States District Court for the Central District of California, Case Number 2:16-MJ-01676, making it a condition of Respondent's bail that Respondent not prescribe or handle controlled prescription drugs except for his own medical care or medical care of an immediate family member.

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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 40690, issued to Respondent Edward Alan Ridgill, M.D.;

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

3. If placed on probation, ordering Respondent to pay the Board the costs of probation monitoring; and

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

DATED: JAN 0 8 2021

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

REJI VARGHESE
DEPUTY DIRECTOR

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