

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

**In the Matter of the Accusation Against:**

**Marlon Cheng DeCastro, M.D.**

**Physician's and Surgeon's  
Certificate No. C 53594**

**Respondent.**

**Case No. 800-2018-047847**

**DECISION**

**The attached Stipulated Settlement and Discovery 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 October 14, 2022.**

**IT IS SO ORDERED September 14, 2022.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 DAVID CARR  
Deputy Attorney General  
4 State Bar No. 131672  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 510-3380  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*  
7

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **MARLON CHENG DECASTRO, M.D.**

14 500 Doyle Park Drive, Suite 303  
15 Santa Rosa, CA 94505

16 Physician's and Surgeon's Certificate  
17 No. C 53594

18 Respondent.

Case No. 800-2018-047847

OAH No. 2021110721

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
20  
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
25 California (Board). He brought this action solely in his official capacity and is represented in this  
26 matter by Rob Bonta, Attorney General of the State of California, by David Carr, Deputy  
27 Attorney General.  
28



1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2018-047847, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

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

8 11. Respondent does not contest that, at an administrative hearing, complainant could  
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
10 2018-047847 and that he has thereby subjected his Physician's and Surgeon's Certificate, No. C  
11 53594, to disciplinary action.

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

15 RESERVATION

16 13. The admissions made by Respondent herein are only for the purposes of this  
17 proceeding, or any other proceedings in which the Medical Board of California or other  
18 professional licensing agency is involved, and shall not be admissible in any other criminal or  
19 civil proceeding.

20 CONTINGENCY

21 14. This stipulation shall be subject to approval by the Medical Board of California.  
22 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
23 Board of California may communicate directly with the Board regarding this stipulation and  
24 settlement, without notice to or participation by Respondent or his counsel. By signing the  
25 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
26 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
27 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
28 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

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

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

9 **DISCIPLINARY ORDER**

10 **A. PUBLIC REPRIMAND**

11 IT IS HEREBY ORDERED that Respondent Marlon Cheng DeCastro, Physician's and  
12 Surgeon's Certificate No. C 53594, shall be and hereby is publically reprimanded pursuant to  
13 Business and Professions Code section 2227. This Public Reprimand, which is issued in  
14 connection with Respondent's conduct as set forth in Accusation No. 800-2018-047847, is as  
15 follows: Pursuant to Business and Professions Code sections 2234 and 2234, subdivision (c), you  
16 demonstrated unprofessional conduct through repeated negligent acts in the treatment of Patient 1  
17 by prescribing high dosages of opioids and a benzodiazepine in combination for a protracted  
18 period. Consequently, the Board issues this Public Reprimand.

19 **B. IT IS FURTHER ORDERED:**

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

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


6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than 15 calendar days after successfully completing the course, or not later than  
8 15 calendar days after the effective date of the Decision, whichever is later.

9 2. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a  
10 new license or certification, or petition for reinstatement of a license, by any other health care  
11 licensing action agency in the State of California, all of the charges and allegations contained in  
12 Accusation No. 800-2018-047847 shall be deemed to be true, correct, and admitted by  
13 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
14 restrict license.

15  
16 ACCEPTANCE


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

22  
23 DATED: 4/15/22

  
24 MARLON CHENG DECASTRO, M.D.  
25 Respondent  
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I have read and fully discussed with Respondent Marlon Cheng DeCastro, 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: 5/2/22   
LAWRENCE S. GIARDINA  
*Attorney for Respondent*

**ENDORSEMENT**

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

DATED: 5/2/2022

ROB BONTA  
Attorney General of California  
MARY CAIN-SIMON  
Supervising Deputy Attorney General

  
DAVID CARR  
Deputy Attorney General  
*Attorneys for Complainant*

SF2021400568

**Exhibit A**

**Accusation No. 800-2018-047847**



1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 DAVID CARR  
Deputy Attorney General  
4 State Bar No. 131672  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
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8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2018-047847

13 **MARLON CHENG DECASTRO, M.D.**

**A C C U S A T I O N**

14 **1162 Montgomery Dr., Suite 2**  
15 **Santa Rosa, CA 94505-4802**

16 Physician's and Surgeon's  
Certificate No. C 53594,

17 Respondent.

18  
19  
20 **PARTIES**

21 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs  
23 (Board).

24 2. On February 25, 2009, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number C 53594 to Marlon Cheng DeCastro, M.D. (Respondent). The Physician's  
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on January 31, 2023, unless renewed.

28 ///

**JURISDICTION**

1  
2       3.     This Accusation is brought before the Board under the authority of the following  
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
4 indicated.

5       4.     Section 2227 of the Code states:

6             “(a) A licensee whose matter has been heard by an administrative law judge of  
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government  
8 Code, or whose default has been entered, and who is found guilty, or who has entered  
9 into a stipulation for disciplinary action with the board, may, in accordance with the  
10 provisions of this chapter:

11             (1) Have his or her license revoked upon order of the board.

12             (2) Have his or her right to practice suspended for a period not to exceed one  
13 year upon order of the board.

14             (3) Be placed on probation and be required to pay the costs of probation  
15 monitoring upon order of the board.

16             (4) Be publicly reprimanded by the board. The public reprimand may include a  
17 requirement that the licensee complete relevant educational courses approved by the  
18 board.

19             (5) Have any other action taken in relation to discipline as part of an order of  
20 probation, as the board or an administrative law judge may deem proper.

21             “....”

22       5.     Section 2234 of the Code states:

23             “The board shall take action against any licensee who is charged with  
24 unprofessional conduct. In addition to other provisions of this article, unprofessional  
25 conduct includes, but is not limited to, the following:

26             (a) Violating or attempting to violate, directly or indirectly, assisting in or  
27 abetting the violation of, or conspiring to violate any provision of this chapter.

28             (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

1 not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
2 licensee's conduct departs from the applicable standard of care, each departure  
3 constitutes a separate and distinct breach of the standard of care.

4 "...."

5 6. The events described herein occurred in Sonoma County, California.

6 **PRESCRIBED DRUGS**

7 7. **Methadone** is a synthetic narcotic analgesic with multiple actions quantitatively  
8 similar to those of morphine. It is a dangerous drug as defined in section 4022 and a schedule II  
9 controlled substance and narcotic as defined by section 11055, subdivision (c) of the Health and  
10 Safety Code.

11 8. **Oxycodone** is a semisynthetic narcotic analgesic with multiple actions qualitatively  
12 similar to those of morphine. It is a dangerous drug as defined in section 4022 and a schedule II  
13 controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health  
14 and Safety Code.

15 9. **Alprazolam** is a psychotropic analogue in the benzodiazepine class of central  
16 nervous system-affecting compounds. It is a dangerous drug as defined in section 4022 and a  
17 schedule IV controlled substance and narcotic as defined by section 11057, subdivision (d) of the  
18 Health and Safety Code.

19 **FIRST CAUSE FOR DISCIPLINE**

20 **(Gross Negligence/Repeated Negligent Acts)**

21 10. Respondent Marlon Cheng DeCastro, M.D. is subject to disciplinary action under  
22 sections 2234(b) and/or 2234(c), in that his care and treatment of Patient One<sup>1</sup> included  
23 departures from the standard of care constituting gross negligence or, in conjunction with the  
24 other allegations herein, repeated negligent acts. The circumstances are as follows:

25 11. As documented in the patient's medical record, Respondent first saw Patient One on  
26 September 18, 2013. The 54 year-old female patient presented with an extensive array of medical  
27 conditions, including chronic, severe joint and back pain, degenerative disc disease, splenectomy

28 <sup>1</sup> The patient is identified herein as Patient One to preserve patient confidentiality. The patient's full name is known to Respondent and will be provided to Respondent in discovery.

1 and partial colectomy subsequent to a gunshot wound to her abdomen, congestive heart failure,  
2 obesity, chronic obstructive pulmonary disease, anxiety, and depression. At the time of her first  
3 visit with Respondent, Patient One was already being prescribed methadone, oxycodone, and  
4 alprazolam. Respondent conducted a general physical examination of Patient One at this initial  
5 visit, but he did not document an examination of her back. Respondent ordered a CT of Patient  
6 One's back, which reportedly had been recently ordered by her prior primary care physician but  
7 had not yet been performed due to complications with insurance coverage. Respondent's chart  
8 notes for this visit state that he elected to continue both the methadone and oxycodone  
9 prescriptions to address her chronic back pain and the prescription for alprazolam for Patient  
10 One's anxiety.

11 12. Patient One returned for office visits with Respondent in October and November,  
12 2013, at which Respondent re-filled her prescriptions for methadone (60 mg/day), oxycodone (30  
13 mg/day), and alprazolam (6 mg/day). At the office visit of January 8, 2014, in response to the  
14 patient's report of increasing lower back pain, Respondent charted his first physical examination  
15 of Patient One's back. His exam revealed no gross deformity, no tenderness, and no swelling;  
16 negative straight leg lift test; and that her motor strength was normal. These back examination  
17 findings were repeated in the record of the next office visit on February 6, 2014, accompanying  
18 the reported results of a back MRI, which confirmed the degenerative disc disease and showed  
19 soft tissue edema along the lumbar spine. This is the only physical examination by Respondent of  
20 Patient One's back documented in Respondent's records, over the next five years of treatment.

21 13. Respondent continued to see Patient One in his office at regular intervals through at  
22 least the last documented visit on November 19, 2019, a total of 41 visits. At most of those  
23 visits—with the exceptions noted below--Respondent continued to prescribe oxycodone and  
24 methadone for Patient One's pain and alprazolam for her anxiety.

25 14. The treatment notes for the August 12, 2015, office visit indicate Respondent referred  
26 Patient One to a pain management specialist due to the high dose of narcotics he was prescribing  
27 for her. By the January 7, 2016, visit, the palliative care physician to whom Patient One had been  
28 referred was solely prescribing for her pain; Respondent did not therefore refill her prescriptions

1 for oxycodone and methadone. Patient One had only three office visits with Respondent between  
2 this January 2016 visit and the office visit of December 1, 2016. At this December 1 visit, Patient  
3 One requested that Respondent resume prescribing narcotics for her, reportedly due to a refusal of  
4 her insurer to cover more visits with the pain management specialist who had been prescribing  
5 opiates for her throughout most of 2016. Respondent agreed to Patient One's request, again  
6 prescribing oxycodone and methadone for Patient One—now at 100 mg/day of the methadone,  
7 continuing the same higher dose last prescribed by her palliative care physician.

8 15. On December 28, 2016, Patient One was seen in Respondent's office for a follow-up  
9 visit after being hospitalized two weeks prior for what the records state was an unintentional  
10 overdose of narcotics. The treatment records of her hospitalization diagnosed her as suffering  
11 from toxic encephalopathy and associated respiratory distress secondary to methadone overdose.  
12 Respondent's chart notes for this visit state that he discussed with Patient One the side effects and  
13 guidelines for the proper use of the narcotics she was getting and reviewed the drug contract he  
14 had established for her. Her narcotic prescriptions were not yet due for renewal.

15 16. One month later, on January 25, 2017, Respondent saw Patient One again for  
16 medication renewal. Results of a urine test done at the December 28 visit were consistent with  
17 the drugs he was prescribing to the patient. Respondent's chart entries for this visit also note that  
18 Patient One had again been hospitalized in the preceding weeks, this time for injuries sustained in  
19 an automobile accident. Respondent continued to prescribe methadone (100 mg/day) and  
20 oxycodone (30 mg/day) to Patient One from this visit and at each of the nine subsequent office  
21 visits over the following 18 months. This combined narcotic dosage constitutes a Morphine  
22 Milligram Equivalent (MME)<sup>2</sup> of 1245/day.

23 17. Patient One appeared at a scheduled office visit with Respondent on August 7, 2018;  
24 his chart entries for this visit note that Patient One stated she had run out of her prescribed

25 \_\_\_\_\_  
26 <sup>2</sup> Morphine Milligram Equivalent (MME) is a calculated value established to allow  
27 evaluation of the potency of a prescribed opioid relative to the potency of morphine; i.e., the  
28 potency of *X* milligrams of the subject medication is functionally equivalent to 1 milligram of  
morphine. The MME values used herein are those published in 2016 by the Center for Disease  
Control.

1 narcotics about 5 days prior and had been hospitalized just three days before this visit for  
2 headache, nausea, and some wheezing. Respondent stated Patient One was diaphoretic and  
3 nauseated at the visit. Under the portion of his chart labeled "Assessment and Plan," Respondent  
4 also noted that Patient One was narcotic and benzodiazepine dependent and that she appeared to  
5 be in opiate withdrawal. He stated she should improve upon resuming her medications; he then  
6 renewed both the prescriptions for the opiate narcotics methadone and oxycodone and the  
7 prescription for alprazolam. Respondent continued to prescribe the two opiate narcotics—at a  
8 dosage of 1245 MME/day--and the benzodiazepine to Patient One through the last recorded visit  
9 on November 19, 2019.

10 18. Respondent has subjected his license to disciplinary action for unprofessional conduct  
11 in that his prescribing of high doses of narcotics and a benzodiazepine in combination to Patient  
12 One for a protracted period was a departure from the standard of care, constituting gross  
13 negligence in violation of section 2234(b) or, in conjunction with the other departures from the  
14 standard of care alleged herein, repeated negligent acts in violation of section 2234(c).

15  
16 **SECOND CAUSE FOR DISCIPLINE**

17 **(Gross Negligence/Repeated Negligent Acts)**

18 19. The allegations of paragraphs 11 through 18 above are incorporated by reference as if  
19 set out in full. Respondent has subjected his license to disciplinary action for unprofessional  
20 conduct in that his failure to make clinically significant efforts to taper Patient One's opiate  
21 narcotics from the 1245 MME/day combined dose he prescribed to her for years despite multiple  
22 indications of adverse effects from the opiates prescribed was a departure from the standard of  
23 care constituting gross negligence in violation of section 2234(b) or, in conjunction with the other  
24 departures from the standard of care alleged herein, repeated negligent acts in violation of section  
25 2234(c).

26  
27 **THIRD CAUSE FOR DISCIPLINE**

28 **(Gross Negligence/Repeated Negligent Acts)**

