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

In the Matter of the First Amended Accusation Against: Daniel Marc Goodman, M.D. Physician's and Surgeon's Certificate No. G 63650 Respondent.	Case No.: 800-2018-049039

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 August 26, 2022.

IT IS SO ORDERED: July 29, 2022.

MEDICAL BOARD OF CALIFORNIA

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

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

In the Matter of the First Amended Accusation Against: **DANIEL MARC GOODMAN, M.D.** **1832 Buenaventura Blvd., Suite B** **Redding, CA 96001** **Physician's and Surgeon's Certificate No. G 63650** Respondent.	Case No. 800-2018-049039 OAH No. 2021070816 **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.

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2. Respondent Daniel Marc Goodman, M.D. (Respondent) is represented in this proceeding by attorney Robert W. Hodges, Esq., whose address is: 3480 Buskirk Avenue, Suite 250, Pleasant Hill, CA 94523-7310.

3. On or about August 8, 1988, the Board issued Physician's and Surgeon's Certificate No. G 63650 to Daniel Marc Goodman, 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 First Amended Accusation No. 800-2018-049039, and will expire on May 31, 2024, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2018-049039 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 June 17, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. The First Amended Accusation was properly served on Respondent on March 24, 2022.

5. A copy of First Amended Accusation No. 800-2018-049039 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. 800-2018-049039. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary 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 First Amended Accusation; 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.

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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 First Amended Accusation No. 800-2018-049039, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in First Amended Accusation No. 800-2018-049039, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 63650 to disciplinary action.

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

CONTINGENCY

13. 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 his counsel. 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 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.

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-049039 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.

15. 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.

16. 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

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 63650 issued to Respondent Daniel Marc Goodman, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) 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. 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. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

5. MONITORING - PRACTICE/BILLING. 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(s), 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, billing appropriately or both. 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.

6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and First Amended 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.

7. 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.

8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $5,462.50 (five thousand four hundred sixty-two and fifty cents). 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.

9. 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.

10. 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.

11. 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.

12. 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 Boards'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; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

13. 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.

14. 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.

15. 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 his or 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.

16. 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.

17. 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 First Amended Accusation No. 800-2018-049039 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, Robert W. Hodges, Esq. 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: 6/1/2022

DANIEL MARC GOODMAN, M.D.
Respondent

I have read and fully discussed with Respondent Daniel Marc Goodman, 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: 6/2/2022

ROBERT W. HODGES, ESQ.
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: 6/2/2022

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. 800-2018-049039

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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 First Amended Accusation Against: **Daniel Marc Goodman, M.D.** **1832 Buenaventura Blvd., Suite B** **Redding, CA 96001-3828** **Physician's and Surgeon's Certificate No. G 63650,** Respondent.	Case No. 800-2018-049039 OAH No. 2021070816 **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 August 8, 1988, the Medical Board issued Physician's and Surgeon's Certificate No. G 63650 to Daniel Marc Goodman, 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 May 31, 2024, unless renewed.

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 states, in pertinent part:

"(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.

"..."

STATUTORY PROVISIONS

5. Section 2234 of the Code, 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:

"...

"(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.

"...

"(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.

"..."

6. Unprofessional conduct under Section 2234 of the Code is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

7. Section 2242 of the Code states:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

"(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

"(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

"(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

"(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

"(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

"(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

"(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code."

8. Section 4021 of the Code states:

" 'Controlled substance' means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code."

9. Section 4022 of the Code states:

" 'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use in humans or animals, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.

"...

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

10. 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.

11. Section 2271 of the Code states: Any advertising in violation of Section 17500, relating to false or misleading advertising, constitutes unprofessional conduct.

12. Section 651 of the Code states, in pertinent part:

"(a) It is unlawful for any person licensed under this division or under any initiative act referred to in this division to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with the professional practice or business for which he or she is licensed. A 'public communication' as used in this section includes, but is not limited to, communication by means of mail, television, radio, motion pictures, newspaper, book, list or directly of healing arts practitioners, Internet, or other electronic communication.

"(b) A false, fraudulent, misleading, or deceptive statement, claim or image includes a statement that does any of the following:

"(1) Contains a misrepresentation of fact.

"(2) Is likely to mislead or deceive because of a failure to disclose material facts.

"...

"(f) Any person so licensed who violates this section is guilty of a misdemeanor. A bona fide mistake of fact shall be a defense to this subdivision, but only to this subdivision.

"(g) Any violation of this section by a person so licensed shall constitute good cause for revocation or suspension of his or her license or other disciplinary action.

"(h) Advertising by any person so licensed may include the following:

"...

"(5)(A) A statement that the practitioner is certified by a private or public board or agency or a statement that the practitioner limits his or her practice to specific fields.

"...

"(C) A physician and surgeon licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California may include a statement that he or she limits his or her practice to specific fields, but shall not include a statement that he or she is certified or eligible for certification by a private or public board or parent association, including, but not limited to, a multidisciplinary board or association, unless that board or association is (i) an American Board of Medical Specialties member board, (ii) a board or association with equivalent requirements approved by that physician's and surgeon's licensing board prior to January 1, 2019, or (iii) a board or association with an Accreditation Counsel for Graduate Medical Education approved postgraduate training program that provides complete training in that specialty or subspecialty.... A physician and surgeon licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California who is certified by a board or association referred to in clause (i), (ii), or (iii) shall not use the term 'board certified' unless the full name of the certifying board is also used and given comparable prominence with the term 'board certified' in the statement.

"...

"(j) The Attorney General shall commence legal proceedings in the appropriate forum to enjoin advertisements disseminated or about to be disseminated in violation of this section and seek other appropriate relief to enforce this section. Notwithstanding any other provision of law, the costs of enforcing this section to the

respective licensing boards or committees may be awarded against any licensee found to be in violation of any provision of this section....

"..."

13. Section 652 of the Code states, in pertinent part:

"Violation of this article in the case of a licensed person constitutes unprofessional conduct and grounds for suspension or revocation of his or her license by the board by whom he or she is licensed...."

COST RECOVERY

14. 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.

PERTINENT DRUG INFORMATION

15. Dextroamphetamine – Generic name for Dexedrine, is a central nervous system stimulant of the amphetamine class that affect chemicals in the brain and nerves that contribute to hyperactivity and impulse, control. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug as defined in Business and Professions Code section 4022.

16. Diazepam – Generic name for 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 Ménière's disease. It 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.

17. Fentanyl – Generic name for the drug Duragesic. Fentanyl is a potent, synthetic opioid analgesic with a rapid onset and short duration of action used for pain. Fentanyl is a

Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Fentanyl 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(c).

18. Midazolam – Generic name for Versed. Midazolam is a benzodiazepine medication used for anesthesia, procedural sedation, trouble sleeping, and severe agitation. Midazolam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14. Midazolam 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(d).

19. Tramadol – Generic name for the drug Ultram. Tramadol is an opioid pain medication used to treat moderate to moderately severe pain. Effective August 18, 2014, Tramadol was placed into Schedule IV of the Controlled Substances Act pursuant to Code of Federal Regulations Title 21 section 1308.14(b). It is a dangerous drug pursuant to Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

20. Respondent is a physician and surgeon, board certified in anesthesiology, who at all times relevant to the allegations brought herein worked at the Life-Span Center for Anti-Aging & Regenerative Medicine in Redding, California.

Patient 1[1]

21. Patient 1 was a 42-year old obese male who first sought treatment from Respondent on or about April 9, 2014 through December 3, 2015 for fatigue, poor sleep, and decreased memory. During that time, Respondent provided wellness care, including hormone replacement therapy, to Patient 1. Patient 1 also had a primary care physician prior to and concurrent to the care and treatment provided by Respondent.

[1] To protect the privacy of the patients involved, patient names were not included in this pleading. Respondent is aware of the identity of each patient.

22. On or about April 9, 2014, at Patient 1's first appointment and office visit with Respondent, Respondent was aware of Patient 1's height and weight, the medications Patient 1 was prescribed, Patient 1's prior ankle surgeries, and Patient 1's occupation, sleep habits, and diet. Respondent did not conduct a physical examination or obtain the vital signs of Patient 1. Patient 1's medical records do not indicate any inquiry by Respondent as to Patient 1's personal or family history of prostate cancer, breast cancer, blood disorders, sleep apnea, coronary artery disease or venous thromboembolic disease. Patient 1's medical records do not indicate any inquiry by Respondent as to Patient 1's symptoms of hypogonadism (low testosterone), Patient 1's libido, urinary function, headaches, vision changes, breast changes, history of heart disease or cardiovascular risks. Respondent's treatment plan for Patient 1 consisted of a melatonin supplement as a sleep aid, L-Theanine amino acid, and/or a combination of melatonin and L-Theanine.

23. On or about April 10, 2014, after Patient 1's first appointment and office visit with Respondent, Respondent did not communicate with Patient 1's primary care physician; at no time did Respondent provide his medical records or notes of Patient 1 to Patient 1's primary care physician, and at no time did Respondent request Patient 1's medical records from Patient 1's primary care physician.

24. On or about April 10, 2014, Respondent conducted a blood draw and analysis of Patient 1's blood work which Respondent received the results from prior to April 23, 2014. Respondent noted some of Patient 1's blood results were suboptimal and circled or highlighted some of Patient 1's results such as Patient 1's iron serum, ferritin serum, white blood count, low-density lipoprotein (LDL), high-density lipoprotein (HDL), and though not noted, Patient 1's suboptimal testosterone values. While the hormones Prolactin and thyroid stimulating hormone (TSH) were tested for, Respondent did not test for other pituitary hormones.

25. On or about April 23, 2014, Respondent conducted Patient 1's second appointment and office visit during which time Respondent discussed the results of Patient 1's blood draw and analysis with Patient 1. Respondent's modified treatment plan for Patient 1 at this second appointment consisted of L-Theanine amino acid as a sleep aid, vitamin B and C complex, zinc,

saw palmetto, glucose tolerance factor (GTF) chromium, iodized salt, and 1,500 mg of testosterone pellets to increase Patient 1's testosterone levels. Respondent did not document in Patient 1's medical records any assessment for classifying Patient 1's low testosterone (hypogonadism) or evaluating for secondary causes of hypogonadism such as deficiencies or excesses of other pituitary hormones or a hypothalamic or pituitary tumor; nor did Respondent assess or document other pituitary hormone levels besides Prolactin and TSH.

26. On or about April 28, 2014, Respondent conducted a testosterone pellet insertion procedure on Patient 1. Patient 1 signed a consent form for the operation, special treatment, and procedure the same day. There is no indication in Patient 1's medical record that Respondent discussed the specific risks such as prostate enlargement, growth of prostate cancer, breast tenderness, infertility, testicular atrophy, polycythemia, cardiovascular disease stroke or blood clots for prescribing testosterone hormones as a hormone therapy; nor is there any indication that Respondent discussed with Patient 1 any alternative to improving his testosterone without medication.

27. On or about the following dates Respondent conducted blood draws and analyses of Patient 1's blood work which did not include a complete blood count (CBC) or means by which to measure Patient 1's hematocrit: May 28, 2014; June 30, 2014; July 28, 2014; September 16, 2014; October 17, 2014; December 10, 2014; January 14, 2015; and June 24, 2015.

28. On or about June 11, 2014, Patient 1 returned to Respondent's office for a follow-up appointment during which Patient 1 discussed his diet, sleeping habits, sexual activity, and self-reported symptoms with Respondent.

29. On or about July 21, 2014, Patient 1 returned to Respondent's office for a follow-up appointment during which Patient 1 discussed his exercise activities and self-reported symptoms with Respondent. Respondent increased Patient 1's dosage of anastrozole from a half to a full tablet twice a week which was not reflected in Patient 1's medical records up to this point.

30. On or about August 12, 2014, Patient 1 returned to Respondent's office for a second testosterone pellet insertion procedure during which Respondent increased the amount of testosterone from 1,500 mg to 1,700 mg.

31. On or about September 23, 2014, Patient 1 returned to Respondent's office for a follow-up appointment during which Patient 1 discussed his exercise activities, sleeping habits and self-reported symptoms with Respondent. Respondent prescribed Patient 1 ashwagandha and rhodiola at 400 mg per day each to relieve Patient 1's stress despite a lack of documented stress in Patient 1's medical records prior to this date.

32. On or about November 3, 2014, Patient 1 returned to Respondent's office for a follow-up appointment during which Patient 1 discussed his diet, sleeping habits and self-reported symptoms with Respondent. Respondent noted in Patient 1's medical records a decrease in Patient 1's testosterone levels in the two months following the second testosterone pellet insertion procedure on or about August 12, 2014. Respondent then altered the treatment plan for Patient 1 to switch from testosterone pellet insertions to self-administered testosterone cypionate intramuscular shots at 50 mg twice a week.

33. On or about January 23, 2015, Patient 1 returned to Respondent's office for a follow-up appointment during which Patient 1 discussed his diet, exercise activities and self-reported symptoms with Respondent. Respondent noted a recommendation in Patient 1's medical record to increase Patient 1's self-administered testosterone cypionate intramuscular shots to 0.5 mg and to consider platelet-rich plasma (PRP) treatment.

34. On or about July 21, 2015, Patient 1 returned to Respondent's office for a follow-up appointment during which Patient 1 discussed his self-reported symptoms of retaining water, sore joints and shoulder, and overall poor feeling with Respondent. Respondent conducted no examination of Patient 1 on this date. Respondent altered the treatment plan for Patient 1 to reduce the self-administered testosterone cypionate intramuscular shots to 0.4 ml twice a week.

35. On or about August 31, 2015, Patient 1 returned to Respondent's office for a PRP procedure and treatment.

36. On or about December 3, 2015, Patient 1 returned to Respondent's office for a follow-up appointment during which Patient 1 discussed his sleeping habits, exercise activities and self-reported symptoms with Respondent. Respondent noted in Respondent's medical records to consider intravenous bone marrow for Patient 1's asthma despite no documented complaints in

Patient 1's medical records of respiratory issues or Respondent ever conducting a physical examination of Patient 1.

37. On or about January 5, 2016, Patient 1 was treated in the emergency department at the Shasta Regional Medical Center in Shasta County, California by other physicians for a pulmonary embolism resulting in his death.

Patient 2

38. On or about March 20, 2017, Respondent prescribed thirty (30) 50 mg dosages of tramadol and five (5) 5 mg dosages of diazepam to his wife, Patient 2; constituting dangerous and controlled drugs without documented circumstances meriting an emergency for such prescriptions to an immediate family member.

Patient 3

39. On or about March 9, 2016, Respondent prescribed sixty (60) 10 mg dosages of dextroamphetamine to his daughter, Patient 3; constituting a dangerous and controlled drug without documented circumstances meriting an emergency for such a prescription to an immediate family member.

40. On or about August 1, 2018, Respondent prescribed thirty (30) 50 mg dosages of tramadol to his daughter, Patient 3; constituting a dangerous and controlled drug without documented circumstances meriting an emergency for such a prescription to an immediate family member.

Respondent

41. On or about November 30, 2017, Respondent self-prescribed 0.05 mg / 1 ml dosage of fentanyl to himself; constituting a dangerous and controlled drug without documented circumstances meriting an emergency for such a prescription to an immediate family member.

42. On or about December 1, 2017, Respondent self-prescribed two (2) 1 mg / 1 ml dosages of midazolam to himself; constituting a dangerous and controlled drug without documented circumstances meriting an emergency for such a prescription to an immediate family member.

43. On or about March 28, 2018, Respondent self-prescribed two (2) 1 mg / 1 ml dosages of midazolam to himself; constituting a dangerous and controlled drug without documented circumstances meriting an emergency for such a prescription to an immediate family member.

44. On or about April 18, 2018, Respondent self-prescribed four (4) 1 mg / 1 ml dosages of midazolam to himself; constituting a dangerous and controlled drug without documented circumstances meriting an emergency for such a prescription to an immediate family member.

45. On or about April 18, 2018, Respondent self-prescribed eight (8) 1 mg / 1 ml dosages of midazolam to himself; constituting a dangerous and controlled drug without documented circumstances meriting an emergency for such a prescription to an immediate family member.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

46. Respondent Daniel Marc Goodman, M.D. has subjected his Physician's and Surgeon's Certificate No. G 63650 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patients 1, 2, 3, and himself as more particularly alleged hereafter:

47. Complainant re-alleges paragraphs 20 through 46, and those paragraphs are incorporated by reference as if fully set forth herein.

48. Respondent's care and treatment of Patient 1, 2, 3, and himself departed from the standard of care in that:

A. Respondent performed a limited history and no physical examination of Patient 1, failing to note potential risks for hormone replacement therapy such as personal or family history of prostate cancer, breast cancer, blood disorders, sleep apnea, coronary artery disease and venous thromboembolic disease;

B. Respondent performed a limited history and no physical examination of Patient 1, failing to note symptoms of hypogonadism, secondary causes of hypogonadism and symptoms which might be contraindications to prescribing testosterone therapy;

C. Respondent performed a limited history and no physical examination of Patient 1, failing to note Patient 1's libido, urinary function, history of headaches, vision changes, breast changes, any history of heart disease, and cardiovascular risks;

D. Respondent performed a limited history and no physical examination of Patient 1, failing to examine Patient 1's vital signs, breasts, abdomen, testicles and prostate;

E. Respondent failed to conduct and document any discussion between Patient 1 and Respondent regarding the risks such as prostate enlargement, growth of prostate cancer, breast tenderness, infertility, testicular atrophy, polycythemia, cardiovascular disease, stroke and blood clots for hormone replacement therapy;

F. Respondent failed to conduct and document any discussion between Patient 1 and Respondent regarding the possible alternatives to hormone replacement therapy;

G. Respondent failed to monitor and perform follow-up blood count tests of Patient 1 after April 2014;

H. Respondent adjusted Patient 1's prescribed medications based on Patient 1's self-reported symptoms rather than on Patient 1's serum testosterone; and

I. Respondent wrote stimulants, opiate, and benzodiazepine medication prescriptions of controlled substances for his wife, daughter, and himself under circumstances not amounting to an emergency.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

49. Respondent Daniel Marc Goodman, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 63650 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients 1, 2, 3, and himself, as more particularly alleged hereafter:

50. Complainant re-alleges paragraphs 20 through 49, and those paragraphs are incorporated by reference as if fully set forth herein.

51. Respondent's care and treatment of Patient 1 departed from the standard of care in that:

A. Respondent failed to document any assessment for classifying Patient 1's low testosterone or evaluate Patient 1 for primary or secondary causes of hypogonadism, and

B. Respondent failed to test for pituitary hormones other than Prolactin and TSH to assess and evaluate Patient 1's low testosterone for secondary causes of hypogonadism.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

52. Respondent Daniel Marc Goodman, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 63650 to disciplinary action under sections 2227 and 2234, as defined by section 2266 of the Code, in that he failed to maintain adequate and accurate medical records for Patients 1, 2, 3, and himself, as more particularly alleged in paragraphs 20 through 51, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Public Communication Containing a False, Misleading or Deceptive Statement)

53. Respondent Daniel Marc Goodman, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 63650 to disciplinary action under section 2227 and 2234, as defined by sections 651 and 652 of the Code, in that he made a public communication containing a false, misleading or deceptive statement, as more particularly alleged hereafter:

54. Complainant re-alleges paragraphs 20 through 53, and those paragraphs are incorporated by reference as if fully set forth herein.

55. On or about September 25, 2018, Board investigators received an advertisement in the form of a scanned portable document format (PDF) in regards to the Respondent's medical practice which identifies "the field of Anti-Aging and Regenerative Medicine..." and states, "currently, Dr. Goodman is one of only a few Board Certified physicians in the United States who has specific Fellowship Training in Stem Cell Therapies." The advertisement also states that Respondent is "board certified in Anti-Aging and Regenerative Medicine" and that he is "trained and certified in the newest, most advanced medical specialty."

56. On or about June 21, 2019, Board investigators received Respondent's written summary response, his curriculum vitae, and certificates of fellowship training, which claim board certification for the American Academy of Anti-Aging Medicine and Anti-Aging & Regenerative Medicine Fellowship. It also states Respondent completed a fellowship in stem cell therapies and in metabolic endocrinology.

57. On or about October 15, 2019, Board investigators conducted an on-site visitation to Respondent's medical practice Life-Span Center for Anti-Aging & Regenerative Medicine and photographed an advertisement featuring the Respondent pertaining to stem cell therapies displayed next to the front desk window. Board investigators also obtained Respondent's business card from the same front desk of Respondent's medical practice which stated that Respondent was board certified in anesthesiology and anti-aging/regenerative medicine with a fellowship in stem cell therapies.

58. Respondent's advertisements and public communications do not clearly distinguish between board certification in Anesthesiology and Respondent's further training in "stem cell therapies" and "anti-aging and regenerative medicine" as well as fellowship training in "metabolic endocrinology." These marketing materials and public communications contain a false equivalency between Respondent's training in anesthesiology and his alternative medicine training as "Anti-aging and Regenerative medicine" which is not a recognized medical specialty by the Accreditation Council for Graduate Medical Education (ACGME) nor is it a recognized board by the American Board of Medical Specialties (ABMS).

FIFTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

59. Respondent Daniel Marc Goodman, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 63650 to disciplinary action under sections 2227 and 2234, as defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing to his care and treatment of Patients 1, 2, 3, and himself in addition to his overall

conduct, as more particularly alleged in paragraphs 20 through 58, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

60. To determine the degree of discipline, if any, to be imposed on Respondent Daniel Marc Goodman, M.D., Complainant alleges that on or about March 27, 2015, in a prior disciplinary action titled "In the Matter of the Accusation Against Daniel Marc Goodman, M.D." before the Medical Board of California, in Case Number 02-2012-220917, Respondent's license was publicly reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4) for "your act of swinging at the back of DH's head and knocking off her bouffant cap at work was inappropriate and constituted unprofessional conduct." That decision is now final and is incorporated by reference 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:

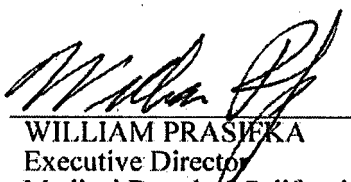
1. Revoking or suspending Physician's and Surgeon's Certificate No. G 63650, issued to Daniel Marc Goodman, M.D.;

2. Revoking, suspending or denying approval of Daniel Marc Goodman, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Daniel Marc Goodman, 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: MAR 24 2022



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

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