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

In the Matter of the Accusation Against:	)	
Jennifer Elaine Draper, M.D.	)	**Case No. 800-2015-017058**
Physician's and Surgeon's Certificate No. A 96807	)	
Respondent	)	

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 February 21, 2020.

IT IS SO ORDERED January 24, 2020.

MEDICAL BOARD OF CALIFORNIA

By: _____
Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
VERONICA VO
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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 Accusation Against: **JENNIFER ELAINE DRAPER, M.D.** **3160 Folsom Blvd #2500** **Sacramento, CA 95816-5219** **Physician's and Surgeon's Certificate No. A 96807** Respondent.	Case No. 800-2015-017058 OAH No. 2019061143 **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. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). This action was brought by then Complainant Kimberly Kirchmeyer solely in her official capacity.[1] Complainant is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Veronica Vo, Deputy Attorney General.

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[1] Ms. Kirchmeyer became the Director of the Department of Consumer Affairs on October 28, 2019.

2. Respondent Jennifer Elaine Draper, M.D. (Respondent) is represented in this proceeding by attorney Stephen M. Boreman, Esq., whose address is: One Embarcadero Center, Ste 400, San Francisco, CA 94111.

3. On or about August 11, 2008, the Board issued Physician's and Surgeon's Certificate No. A 96807 to Jennifer Elaine Draper, 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 Accusation No. 800-2015-017058, and will expire on May 31, 2020, unless renewed.

JURISDICTION

4. On August 3, 2019, Accusation No. 800-2015-017058 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 August 3, 2018. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-017058 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 Accusation No. 800-2015-017058. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2015-017058, a true and correct copy of which is attached as Exhibit A, and that she has thereby subjected her Physician's and Surgeon's Certificate No. A 96807 to disciplinary action.

10. Respondent agrees that if an accusation is ever filed against her before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2015-07058 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

RESERVATION

12. The admissions made by Respondent herein are only for the purpose of these proceedings, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceedings.

CONTINGENCY

13. This Stipulated Settlement and Disciplinary Order shall be subject to approval by the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

14. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for

this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communication from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Board, and any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board does not, in its discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agree that should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

15. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

16. 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.

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

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent Jennifer Elaine Draper, M.D., as holder of Physician's and Surgeon's Certificate No. A 96807, shall be and hereby is Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a), subsection (4). This Public Reprimand, which is issues in connection with Respondent's care and treatment of Patient A, as set forth in Accusation No. 800-2015-017058, is as follows:

1. PUBLIC REPRIMAND

Between 2012 and 2015, you failed to properly risk-stratify Patient A before committing her to long term usage of controlled substances and failed to maintain adequate and accurate records in your care and treatment of Patient A, in violation of California Business and Professions Code sections 2234 and 2266, as more fully described in Accusation No. 800-2015-017058, a true and correct copy of which is attached hereto as Exhibit A.

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.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Stephen M. Boreman, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 96807. 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: Dec 20, 2019

JENNIFER ELAINE DRAPER, M.D.
Respondent

I have read and fully discussed with Respondent Jennifer Elaine Draper, 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: Dec. 20, 2019

STEPHEN M. BOREMAN, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: December 23, 2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

VERONICA VO
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2015-017058

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Aug 3 20 18
BY [illegible] ANALYST

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

In the Matter of the Accusation Against: **Jennifer Elaine Draper, M.D.** 3160 Folsom Blvd. Sacramento, CA 95816-5219 **Physician's and Surgeon's Certificate No. A 96807,** Respondent.	Case No. 800-2015-017058 **A C C U S A T I O N**

Complainant alleges:

PARTIES

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

2. On or about August 11, 2006, the Medical Board issued Physician's and Surgeon's Certificate Number A 96807 to Jennifer Elaine Draper, 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, 2020, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

"(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.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

5. Section 2234 of the Code states:

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

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

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

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

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

"(d) Incompetence.

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

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

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

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

6. Section 2241 of the Code states:

"(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances.

"(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

"(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

"(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

"(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

"(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

"(d)(1) For purposes of this section and Section 2241.5, "addict" means a person whose actions are characterized by craving in combination with one or more of the following:

"(A) Impaired control over drug use.

"(B) Compulsive use.

"(C) Continued use despite harm.

"(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5."

7. 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."

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that respondent committed gross negligence in her care and treatment of Patient A[1]. The circumstances are as follows:

9. On or about September 21, 2015, the Medical Board of California (Board) received an online complaint from complainant, Patient A's sister, regarding Respondent's treatment of Patient A. The complaint alleged that Patient A was a drug addict who liked "downers" and that she had been seeing Respondent for years. The complaint alleged that Respondent was aware Patient A was a drug addict, but continued to prescribe controlled substances to Patient A despite that knowledge. The complainant alleged she sent a letter return receipt/certified mail to Respondent on January 18, 2015, expressing her concerns regarding Respondent's treatment of Patient A. The content of the January 18, 2015, letter to Respondent was included in the online complaint from complainant.

10. Respondent initially saw Patient A in 2009[2] for chronic migraine headaches and generalized anxiety and depression. Patient A was prescribed nonsteroidal anti-inflammatory drugs (NSAIDS) and triptans[3] for acute abortive care and beta blockers for prophylactic care for her migraines. This regimen was continued by Respondent. Patient A's psychiatrist was treating her depression and anxiety with Seroquel[4]/Celexa[5]/Xanax[6]/Ativan[7]. By the end of 2009,

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[1] The patient in the Accusation will be referred to as patient A. The identification of the patient A will be disclosed to the Respondent during discovery.

[2] Conduct occurring prior to June 21, 2011, is for informational purposes only, and is not alleged as a basis for disciplinary action.

[3] Triptans are a family of tryptamine-based drugs used as abortive medication in the treatment of migraines and cluster headaches.

[4] Seroquel (quetiapine fumarate) is a psychotropic agent belonging to a chemical class, the dibenzothiazepine derivatives. It is used to treat certain mental/mood conditions (such as schizophrenia, bipolar disorder, sudden episodes of mania or depression associated with bipolar disorder).

[5] Celexa (citalopram) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). Celexa is used to treat depression.

[6] Xanax (alprazolam) is a benzodiazepine (ben-zoe-dye-AZE-eh-peen). Alprazolam affects chemicals in the brain that may be unbalanced in people with anxiety. Xanax is used to treat anxiety disorders, panic disorders, and anxiety caused by depression.

[7] Ativan (lorazepam) belongs to a group of drugs called benzodiazepines. Lorazepam

Respondent had changed her benzodiazepine to Clonazepam due to its safer profile and longer duration of action, 0.5mg twice daily.

11. In February 2010, Patient A had bariatric abdominal surgery for obesity, and she was treated for post-operative pains with hydrocodone[8] and oxycodone[9] by the surgical staff. NSAIDS were avoided due to concerns with complications of bariatric surgery. Her abdominal pains became chronic, and patient requested different pain medication for better control.

12. In August of 2010, Respondent tried Tramadol[10] for 1 to 2 weeks without success. Darvon[11] was tried by end of August without any improvement. Patient A eventually went back to using Norco (hydrocodone) by end of September. In early November 2010, patient A asked for early refills of Norco due to worsening of back pains from motor vehicle accident. On November 5, 2010, without reviewing the Urgent Care records of the accident, Respondent granted early refill of #90 tablets of Norco. After the patient A's clinic visit the following week, Respondent again refilled early another Norco prescription on 11/22/2010 at #90. Patient A again received an early Norco refill from another physician in the clinic on 12/7/2010 at quantity #30. Respondent refilled another Norco prescription on 12/15/2010 at quantity of #60. In totality, the patient received 270 tablets of Norco within five (5) weeks for her motor vehicle accident back pains. Clonazepam[12] prescription was also continued by Respondent for the rest of 2010 for patient A's anxiety and insomnia.

13. In June 7, 2011, Patient A had a cholecystectomy because of her chronic abdominal pains and was discharged with Percocet (oxycodone) and Dilaudid (hydromorphone)[13] by surgical

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affects chemicals in the brain that may be unbalanced in people with anxiety. Ativan is used to treat anxiety disorders.

[8] Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[9] Oxycodone, brand name OxyContin, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[10] Tramadol is a narcotic-like pain reliever. Tramadol is used to treat moderate to severe pain.

[11] Darvon (propoxyphene) is a narcotic (opioid) analgesic drug class prescribed to treat mild to moderate pain.

[12] Clonazepam is an anti-anxiety medication in the benzodiazepine family.

[13] Hydromorphone, brand name Dilaudid, is a Schedule II controlled substance pursuant

staff. A topical pain patch was later added by Respondent for incisional pains. Throughout most of 2011, patient A continued to have persistent headaches requiring Norco therapy for pain control. A pain care agreement was signed by patient A. Patient A was now routinely following up with a neurologist. Prophylactic therapy[14] with verapamil[15] was increased without much improvement. Respondent also tried gabapentin[16] therapy with minimal benefits.

14. In August 2011, Patient A attempted to refill her Norco prescription early, but it was denied by Respondent. However, by the end of August, Respondent had increased the quantity of Norco to 120 tablets per month (instead of #90).

15. In December 2011, methadone[17] at 5mg twice daily was also added to Patient A's prescription medications to try to optimize management of her chronic headaches. This medication had to be discontinued after less than a month of therapy due to over-sedation. Patient A was also evaluated by Pain Management staff for injections to reduce her headaches. The Neurology staff also tried intravenous ancillary therapy like Raskin protocol[18] for her chronic headaches without improvement.

16. In August 2012, Patient A again tried to ask for early refill of her Norco medication but it was denied. Further diagnostic evaluation including brain MRI and lumbar puncture were all normal. After consultation with patient A's neurologist, Respondent referred the patient to tertiary University of California San Francisco's Headaches clinic for further therapy. In late

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to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[14] Prophylactic treatment constitutes an important aspect of migraine management and includes avoidance of trigger factors and life style advice followed by consideration of medications.

[15] Verapamil is used to treat high blood pressure. Lowering high blood pressure helps prevent strokes, heart attacks, and kidney problems. Verapamil belongs to a class of drugs known as calcium channel blockers. It works by relaxing blood vessels so blood can flow more easily.

[16] Gabapentin is a medication used to treat epilepsy, neuropathic pain, hot flashes, and restless legs syndrome.

[17] Methadone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

[18] The raskin protocol is a treatment for severe migraines. It is the intravenous administration of Dihydroergotamine a medication for migraines.

2012, Respondent also started the patient on Dilaudid (hydromorphone) 4mg 4 times as needed daily for headaches and on Soma[19] for neck spasm.

17. Patient A's functionality and headaches seemed to improve with Dilaudid and Lyrica[20]. By August 2013, Patient A was on Dilaudid 8mg 2 times daily as needed. However, she was no longer seeing her neurologist.

18. Patient A entered an opioid detoxification program at the request of University of California San Francisco's Headaches clinic staff to get off opiates so that they could adequately evaluate and manage her chronic headaches. By early February 2014, patient A had been off opiate medications for at least a month. Urine drug testing showed no traces of opioids.

19. In February 2014, Patient A was given 20 tablets of Norco for foot fracture.

20. In July 2014, Respondent prescribed patient A Tramadol for her concussion headaches and neck spasms from a motor vehicle accident. This medication was initially meant to be temporary only, but it became a regular monthly prescription for the patient at quantity of 30 to 45 tablets per month. Soma, which was initially started in early 2013 for headaches and neck spasm, was also continued throughout 2014 and majority of 2015. Patient A tried to refill Tramadol early in August and October 2014, but both requests were denied by Respondent. However, patient A was successful in refilling Tramadol and Soma early in December 2014 with the excuse of stolen purse and lost medication. This early refill was authorized by Respondent's colleague in her absence.

21. On or around January 18, 2015, patient A's sister sent a letter return receipt/certified mail to Respondent expressing her concerns regarding Respondent's treatment and prescribing of Tramadol and Soma to Patient A because she was an addict. The letter described that patient A had multiple emergency room visits for drug overdoses and that the patient would be entering drug rehabilitation program that same month. Patient A's sister alleged that she received a return

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[19] Soma is the brand name for Carisoprodol, a Schedule IV controlled substances pursuant to 21 C.F.R. § 1308, and a dangerous drug pursuant to Business and Professions Code section 4022. Soma is a muscle relaxer that blocks pain sensations between the nerves and the brain. Soma is used together with rest and physical therapy to treat skeletal muscle conditions such as pain or injury.

[20] Lyrica (pregabalin) is an anti-convulsant (seizure) medicine and considered by many to be a pain relief medication.

receipt confirming the delivery of the letter to Respondent. Even after Respondent received the letter, Respondent continued to prescribe controlled substances to Patient A. The online complaint alleged that Patient A's sister found a vial of Tramadol prescribed by Respondent dated September 1, 2015, for 45 pills. Patient A's sister alleged she was concerned about Respondent's continued prescriptions of controlled substances to Patient A after notice to Respondent that they were used and abused by Patient A resulting in two previous overdoses as described in the January 18, 2015, letter.

22. Respondent reached out to Patient A to schedule an office visit to discuss these addiction concerns. Respondent informed Patient A that there would be no further refills of Soma or Tramadol until there was a face to face meeting in the clinic. Despite these warnings, Patient A was still able to refill Soma and Tramadol at the pharmacy for the next 3 to 4 months (original prescriptions from 1/2015 had 2 refills each). Patient A was finally seen in the clinic on June 19, 2015, for leg pains. New prescriptions of Soma and Tramadol were written by Respondent with no refills.

23. In July 2015, Respondent received information from Sutter Hospital about Patient A's possible drug overdose emergency room visits.

24. In September and October of 2015, Patient A was seen in the clinic and new prescriptions of Soma and Tramadol were written by Respondent. The last original prescription for Soma was written during an October 5, 2015 visit with no refills. Shortly after, Patient A moved to Florida to temporarily live with her mother.

25. On October 29, 2015, Respondent phoned in Soma and Tramadol prescriptions to a pharmacy in Florida. In November of 2015, Patient A asked Respondent again to phone in Soma medications to Florida, but Respondent felt uncomfortable due to the patient's addiction history. According to Respondent's own summary of care, she refilled the Soma medication twice more in January and February of 2016 via telephone encounter.

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26. Respondent committed gross negligence in her care and treatment of Patient A, which included, but are not limited to, the following:

(a) Respondent departed from the standard of care by failing to properly risk stratify Patient A before committing her to long term usage of controlled substances. Respondent failed to recognize the multiple warning signs of drug abuse in patient A. After being warned by the patient's family, Respondent continued to enable the patient's drug addiction by continuing to provide the controlled substance medications for almost an additional year; and,

(b) Respondent departed from the standard of care by failing to insist upon consultation with experts in pain management and addiction medicine given the high-risk features of this case, failing to identify appropriate treatment goals, and failing to recognize and implement alterations in prescribing practices despite multiple repeated events that were highly worrisome features of inappropriate use of controlled substances.

27. Respondent's conduct, as described above, constitutes gross negligence in the practice of medicine in violation of section 2234(b) of the Code and thereby provides cause to discipline Respondent's license.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

28. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in her care and treatment of Patient A.

29. Paragraphs 9 through 25 as more particularly alleged above, are hereby incorporated by reference and realleged as if fully set forth herein.

30. Respondent committed acts of repeated negligence in her care and treatment of patient A, which included, but are not limited to, the following:

(a) Respondent departed from the standard of care by failing to minimize the concurrent drug combination usage of benzodiazepines and opiates.; and

(b) Respondent departed from the standard of care by failing to properly maintain medical records for this patient.

31. Respondent's conduct, as described above, constitutes repeated acts of negligence in the practice of medicine in violation of section 2234(c) of the Code and thereby provides cause to discipline Respondent's license.

THIRD CAUSE FOR DISCIPLINE

(Furnishing Drugs to an Addict)

32. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2241, of the Code, in that respondent prescribed controlled substances and dangerous drugs to patient A, whom she knew or reasonably should have known was using or would be using the controlled substances and dangerous drugs for a nonmedical purpose, as more particularly alleged in paragraphs 9 through 25 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

33. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that respondent failed to maintain adequate and accurate records regarding her care and treatment of patient A, as more particularly alleged in paragraphs 9 through 25, above, which are hereby incorporated by reference and realleged 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 Number A 96807, issued to Jennifer Elaine Draper, M.D.;

2. Revoking, suspending or denying approval of Jennifer Elaine Draper, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Jennifer Elaine Draper, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: August 3, 2018

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

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