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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. 800-2017-030676

13 **SUSAN LOUISE FULLEMANN, M.D**  
14 **1820 Ogden Drive, Suite 2**  
15 **Burlingame, CA 94010-5333**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate No. G  
51875**

17 Respondent.

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
23 of California (Board). She brought this action solely in her official capacity and is represented in  
24 this matter by Xavier Becerra, Attorney General of the State of California, by Alice W. Wong,  
25 Deputy Attorney General.  
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14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 51875 issued to Respondent SUSAN LOUISE FULLEMANN, M.D is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any Schedule II controlled substances or Schedule III controlled substances, as defined by the California Uniform Controlled Substances Act, until Respondent has successfully completed a course in Prescribing Practices, as specified in paragraph 4. Respondent shall submit to the Board or its designee a certification of successful completion of the course. This partial restriction shall remain in effect until Respondent has been notified in writing by the Board or its designee that the Board accepts that the requirement of a Prescribing Practices Course has been successfully completed and that the partial restriction has been lifted.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or

1 cultivation of marijuana for the personal medical purposes of the patient and that the patient or  
2 the patient's primary caregiver may not rely on Respondent's statements to legally possess or  
3 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully  
4 document in the patient's chart that the patient or the patient's primary caregiver was so  
5 informed. Nothing in this condition prohibits Respondent from providing the patient or the  
6 patient's primary caregiver information about the possible medical benefits resulting from the use  
7 of marijuana.

8       2.    CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO  
9 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled  
10 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
11 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
12 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
13 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and  
14 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
15 and 4) the indications and diagnosis for which the controlled substances were furnished.

16       Respondent shall keep these records in a separate file or ledger, in chronological order. All  
17 records and any inventories of controlled substances shall be available for immediate inspection  
18 and copying on the premises by the Board or its designee at all times during business hours and  
19 shall be retained for the entire term of probation.

20       3.    EDUCATION COURSE. Within 60 calendar days of the effective date of this  
21 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
22 for its prior approval educational program in pain management, which shall not be less than 40  
23 hours per year, for each year of probation. The educational program in pain management shall be  
24 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified.  
25 The educational program in pain management shall be at Respondent's expense and shall be in  
26 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.  
27 Following the completion of each course, the Board or its designee may administer an  
28 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.

4. 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.

5. 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

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

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

8 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
9 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
10 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose  
11 licenses are valid and in good standing, and who are preferably American Board of Medical  
12 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
13 relationship with Respondent, or other relationship that could reasonably be expected to  
14 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
15 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
16 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

28 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective



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

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

11 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar  
12 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,  
13 the name and qualifications of a replacement monitor who will be assuming that responsibility  
14 within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within  
15 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
16 notification from the Board or its designee to cease the practice of medicine within three (3)  
17 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
18 replacement monitor is approved and assumes monitoring responsibility.

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

24 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
25 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
26 Chief Executive Officer at every hospital where privileges or membership are extended to  
27 Respondent, at any other facility where Respondent engages in the practice of medicine,  
28 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.

8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

9. 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.

10. 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.

11. 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(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.

1        License Renewal

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

4        Travel or Residence Outside California

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

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

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

14        13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
15 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
16 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
17 defined as any period of time Respondent is not practicing medicine as defined in Business and  
18 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
19 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
20 Respondent resides in California and is considered to be in non-practice, Respondent shall  
21 comply with all terms and conditions of probation. All time spent in an intensive training  
22 program which has been approved by the Board or its designee shall not be considered non-  
23 practice and does not relieve Respondent from complying with all the terms and conditions of  
24 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
25 on probation with the medical licensing authority of that state or jurisdiction shall not be  
26 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
27 period of non-practice.

28        In the event Respondent's period of non-practice while on probation exceeds 18 calendar

1 months, Respondent shall successfully complete the Federation of State Medical Boards' Special  
2 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
3 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
4 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

7 Periods of non-practice for a Respondent residing outside of California will relieve  
8 Respondent of the responsibility to comply with the probationary terms and conditions with the  
9 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
10 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
11 Controlled Substances; and Biological Fluid Testing..

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

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

23 16. LICENSE SURRENDER. Following the effective date of this Decision, if  
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
25 the terms and conditions of probation, Respondent may request to surrender her license. The  
26 Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
27 determining whether or not to grant the request, or to take any other action deemed appropriate  
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent


1 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
2 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
3 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
4 application shall be treated as a petition for reinstatement of a revoked certificate.

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

10  
11 ACCEPTANCE

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

17  
18 DATED: 7/22/19

  
SUSAN LOUISE FULLEMANN, M.D.  
Respondent

20 I have read and fully discussed with Respondent SUSAN LOUISE FULLEMANN, M.D.  
21 the terms and conditions and other matters contained in the above Stipulated Settlement and  
22 Disciplinary Order. I approve its form and content.

23 DATED: 7/23/19

  
STEPHEN BOREMAN  
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: 8/16/2019

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
MARY CAIN-SIMON  
Supervising Deputy Attorney General



ALICE W. WONG  
Deputy Attorney General  
*Attorneys for Complainant*

SF2018201319

**Exhibit A**

**Accusation No. 800-2017-030676**

1 XAVIER BECERRA  
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2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 ALICE W. WONG  
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Attorneys for Complainant

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Oct. 29 2018  
BY [Signature] ANALYST

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:

Case No. 800-2017-030676

13 **SUSAN LOUISE FULLEMANN, M.D.**

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

14 1820 Ogden Drive, Suite 2  
Burlingame, CA 94010-5333

15 Physician's and Surgeon's Certificate  
No. G 51875,

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
21 Affairs (Board).

22 2. On January 23, 1984, the Medical Board issued Physician's and Surgeon's Certificate  
23 Number G 51875 to Susan Louise Fullemann, M.D. (Respondent). The Physician's and  
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
25 herein and will expire on April 30, 2019, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board, under the authority of the following  
28 laws. All section references are to the Business and Professions 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, in relevant part:

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

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

“(b) Gross negligence.

“(c) Repeated negligent acts. . . .

“ ”

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.”

## FACTS

7. At all times relevant to this matter, Respondent was licensed and practicing medicine in California.

### PATIENT P-1<sup>1</sup>

8. Respondent treated Patient P-1 from approximately 1993 until her death on June 19, 2016 at age 55. She had been diagnosed with rheumatoid arthritis before seeing Respondent and described symptoms including pain, swelling, and stiffness in her knees and ankles, shoulders, and both hands. Respondent states that P-1 saw several rheumatologists during the period she

<sup>1</sup> The patients are designated in this document as Patients P-1 and P-2 to protect their privacy. Respondent knows the names of the patients and can confirm their identities through discovery.

1 was treating P-1 and that P-1 had tried various disease-modifying anti-rheumatoid drugs and  
2 discontinued them because of their side effects.

3 9. Respondent began prescribing hydrocodone with acetaminophen<sup>2</sup> for P-1's pain in the  
4 1990s and continued prescribing it throughout her treatment of P-1. For at least the last couple of  
5 years of her treatment of P-1, Respondent prescribed 6 tablets of hydrocodone with  
6 acetaminophen daily containing 7.5 mg of hydrocodone and 325 mg of acetaminophen.

7 10. In addition to pain, Respondent also treated P-1 for anxiety, depression, and panic  
8 disorder. Without documenting having evaluated the potential risks of combining opioid therapy  
9 with other respiratory depressants or having discussed those risks with P-1, Respondent  
10 prescribed the benzodiazepines clonazepam<sup>3</sup> and alprazolam<sup>4</sup> for P-1 for anxiety and panic  
11 disorder and, beginning in February 2014, zolpidem tartrate,<sup>5</sup> a sedative/hypnotic, for insomnia.  
12 From October 2014 until P-1's death, Respondent prescribed 6 tablets daily of 0.5 mg  
13 clonazepam and 2 tablets daily of 1 mg alprazolam for P-1.

14 11. Respondent did not document specific treatment goals for P-1 or evaluate her  
15 treatment progress with the use of the opioid medication nor did she document an exit strategy for  
16 discontinuing the opioid therapy if it were to become necessary. Although P-1's chart notes state  
17 that an opioid agreement exists, there is no controlled substances contract in Respondent's  
18 records for P-1.

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20 <sup>2</sup> Hydrocodone bitartrate w/APAP (hydrocodone with acetaminophen) is also known by  
21 the trade names Norco and Vicodin, among others. Hydrocodone bitartrate is a semisynthetic  
22 narcotic analgesic and a dangerous drug as defined in section 4022 and, since October 2014, a  
Schedule II controlled substance. Before that, it was classified as a Schedule III controlled  
substance. Hydrocodone bitartrate is a nervous system depressant.

23 <sup>3</sup> Clonazepam (trade name Klonopin) is an anticonvulsant of the benzodiazepine class of  
24 drugs. It is a long-acting benzodiazepine. It is a dangerous drug as defined in section 4022 and a  
schedule IV controlled substance. It produces central nervous system depression and should be  
used with caution with other central nervous system depressant drugs.

25 <sup>4</sup> Alprazolam (trade name Xanax) is a short-acting benzodiazepine. It is a psychotropic  
26 drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. It is a  
dangerous drug as defined in section 4022 and a Schedule IV controlled substance.

27 <sup>5</sup> Zolpidem tartrate (trade name Ambien) is indicated for the short-term treatment of  
28 insomnia characterized by difficulties with sleep initiation. Dosage adjustment may be necessary  
when zolpidem tartrate is combined with other central nervous system depressant drugs because  
of the potentially additive effects. Zolpidem tartrate is a dangerous drug as defined in section  
4022 and a Schedule IV controlled substance.

12. Respondent had P-1 undergo a urine drug test on November 19, 2015. The test was positive for opiates but negative for benzodiazepines. Despite Respondent's prescribing 180 tablets of clonazepam and 60 tablets of alprazolam monthly for P-1, Respondent did not document any discussion with P-1 about the absence of benzodiazepines in her urine or other investigation into its absence or monitoring of P-1's compliance.

13. Although P-1 reported dizziness, headaches, lack of muscle strength, brain fog, and falling on several visits in early 2014, Respondent did not assess the possible involvement of opioids and benzodiazepines in causing these symptoms or alter her prescribing of opioids or benzodiazepines as a result of the symptoms. In fact, she increased the amount of benzodiazepines she was prescribing for P-1 over the following months from 120 tablets of clonazepam to 180 and from 30 tablets of alprazolam to 60.

#### **FIRST CAUSE FOR DISCIPLINE**

##### **(Gross Negligence, Repeated Negligent Acts, and/or Failure to Maintain Adequate Records)**

14. Respondent is guilty of unprofessional conduct and subject to disciplinary action under sections 2234, subdivisions (b) (gross negligence) and/or (c) (repeated negligent acts), and/or 2266 (inadequate records) of the Code in that Respondent has engaged in the acts described above, including, but not limited to, the following:

A. Respondent failed to fully evaluate and to advise Patient P-1 of the potential risks of combining opioid therapy with other respiratory depressants such as benzodiazepines and sedative-hypnotics.

B. Respondent failed to specify measurable goals and objectives to evaluate treatment progress and to include an exit strategy for discontinuing opioid therapy if it became necessary.

C. Respondent failed to appropriately monitor P-1's compliance with her treatment protocol and to follow up on the urine drug screen with negative results for benzodiazepine use despite Respondent's prescribing large quantities of benzodiazepines for her.

1 D. Respondent failed to document evidence of P-1's progress toward treatment  
2 objectives and failed to modify treatment after documenting likely side effects of opioids and  
3 benzodiazepines such as dizziness, headaches, muscle weakness, falling, and brain fog.

4 E. Respondent's records for P-1 do not include a controlled substances contract  
5 despite P-1's long-term use of opioid analgesics.

6 **PATIENT P-2**

7 15. Respondent began treating Patient P-2, then 38-years old, on June 1, 2015. She saw  
8 him an additional 18 times before his death on December 3, 2016 from respiratory failure due to  
9 combined morphine and ethyl alcohol intoxication. His last visit was November 23, 2016.

10 16. P-2 had previously been seen by another physician in Respondent's practice and was  
11 on long-term opioid therapy for lumbar degenerative disc disease and arthritis of the thoracic  
12 spine. In her chart notes for the June 1, 2015 visit, Respondent noted that P-2 told her that he had  
13 gone through detox four or five years ago and was currently tapering off oxycodone.  
14 Respondent's assessment was that P-2 had lumbar disc disease and she refilled his prescription  
15 for oxycodone 15 mg, 1 tablet every 4 to 6 hours as needed. The prescription was for 120 tablets  
16 for 30 days, an average of 60 mg per day or 90 MME.<sup>6</sup> Respondent also had P-2 sign a Pain  
17 Medication Contract that provided, among other things, that all strong pain medications were to  
18 be provided through her office.

19 17. Respondent continued prescribing oxycodone for P-2 throughout the time she treated  
20 him. She did not document diagnostic evaluations for lumbar degenerative joint disease and did  
21 not consistently document treatment goals or progress toward treatment objectives. P-2  
22 experienced several recognized negative consequences of opioid use during Respondent's  
23 treatment including erectile dysfunction, low testosterone, falling, memory loss, and withdrawal  
24 symptoms.

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27 <sup>6</sup> MME stands for morphine milligram equivalency. This is used convert the many  
28 different opioids into one standard value based on morphine and its potency. Oxycodone, for  
example, is 1.5 times as potent as morphine so 60 mg of oxycodone is equivalent to 90 MME.

1 18. P-2's medical records reflect behaviors indicative of drug abuse. On July 1, 2015, P-  
2 2 advised Respondent that he had run out of oxycodone and had to use fentanyl patches.<sup>7</sup> There  
3 is no documentation concerning these patches or where P-2 obtained them. On December 28,  
4 2015, P-2 reported that he had increased his oxycodone use because of pain from working harder  
5 at his job as an auto mechanic; on June 14, 2016, P-2 reported that he needed more pain  
6 medication because of shoulder pain; on July 8, 2016, P-2 reported that he was running out of his  
7 pain medications early; and on November 23, 2016, P-2 reported that he needed to take  
8 oxycodone sometimes two at a time and that he was consuming alcohol for pain control. On  
9 March 3, 2016, P-2 reported that he had quit drinking alcohol. He had reported quitting alcohol  
10 at a number of previous visits. P-2 exhibited similar behaviors when he was being treated by  
11 Respondent's colleague before Respondent assumed his care. For example, P-2 reported on  
12 October 13, 2014 that he took three hydrocodone tablets at a time when his prescription was for  
13 one and that he drank a lot of beer. On numerous occasions, both when being treated by  
14 Respondent and earlier, P-2 reported experiencing withdrawal symptoms.

15 19. On August 7 and December 2, 2015, P-2 filled prescriptions from an outside  
16 physician for Suboxone<sup>8</sup> and on August 28, 2015 and February 28, 2016, he filled prescriptions  
17 from the same physician for buprenorphine.<sup>9</sup> Suboxone and buprenorphine are opioid  
18 medications that relieve drug cravings without giving the same "high" as other opioids and are  
19 typically used to treat opioid addiction. Respondent, who was prescribing significant quantities  
20 of opioid medications at the same time, did not document these prescriptions or indicate  
21 knowledge of them.

23 <sup>7</sup> The fentanyl patch is a transdermal system containing fentanyl, an opioid analgesic used  
24 to treat severe pain. It is a central nervous system depressant. Fentanyl is a dangerous drug as  
defined in section 4022 and a Schedule II controlled substance.

25 <sup>8</sup> Suboxone is a trade name for a combination of buprenorphine and naloxone.  
26 Buprenorphine is an opioid medication that relieves drug cravings without giving the same high  
as other opioid drugs and naloxone blocks the effects of opioid medication that can lead to opioid  
abuse. It is used to treat narcotic addiction. Suboxone is a dangerous drug as defined in section  
4022 and a schedule III controlled substance.

27 <sup>9</sup> Buprenorphine is an opioid medication that relieves drug cravings without giving the  
28 same high as other opioid drugs. It is used to treat narcotic addiction. Buprenorphine is a  
dangerous drug as defined in section 4022 and a schedule III controlled substance.



**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 Respondent's Physician's and Surgeon's Certificate Number G 51875;
2. Revoking, suspending or denying approval of Respondent's authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent, if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: October 29, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*