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

In the Matter of the First Amended Accusation Against: **Donna A. Holscher, M.D.** **Physician's & Surgeon's Certificate No. G 59568** **Respondent.**	**Case No. 800-2018-048103**

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 June 17, 2022.

IT IS SO ORDERED: May 18, 2022.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General
RYAN J. MCEWAN
Deputy Attorney General
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Facsimile: (916) 327-2247
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **DONNA A. HOLSCHER, M.D.** **PO BOX 494083** **Redding, CA 96049-4083** **Physician's and Surgeon's Certificate No. G 59568** Respondent.	Case No. 800-2018-048103 OAH No. 2021020491 **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 Rob Bonta, Attorney General of the State of California, by Ryan J. McEwan, Deputy Attorney General.

2. Respondent Donna A. Holscher, M.D. (Respondent) is represented in this proceeding by attorney Dominique A. Pollara, Esq., whose address is Pollara Law Group, 100 Howe Avenue,

Suite 165N, Sacramento, CA 95825; and by Robert J. Sullivan, Esq., whose address is Rothschild Wishek & Sands, LLP, 765 University Avenue, Sacramento, CA 95825.

3. On or about February 8, 1987, the Board issued Physician's and Surgeon's Certificate No. G 59568 to Donna A. Holscher, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in the First Amended Accusation No. 800-2018-048103, and will expire on October 31, 2022, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2018-048103 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 28, 2020. Respondent timely filed her Notice of Defense contesting the Accusation. On February 23, 2022, the Board filed the First Amended Accusation No. 800-2018-048103, which was properly served on Respondent.

5. A copy of First Amended Accusation No. 800-2018-048103 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2018-048103. 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 First Amended 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.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-048103, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2018-048103, a true and correct copy of which is attached hereto as Exhibit A, and that she has thereby subjected her Physician's and Surgeon's Certificate, No. G 59568 to disciplinary action.

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

CONTINGENCY

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

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

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

DISCIPLINARY ORDER

1. PUBLIC REPRIMAND. IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 59568 issued to Respondent Donna A. Holscher, M.D. is publicly reprimanded pursuant to Business and Professions Code, section 2227, subdivision (a)(4). The public reprimand, which is issued in connection with Respondent's care and treatment of Patients A and B, as set forth in First Amended Accusation No. 800-2018-048103, is as follows:

"Between on or about December 29, 2013, through September 10, 2018, you failed to provide care and treatment for Patients A and B in accordance with the standard of practice in the medical community as more fully described in Accusation No. 800-2018-048103."

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

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

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

4. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement incurred on or after January 1, 2022, in the amount of $2,251.25. Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by respondent to the Board.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs.

5. VIOLATION OF THIS AGREEMENT. Should Respondent fail to comply with any term or condition of this Stipulated Settlement and Disciplinary Order in any respect, the Board

may file an Accusation and, after the hearing, discipline Respondent's license for unprofessional conduct.

6. 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. 800-2018-048103 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 2/28/2022

DONNA A. HOLSCHER, M.D.
Respondent

I have read and fully discussed with Respondent Donna A. Holscher, 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: 3/1/22

DOMINIQUE A. POLLARA
Attorney for Respondent

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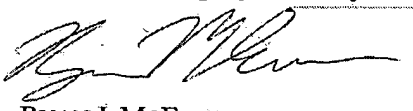
ENDORSEMENT

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

DATED: March 2, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General



RYAN J. MCEWAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-048103

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BEFORE THE
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STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **Donna A. Holscher, M.D.** **PO BOX 494083** **Redding, CA 96049-4083** **Physician's and Surgeon's Certificate No. G 59568,** Respondent.	Case No. 800-2018-048103 OAH No. 2021020491 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended 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 February 9, 1987, the Medical Board issued Physician's and Surgeon's Certificate No. G 59568 to Donna A. Holscher, 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 October 31, 2022, unless renewed.

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JURISDICTION

3. This First 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 2234 of the Code, states:

"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.

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

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

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct that would have warranted the denial of a certificate.

"(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

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."

COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DEFINITIONS

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

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

10. **Clonazepam** (generic name for the drug Klonopin) is a benzodiazepine drug used to treat a wide range of conditions, including anxiety, panic attacks, seizures, among others. It is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

11. **Diazepam** (generic name for the drug Valium) is a benzodiazepine drug used to treat a wide range of conditions, including anxiety, panic attacks, insomnia, seizures (including status epilepticus), muscle spasms (such as in tetanus cases), restless legs syndrome, alcohol withdrawal, benzodiazepine withdrawal, opiate withdrawal syndrome and Meniere's disease. It is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

12. **Hydrocodone bitartrate with acetaminophen** (generic name for the drugs Vicodin, Norco, and Lortab) is an opioid analgesic combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13(e). On October 6, 2014, hydrocodone combination products were reclassified as Schedule II controlled substances. Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

13. **Methylphenidate hcl** (generic name for Ritalin) is a central nervous system stimulant medication used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. It is a first line medication for ADHD. Methylphenidate is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 Section 1308.12 and Health and Safety Code Section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code Section 4022.

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FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

14. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that she committed repeated negligent acts during the care and treatment of Patients A and B.[1] The circumstances are as follows:

15. Respondent is a physician and surgeon, board certified in Family Medicine, who worked at Lassen Medical Group in Cottonwood, California, from approximately 2001 to 2015, and the Hill Country Health and Wellness Center in Redding, California, from approximately June 2015 to the present.

Patient A

16. Patient A is a 66-year-old female treated by Respondent from approximately January 2010 through October 2014. Patient A's diagnoses included: cervical and lumbar stenosis; migraine headaches; bursitis; anxiety; hypertension; GERD; asthma; history of domestic abuse; supraventricular tachycardia, and hormone replacement therapy. Patient A had a history of multiple surgeries and epidural injections. In addition to being treated by Respondent as her primary care provider, Patient A also visited a pain management specialist, orthopedic specialist, and rehabilitation specialist.

17. Available patient records indicate that Respondent treated Patient A as a primary care provider from at least January 5, 2010, through October 15, 2014. Throughout this time, Respondent prescribed numerous controlled substances to Patient A on a regular basis, including alprazolam and diazepam (short-acting and long-acting benzodiazepines, respectively), carisoprodol (muscle relaxant), and hydrocodone bitartrate-acetaminophen (opioid painkiller). The combination of benzodiazepine, muscle relaxant, and opioid prescriptions is a highly addictive and dangerous mix also called the "Holy Trinity." In addition, the combination of diazepam and alprazolam—two medications in the benzodiazepine drug class—increases possible side effects and risk for abuse. There is no indication in available patient records that Respondent referred Patient A to an addiction specialist. Although it appears Respondent last treated Patient A

[1] Patient names are omitted to protect privacy. They have been provided in discovery.

in October 2014, Patient A regularly filled prescriptions written by Respondent through June 2015.[2]

18. There are numerous documented telephone encounters showing that from 2011 to early 2014, Patient A would typically fill her controlled substance prescriptions at different pharmacies. She also frequently changed pharmacies in that timeframe. For example, on or about January 7, 2014, a telephone encounter is documented stating that a Costco pharmacy employee notified the provider that Patient A obtained hydrocodone bitartrate-acetaminophen from multiple pharmacies. On the same note, it is documented, "I don't have access to cures. . . . please DEA this patient. . . . shows not other providers no early fills just at 2 pharmacies." The CURES database shows that, on December 31, 2013, Patient A filled her carisoprodol prescription at two pharmacies, Cottonwood Drugs and Costco.

19. On or about December 27, 2011, Respondent documented a visit with Patient A stating that the patient is tapering pain medication and alprazolam and "grieving brother who died of lung ca and drug abuse." In that same visit, however, Respondent documented a plan to increase Patient A's alprazolam dosage. The available CURES reports from 2012-2015 show that Respondent did not actually taper alprazolam.

20. On or about October 29, 2013, Patient A was involved in a car accident as she attempted to make a left turn that ultimately totaled her car and led to a visit to the emergency department. Her regular prescriptions at the time included the "Holy Trinity" and two benzodiazepines—specifically, one to two tablets daily alprazolam 1 mg, one tablet daily carisoprodol 350 mg, one tablet daily diazepam 10 mg, and six tablets daily hydrocodone bitartrate-acetaminophen 325 mg – 10 mg. On or about November 5, 2013, Patient A saw Respondent with a complaint of "car accident." Respondent documented a whiplash injury and frozen shoulder.

21. On or about February 12, 2014, Respondent documented a plan for Patient A to "get off [V]alium" and "continue Xanax and increase [S]oma." Similarly, on March 4, 2014,

[2] Patient A also filled a prescription for 180 tablets of hydrocodone bitartrate-acetaminophen (325 mg – 10 mg) on May 23, 2016, even though there are no medical records indicating that she was seen by Respondent anywhere near that time.

Respondent discussed a plan with Patient A, stating, "reviewed with patient needs less benzos not helping function and focus, has done poorly with ssri snris and she declines [these], suggested therapy-multiple losses and MVA with injury." The available prescription records show, however, that Respondent doubled Patient A's Soma prescription without decreasing either benzodiazepine.

22. In addition to prescribing numerous controlled substances, Respondent also prescribed Depakote (divalproex sodium) to treat Patient A's migraine headaches, beginning in or around October 2013. Respondent did not document Depakote levels at any point in her treatment of Patient A. The available patient records do not show that a test for Depakote levels was ever ordered or performed, despite Patient A undergoing a planned shoulder surgery in July 2014.

23. The CURES database shows that, during the period of November 1, 2012 through August 30, 2019, Patient A filled the following controlled substance prescriptions written by Respondent:

Date Filled	Drug Name	Dosage	Quantity	Schedule
November 7, 2012	Diazepam	10 MG	30	IV
November 26, 2012	Alprazolam	1 MG	30	IV
December 6, 2012	Diazepam	10 MG	30	IV
December 6, 2012	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
December 10, 2012	Carisoprodol	350 MG	30	IV
December 18, 2012	Alprazolam	1 MG	45	IV
January 4, 2013	Diazepam	10 MG	30	IV
January 8, 2013	Carisoprodol	350 MG	30	IV
January 19, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
February 2, 2013	Alprazolam	1 MG	45	IV

Date Filled	Drug Name	Dosage	Quantity	Schedule
February 2, 2013	Carisoprodol	350 MG	30	IV
February 2, 2013	Diazepam	10 MG	30	IV
February 16, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
March 2, 2013	Alprazolam	1 MG	45	IV
March 2, 2013	Carisoprodol	350 MG	30	IV
March 2, 2013	Diazepam	10 MG	30	IV
March 18, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
April 1, 2013	Alprazolam	1 MG	45	IV
April 3, 2013	Carisoprodol	350 MG	30	IV
April 3, 2013	Diazepam	10 MG	30	IV
April 19, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
April 30, 2013	Alprazolam	1 MG	45	IV
May 2, 2013	Carisoprodol	350 MG	30	IV
May 2, 2013	Diazepam	10 MG	30	IV
May 17, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
May 31, 2013	Alprazolam	1 MG	45	IV
May 31, 2013	Carisoprodol	350 MG	30	IV
May 31, 2013	Diazepam	10 MG	30	IV
June 17, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
June 28, 2013	Alprazolam	1 MG	45	IV
June 29, 2013	Carisoprodol	350 MG	30	IV

Date Filled	Drug Name	Dosage	Quantity	Schedule
June 29, 2013	Diazepam	10 MG	30	IV
July 15, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
August 2, 2013	Alprazolam	1 MG	45	IV
August 5, 2013	Carisoprodol	350 MG	30	IV
August 5, 2013	Diazepam	10 MG	30	IV
August 12, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
September 4, 2013	Alprazolam	1 MG	45	IV
September 4, 2013	Carisoprodol	350 MG	30	IV
September 4, 2013	Diazepam	10 MG	30	IV
September 9, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
October 2, 2013	Alprazolam	1 MG	45	IV
October 2, 2013	Carisoprodol	350 MG	30	IV
October 2, 2013	Diazepam	10 MG	30	IV
October 9, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
November 1, 2013	Alprazolam	1 MG	45	IV
November 1, 2013	Carisoprodol	350 MG	30	IV
November 1, 2013	Diazepam	10 MG	30	IV
November 6, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
November 7, 2013	Carisoprodol	350 MG	30	IV
November 30, 2013	Alprazolam	1 MG	45	IV
November 30, 2013	Carisoprodol	350 MG	30	IV

Date Filled	Drug Name	Dosage	Quantity	Schedule
November 30, 2013	Diazepam	10 MG	30	IV
December 2, 2013	Carisoprodol	350 MG	30	IV
December 2, 2013	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
December 31, 2013	Alprazolam	1 MG	45	IV
December 31, 2013	Carisoprodol	350 MG	30	IV
December 31, 2013	Carisoprodol	350 MG	30	IV
December 31, 2013	Diazepam	10 MG	30	IV
January 2, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
January 30, 2014	Carisoprodol	350 MG	30	IV
January 30, 2014	Diazepam	10 MG	30	IV
February 1, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
February 7, 2014	Alprazolam	1 MG	45	IV
February 27, 2014	Diazepam	10 MG	30	IV
February 27, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
March 1, 2014	Carisoprodol	350 MG	60	IV
March 10, 2014	Alprazolam	1 MG	45	IV
March 27, 2014	Diazepam	10 MG	30	IV
March 29, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
March 31, 2014	Carisoprodol	350 MG	60	IV
April 9, 2014	Alprazolam	1 MG	45	IV
April 30, 2014	Diazepam	10 MG	30	IV

Date Filled	Drug Name	Dosage	Quantity	Schedule
April 30, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
May 2, 2014	Alprazolam	1 MG	45	IV
May 2, 2014	Carisoprodol	350 MG	60	IV
May 30, 2014	Alprazolam	1 MG	45	IV
May 30, 2014	Carisoprodol	350 MG	60	IV
May 30, 2014	Diazepam	10 MG	30	IV
May 30, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
June 24, 2014	Carisoprodol	350 MG	60	IV
June 28, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
July 1, 2014	Alprazolam	1 MG	45	IV
July 1, 2014	Diazepam	10 MG	30	IV
July 24, 2014	Carisoprodol	350 MG	60	IV
July 28, 2014	Diazepam	10 MG	30	IV
July 28, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
August 5, 2014	Alprazolam	1 MG	45	IV
August 22, 2014	Carisoprodol	350 MG	30	IV
August 22, 2014	Diazepam	10 MG	30	IV
August 22, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
September 2, 2014	Alprazolam	1 MG	45	IV
September 3, 2014	Carisoprodol	350 MG	60	IV
September 16, 2014	Diazepam	10 MG	30	IV

Date Filled	Drug Name	Dosage	Quantity	Schedule
September 17, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
October 1, 2014	Carisoprodol	350 MG	60	IV
October 4, 2014	Alprazolam	1 MG	45	IV
October 13, 2014	Diazepam	10 MG	30	IV
October 15, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
October 30, 2014	Alprazolam	1 MG	45	IV
October 30, 2014	Carisoprodol	350 MG	60	IV
November 13, 2014	Diazepam	10 MG	30	IV
November 13, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
December 12, 2014	Diazepam	10 MG	30	IV
December 12, 2014	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
December 17, 2014	Alprazolam	1 MG	45	IV
December 17, 2014	Carisoprodol	350 MG	60	IV
January 8, 2015	Diazepam	10 MG	30	IV
January 8, 2015	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
January 13, 2015	Alprazolam	1 MG	45	IV
January 13, 2015	Carisoprodol	350 MG	60	IV
February 5, 2015	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
February 7, 2015	Carisoprodol	350 MG	30	IV
February 7, 2015	Diazepam	10 MG	30	IV
February 11, 2015	Alprazolam	1 MG	45	IV

Date Filled	Drug Name	Dosage	Quantity	Schedule
March 4, 2015	Carisoprodol	350 MG	30	IV
March 6, 2015	Diazepam	10 MG	30	IV
March 6, 2015	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
March 10, 2015	Alprazolam	1 MG	45	IV
March 31, 2015	Carisoprodol	350 MG	30	IV
April 3, 2015	Diazepam	10 MG	30	IV
April 8, 2015	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II
April 9, 2015	Alprazolam	1 MG	45	IV
April 22, 2015	Diazepam	10 MG	30	IV
April 30, 2015	Carisoprodol	350 MG	30	IV
May 7, 2015	Alprazolam	1 MG	45	IV
May 19, 2015	Diazepam	10 MG	30	IV
June 8, 2015	Alprazolam	1 MG	45	IV
June 19, 2015	Diazepam	10 MG	30	IV
May 23, 2016	Hydrocodone Bitartrate-Acetaminophen	325 MG - 10 MG	180	II

24. Respondent's care and treatment of Patient A departed from the standard of care in that:

A. Respondent inappropriately prescribed alprazolam, carisoprodol, diazepam, and hydrocodone bitartrate-acetaminophen (also known as the "Holy Trinity");

B. Respondent inappropriately prescribed short-acting and long-acting benzodiazepines (alprazolam and diazepam) for long-term, concomitant use; and

C. Respondent failed to monitor Depakote drug levels.

Patient B

25. Patient B is a 36-year old female who first received treatment from Respondent as a teenager and again as an adult when Respondent worked at Lassen Medical Group. Patient B reestablished care with Respondent at Hill Country Health and Wellness Center on or about July 21, 2015. Patient A's diagnoses included: cervical degenerative disc disease, ADHD, alcoholism, suicide attempts, bipolar disease, an eating disorder, and migraines. After restarting care with Respondent at Hill Country Health and Wellness Center in 2015, she received therapy, psychiatric care, chiropractic care, social support, work support, and primary care. Patient B experienced psychiatric hospitalizations in March 2016 and three times in or around Summer 2017. She later attempted suicide in July 2018 via drug overdose. These events occurred as Patient A went through court proceedings related to criminal charges of having sex with a minor and registering as a sex offender.

26. Available prescription records indicate that Respondent prescribed to Patient B several controlled substances on an ongoing basis, including alprazolam, clonazepam, hydrocodone bitartrate-acetaminophen, and methylphenidate hcl. From at least November 2012 through July 2015, Respondent regularly wrote prescriptions for two benzodiazepines (alprazolam and clonazepam) and an opioid (hydrocodone bitartrate-acetaminophen) for concomitant use. For example, on July 27, 2015, Patient B filled prescriptions written by Respondent for 56 tablets of alprazolam 0.5 mg, 30 tablets of clonazepam 1 mg, and 60 tablets of hydrocodone bitartrate-acetaminophen 325 mg – 10 mg. Respondent continued to prescribe hydrocodone bitartrate-acetaminophen to Patient A through July 2018, methylphenidate hcl through November 2017, and alprazolam through February 2016. In addition to these controlled substances, Patient B's other medications included Depakote, gabapentin, guanfacine, Inderal, lithium, Prozac, and Zyprexa.

27. In 2013, Patient B would regularly fill her prescriptions at multiple pharmacies and obtain twice her prescription dosages by refilling them twice in a month at different pharmacies. For example, between January 15, 2013, and July 24, 2013, Patient B filled her prescriptions for hydrocodone bitartrate-acetaminophen at Costco, Cottonwood Drugs, CVS, Rite Aid, and

Walgreens. During that time frame, even though Respondent prescribed 120 tablets of hydrocodone bitartrate-acetaminophen per 30 days, Patient B filled her monthly prescriptions approximately 13 times for a total of 1,560 tablets. Similarly, Patient B filled prescriptions for alprazolam on January 14, 2013 (Costco), January 15, 2013 (CVS), February 13, 2013 (at both Costco and CVS), March 13, 2013 (at both Costco and CVS), April 20, 2013 (CVS), and April 23, 2013 (Costco). And Patient B filled her prescriptions for clonazepam at multiple pharmacies in 2013 (Costco, Cottonwood Drugs, and CVS), including on March 26, 2013 (Costco), and April 8, 2013 (Cottonwood Drugs). Respondent continued to write these prescriptions for Patient B over the next several years despite this behavior.

28. During a visit on or about July 21, 2015, Respondent documented that Patient B "has been using alcohol with triggers usually family and overuses and then for several days feels poorly, flat, depressed." During a visit on or about March 1, 2016, Respondent documented that Patient B used alcohol "heavily over Christmas bad results at Christmas – both parents with etoh abuse agrees to therapy [and] to cut down." During a visit on or about November 10, 2016, Respondent documented that Patient B had been "sober" from alcohol use for nine months.

29. Respondent ordered a few urine drug screens during her treatment of Patient B. On or about July 21, 2015, Patient B submitted to a urine drug screen that was negative for clonazepam and positive for THC, which was inconsistent with her prescriptions. At her next follow-up visit, Respondent documented that the UDT was ok. There is no documented discussion about the inconsistent test results. On or about November 17, 2015, Patient B submitted to a urine drug screen that was negative for alprazolam and positive for THC, which was inconsistent with her prescribed medications. At her next follow-up visit on or about March 1, Respondent documented that her "tox have been consistent." On or about May 2, 2016, Patient B submitted to a urine drug screen that was negative for hydrocodone, which was inconsistent with her prescribed medications. And, again, on or about January 1, 2017, Patient B submitted to a urine drug screen that was negative for hydrocodone and positive for THC, which was inconsistent with her prescribed medications. Respondent did not order additional urine drug screens after January 2017.

30. On or about September 10, 2018, Respondent documented that Patient B was "off controlled [substances] and marijuana." However, there are no records of a urine drug screen performed after January 9, 2017.

31. Throughout Respondent's care and treatment of Patient B, Respondent regularly documented that Patient B's mother had uterine cancer and that Patient B was sexually active. There is no documentation, however, that Respondent or any other provider performed a Pap test, that Respondent made a referral to a gynecologist for a Pap test, or that there was a screening for HPV.

32. Despite prescribing opioids to Patient B on a continuous and ongoing basis, Respondent did not have a signed pain management contract with Patient B.

33. Respondent's care and treatment of Patient B departed from the standard of care in that:

A. Respondent failed to appropriately monitor Patient B's urine drug toxicology;

B. Respondent failed to have a pain management agreement in place with Patient B; and

C. Respondent failed to perform cervical cancer screening or make a referral for such screening.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

34. Respondent is subject to disciplinary action under Code section 2266 in that she failed to maintain adequate and accurate medical records relating to her care and treatment of Patients A and B, as more particularly alleged in paragraphs 14 through 33, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

35. Respondent is subject to disciplinary action under Code sections 2227 and 2234, in that she has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical

profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 14 through 34, above, which are hereby incorporated by reference and re-alleged 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. G 59568, issued to Donna A. Holscher, M.D.;

2. Revoking, suspending or denying approval of Donna A. Holscher, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Donna A. Holscher, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: FEB 23 2022

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

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