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

In the Matter of the Accusation Against: **David Allen Padilla, M.D.** **Physician's and Surgeon's Certificate No. G 73271** **Respondent.**	**Case No. 800-2018-044572**

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 January 29, 2021.

IT IS SO ORDERED: December 30, 2020.

MEDICAL BOARD OF CALIFORNIA

Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
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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: **DAVID ALLEN PADILLA, M.D.** **568 N. Sunrise Avenue, Suite 250** **Roseville, CA 95661** **Physician's and Surgeon's Certificate** **No. G 73271** Respondent.	Case No. 800-2018-044572 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Ryan J. Yates, Deputy Attorney General.

2. Respondent David Allen Padilla, M.D. (Respondent) is represented in this proceeding by attorney Ian A. Scharg, whose address is 400 University Avenue, Sacramento, CA 95825. On

or about January 14, 1992, the Board issued Physician's and Surgeon's Certificate No. G 73271 to David Allen Padilla, 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. 800-2018-044572, and will expire on September 30, 2021, unless renewed.

JURISDICTION

3. Accusation No. 800-2018-044572 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 14, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 800-2018-044572 is attached as exhibit A and incorporated herein by reference.

5. Respondent is currently on probation for five (5) years regarding an unrelated Accusation. On or about March 28, 2019, an Accusation (No. 800-2017-035835) was filed with the Board, which alleged Gross Negligence (Bus. & Prof. Code § 2234, subd. (b)), Repeated Negligent Acts (Bus. & Prof. Code § 2234, subd. (c)), Failure to Maintain Adequate and Accurate Records (Bus. & Prof. Code § 2266), and General Unprofessional Conduct (Bus. & Prof. Code §§ 2227, 2234), regarding his care and treatment of Patient A, Patient B, and Patient C. A copy of Accusation No. 800-2017-035835 is attached as exhibit B and incorporated herein by reference.

6. On or about On July 20, 2020, a Decision was rendered. Revocation was stayed, and Respondent was placed on five (5) years' probation, with the following terms: Education Course, Prescribing Practices Course, Medical Record Keeping Course, Ethics Course, Clinical Competence Assessment Program, Practice Monitoring, Solo Practice Prohibition, and Standard Probationary Terms A copy of the Decision in case No. 800-2017-035835 is attached as exhibit B and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-044572. Respondent has also carefully read,

fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

8. Respondent is fully aware of his 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 him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

CULPABILITY

10. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-044572, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

12. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2018-044572, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 73271 to disciplinary action.

ACKNOWLEDGMENT

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

CONTINGENCY

14. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical

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

15. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2018-044572 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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 or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 73271 issued to Respondent David Allen Padilla, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for an additional two (2) years following the expiration of his current probation on the following terms and conditions:

1. PROBATION TO BE SERVED CONSECUTIVELY: The two (2) year term of probation shall be served fully consecutively to the probation currently imposed as a result of the Board's Decision and Order in *In the Matter of the Accusation Against David Allen Padilla*, case No. 800-2017-035835, effective August 9, 2020. Thus, probation for both matters will expire

upon the successful completion of both consecutive probations, following the new comprehensive term of seven (7) years from the original effective date of August 9, 2020. .

Additionally, Respondent will continue to abide by the all the following disciplinary terms and conditions imposed as a result of the Board's Decision and Order in *In the Matter of the Accusation Against David Allen Padilla*, case No. 800-2017-035835, effective August 9, 2020, which shall remain in full force and effect for the entire probationary term of seven (7) years;:

2. EDUCATION COURSE: Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. 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 no 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 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 no later than 15 calendar days after successfully completing the course, or no later than 15 calendar days after the effective date of the Decision, whichever is later.

4. 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 no later than six months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one year of enrollment. The medical record keeping course shall be at respondent's expense and shall be in addition to the 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 no later than 15 calendar days after successfully completing the course, or no later than 15 calendar days after the effective date of the Decision, whichever is later.

5. PROFESSIONALISM PROGRAM (ETHICS COURSE): Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a professionalism program that meets the requirements of Title 16, California Code of Regulations (CCR), section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program no later than six months after

respondent's initial enrollment, and the longitudinal component of the program no later than the time specified by the program, but no later than one year after attending the classroom component. The professionalism program shall be at respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

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

Respondent shall submit a certification of successful completion to the Board or its designee no later than 15 calendar days after successfully completing the program or no later than 15 calendar days after the effective date of the Decision, whichever is later.

6. CLINICAL COMPETENCE ASSESSMENT PROGRAM: Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program no later than six months after respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time. The program shall consist of a comprehensive assessment of respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require respondent's on-site participation for a minimum of three and no more than five days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the respondent has demonstrated the ability to practice safely

and independently. Based on respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with the program's recommendations. Determination as to whether respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. The respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the respondent did not successfully complete the clinical competence assessment program, the respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

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

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed

statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee. Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation. If respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

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

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

In lieu of a monitor, respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart

review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

8. SOLO PRACTICE PROHIBITION: Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) respondent is the sole physician practitioner at that location.

If respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the effective date of this Decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the respondent's practice setting changes and the respondent is no longer practicing in a setting in compliance with this Decision, the respondent shall notify the Board or its designee within 5 calendar days of the practice setting change. If respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. The respondent shall not resume practice until an appropriate practice setting is established.

9. NOTIFICATION: Within seven days of the effective date of this Decision, the respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent.

Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days. This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

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

11. 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.

12. 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 no later than 10 calendar days after the end of the preceding quarter.

13. 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.

License Renewal

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

Travel or Residence Outside California

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

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

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

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

In the event respondent's period of non-practice while on probation exceeds 18 calendar months, respondent shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

16. COMPLETION OF PROBATION: Respondent shall comply with all financial obligations (e.g., restitution, probation costs) no later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

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

18. LICENSE SURRENDER: Following the effective date of this Decision, if respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request to surrender his or her license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

20. FUTURE ADMISSIONS CLAUSE: If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-044572 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

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

DATED: 9/10/2020

DAVID ALLEN PADILLA, M.D.
Respondent

I have read and fully discussed with Respondent David Allen Padilla, 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: 9/22/2020

IAN A. SCHARG
Attorney for Respondent

ENDORSEMENT

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

DATED: 10/23/20

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

RYAN J. YATES
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-044572

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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:	Case No. 800-2018-044572
David Allen Padilla, M.D. **568 N. Sunrise Avenue, Ste. 250** **Roseville, CA 95661** **Physician's and Surgeon's Certificate No. G 73271,** Respondent.	**ACCUSATION**

PARTIES

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

2. On or about January 14, 1992, the Medical Board issued Physician's and Surgeon's Certificate No. G 73271 to David Allen Padilla, 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 September 30, 2021, 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 (Code) unless otherwise indicated.

4. Section 2227 of the Code provides in pertinent part 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 pertinent part:

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

"(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.

"..."

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6. Section 2266 of the Code states, in pertinent part:

"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."

PERTINENT DRUG INFORMATION

7. Aripiprazole – Generic name for the drug Abilify, among others. Aripiprazole is an atypical antipsychotic, primarily used in the treatment of schizophrenia and bipolar disorder. Other uses include as an add-on treatment in major depressive disorder, tic disorders, and irritability associated with autism. It is taken by mouth or injection into a muscle. Aripiprazole is a dangerous drug pursuant to California Business and Professions Code section 4022.

8. Butalbital with caffeine and with aspirin – Generic name for the drug Fiorinal. It is a barbiturate with an immediate duration of action. Often combined with other medications, Fiorinal is commonly used for the treatment of pain and headache. Fiorinal is a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13 and to Health and Safety Code section 1105. It is a dangerous drug pursuant to Business and Professions Code section 4022.

9. Butalbital with caffeine and with acetaminophen – Generic name for the drug Fioricet. It is a barbiturate with an immediate duration of action. Often combined with other medications, Fioricet is commonly used for the treatment of pain and headache. Fioricet is a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13 and to Health and Safety Code section 1105. It is a dangerous drug pursuant to Business and Professions Code section 4022.

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

11. Clonazepam – Generic name for the drug Klonopin. Clonazepam is an anti-anxiety medication in the benzodiazepine family used to prevent seizures, panic disorder, and akathisia. Clonazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title

21 section 1308.14(c). It is also a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

12. Fluoxetine – Generic name for the drugs Prozac and Sarafem, among others. It is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. It is used for the treatment of major depressive disorder, obsessive–compulsive disorder (OCD), bulimia nervosa, panic disorder, and premenstrual dysphoric disorder. Fluoxetine may decrease the risk of suicide in those over the age of sixty-five. It has also been used to treat premature ejaculation. Fluoxetine is taken by mouth. Common side effects include trouble sleeping, sexual dysfunction, loss of appetite, dry mouth, rash, and abnormal dreams. Serious side effects include serotonin syndrome, mania, seizures, an increased risk of suicidal behavior in people under twenty-five years-old, and an increased risk of bleeding. If stopped suddenly, a withdrawal syndrome may occur with anxiety, dizziness, and changes in sensation. Its mechanism of action is not entirely clear but believed to be related to increasing serotonin activity in the brain. Fluoxetine is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code, section 4022.

13. Lorazepam – Generic name for the drug Ativan. Lorazepam is a member of the benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and to Health and Safety Code section 11057, subdivision (d). It is a dangerous drug pursuant to Business and Professions Code section 4022.

14. Oxycodone – Generic names for drug include Oxycontin, Roxicodone, and Oxecta. Oxycodone has a high risk for addiction and dependence, and it can cause respiratory distress and death when taken in high doses or when combined with other substances, especially alcohol. Oxycodone is a short acting opioid analgesic used to treat moderate to severe pain. Oxycodone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section

1308.12 and to California Health and Safety Code section 11055(b). Oxycodone is a dangerous drug pursuant to California Business and Professions Code section 4022.

15. Methadone – Generic name for the drug Symoron. Methadone is a synthetic opioid. It is used medically as an analgesic and a maintenance anti-addictive and reductive preparation for use by patients with opioid dependence. Methadone is a Scheduled II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12 and to Health and Safety Code 11055, subdivision (c). It is a dangerous drug pursuant to Business and Professions Code section 4022.

16. Quetiapine – Generic name for the drug Seroquel, among others, and is an atypical antipsychotic medication used for the treatment of schizophrenia, bipolar disorder, and major depressive disorder. It is widely used as a sleep aid, due its sedating effect; however the benefits of such use do not appear to generally outweigh the side effects. It is taken by mouth. Common side effects include sleepiness, constipation, weight gain, and dry mouth. Other side effects include low blood pressure with standing, seizures, a prolonged erection, high blood sugar, tardive dyskinesia, and neuroleptic malignant syndrome. Quetiapine is not currently controlled under the Controlled Substances Act; however, it is a dangerous drug, pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

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

Patient A

18. In or about 2013, Respondent began treating Patient A, a then forty-year-old woman, who suffered from chronic back pain, post-traumatic stress disorder, migraine headaches, and obesity.

[1] Patient names and information have been removed. All witnesses will be identified in discovery.

19. The Medical Board obtained certified pharmacy profiles pertaining to Patient A, from the dates of June 20, 2013 to December 20, 2018. During that time period, Respondent prescribed large amounts of a variety of controlled substances to Patient A. Between June 20, 2013 and December 20, 2018, Respondent prescribed or re-filled the following controlled substances to Patient A:

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2018-12-20	CLONAZEPAM	TAB	0.5 MG	30	23	PADILLA, DAVID ALLEN (MD)	4237337	0
2018-04-17	OXYCODONE HCL	TAB	30 MG	90	25	PADILLA, DAVID ALLEN (MD)	2188640	0
2018-03-23	OXYCODONE HCL	TAB	30 MG	90	25	PADILLA, DAVID ALLEN (MD)	2187539	0
2017-09-19	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	184462759	0
2017-09-13	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4234306	0
2017-08-23	OXYCODONE HCL	TAB	30 MG	110	18	PADILLA, DAVID ALLEN (MD)	2186526	0
2017-08-12	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4234108	0
2017-07-28	OXYCODONE HCL	TAB	30 MG	110	18	PADILLA, DAVID ALLEN (MD)	2186387	0
2017-06-16	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4233844	0
2017-06-15	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4233839	0
2017-06-04	OXYCODONE HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2186074	0
2017-05-18	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4233688	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2017-05-16	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4233689	0
2017-04-19	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4233470	0
2017-04-14	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4233471	0
2017-04-08	OXYCODONE HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2185764	0
2017-02-20	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4233131	0
2017-02-08	OXYCODONE HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2185413	0
2016-12-11	OXYCODONE HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2185051	0
2016-11-25	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4232532	0
2016-11-19	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4232498	0
2016-10-27	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4232351	0
2016-10-21	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4232350	0
2016-10-12	BUTALBITAL- ASPIRIN-CAFFEINE	CAP	325 MG-50 MG-40 MG	30	30	PADILLA, DAVID ALLEN (MD)	4232321	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2016-08-30	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4232048	0
2016-08-30	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4232049	0
2016-08-16	OXYCODONE HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2029499	0
2016-08-08	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4231931	0
2016-07-28	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4231869	0
2016-07-16	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4231803	0
2016-07-15	OXYCODONE HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2184150	0
2016-06-29	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4231705	0
2016-05-31	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4065489	0
2016-05-18	CLONAZEPAM	TAB	1 MG	60	30	PADILLA, DAVID ALLEN (MD)	4231442	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2016-05-16	OXYCODONE HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2028214	0
2016-04-28	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4065263	0
2016-03-31	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4064933	0
2016-03-07	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4064584	0
2016-03-05	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4064305	1
2016-02-04	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4064305	0
2015-12-23	OXYCODONE HCL	TAB	30 MG	120	20	PADILLA, DAVID ALLEN (MD)	2026067	0
2015-12-08	BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4063761	0
2015-12-08	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4063760	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2015-11-08	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4063483	0
2015-10-28	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2025331	0
2015-09-28	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2024891	0
2015-09-10	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4062663	1
2015-08-28	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2024434	0
2015-08-12	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4062663	0
2015-07-29	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2023950	0
2015-07-14	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4062052	1
2015-06-29	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	180	30	PADILLA, DAVID ALLEN (MD)	2023478	0
2015-06-24	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4062134	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2015-06-16	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4062052	0
2015-05-19	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4061180	2
2015-04-29	ENDOCET	TAB	325 MG-10 MG	90	15	PADILLA, DAVID ALLEN (MD)	2022568	0
2015-04-21	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4061180	1
2015-04-18	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	30	PADILLA, DAVID ALLEN (MD)	4061476	0
2015-03-24	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4061180	0
2015-03-20	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4061181	0
2015-02-23	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	300 MG-50 MG-40 MG-30 MG	30	28	PADILLA, DAVID ALLEN (MD)	4060877	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-12-23	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4060143	0
2014-10-19	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	5
2014-09-22	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4058999	0
2014-09-19	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	4
2014-09-17	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2019277	0
2014-08-26	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4058514	0
2014-08-21	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	3

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-08-19	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2019025	0
2014-08-16	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4058340	0
2014-07-23	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	2
2014-07-23	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4057909	0
2014-06-25	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4056279	2
2014-06-24	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	1
2014-06-19	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4057157	0
2014-05-27	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4056279	1

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-05-26	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4056284	0
2014-04-29	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4056279	0
2014-04-29	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2017952	0
2014-04-25	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4056167	0
2014-04-01	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2017682	0
2014-04-01	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4055751	0
2014-03-26	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4055662	0
2014-03-03	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2017404	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-03-03	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4055239	0
2014-02-27	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4055168	0
2014-02-21	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4055028	0
2014-02-05	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2017142	0
2014-02-04	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	5	PADILLA, DAVID ALLEN (MD)	4054720	0
2014-01-29	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4054599	0
2014-01-29	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4054600	0
2014-01-10	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2016859	0
2014-01-07	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	5	PADILLA, DAVID ALLEN (MD)	4054117	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2014-01-02	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4054012	0
2014-01-02	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	4
2013-12-30	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4053955	0
2013-12-11	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	28	PADILLA, DAVID ALLEN (MD)	4053653	0
2013-12-11	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2016592	0
2013-12-06	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	3
2013-12-04	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4053497	0
2013-12-04	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4053507	0
2013-11-15	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2016356	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2013-11-15	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	10	PADILLA, DAVID ALLEN (MD)	4053152	0
2013-11-07	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4052999	0
2013-11-07	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4053007	0
2013-11-06	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	2
2013-10-17	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2016099	0
2013-10-16	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	20	PADILLA, DAVID ALLEN (MD)	4051462	2
2013-10-11	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4052468	0
2013-10-09	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	1

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2013-09-19	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	20	PADILLA, DAVID ALLEN (MD)	4051462	1
2013-09-19	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2015819	0
2013-09-12	ESTERIFIED ESTROGENS - METHYLTESTOST E	TAB	0.625 MG-1.25 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051887	0
2013-09-11	LORAZEPAM	TAB	2 MG	30	30	PADILLA, DAVID ALLEN (MD)	4051855	0
2013-08-23	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	20	PADILLA, DAVID ALLEN (MD)	4051462	0
2013-08-23	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2015565	0
2013-07-23	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2015255	0
2013-07-23	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	5	PADILLA, DAVID ALLEN (MD)	4050864	0

Date Filled	Drug Name	Form	Str	Qty.	Days Sup.	Prescriber Name	RX#	Refill #
2013-06-25	ENDOCET	TAB	325 MG-10 MG	90	30	PADILLA, DAVID ALLEN (MD)	2014974	0
2013-06-25	BUTALBITAL- APAP-CAFFEINE-CODEINE	CAP	325 MG-50 MG-40 MG-30 MG	30	28	PADILLA, DAVID ALLEN (MD)	4050258	0
2013-06-20	CARISOPRODOL	TAB	350 MG	120	30	PADILLA, DAVID ALLEN (MD)	4050091	0

20. Despite Respondent's lengthy history of prescribing to Patient A, there are only five (5) documented visits between Patient A and Respondent.

21. On or about August 30, 2013, Respondent saw Patient A for the first time. Patient A had previously been receiving treatment from a physician's assistant, rather than directly from Respondent. Respondent failed to administer a complete examination on Patient A. However, he subsequently ordered magnetic resonance imaging (MRI) for Patient A. Respondent, prescribed Seroquel to Patient A—an obese patient—even though one of the side effects of Seroquel is rapid weight gain. Respondent additionally failed to otherwise address Respondent's psychiatric illness, particularly her potential for addiction. Nonetheless, Respondent continued to prescribe Butalbital and Lorazepam to Patient A in the same quantities.

22. On or about November 15, 2013, Patient A returned with worsening symptoms. Respondent increased her dose of Prozac to 40 mg and Seroquel to 100 mg. Respondent failed to perform a complete examination of Patient A and failed to subsequently note, in Patient A's medical records, his rationale behind the prescribing of opioids combined with sedatives to Patient A.

23. On or about April 24, 2014, Respondent saw Patient A for a final visit. During the visit, Respondent failed to administer a complete examination on Patient A which adequately addressed Patient A's complaints. Respondent noted in Patient A's medical records that she had

been diagnosed by a psychiatrist with Post Traumatic Stress Disorder and was taking Abilify, Fioricet, and Percocet. Patient A additionally disclosed that she was continuing to have migraines and headaches, which have increased in number, since beginning therapy. Respondent failed to consider that Patient A's prescription regimen of opioids and benzodiazepines could have exacerbated her migraines, anxiety, and emotional dysregulation.

24. During each of the aforementioned visits with Patient A, Respondent failed to obtain and/or document an adequate patient history, physical examination, and/or psychiatric and addiction history in Patient A's medical records.

25. Respondent committed the following repeated negligent acts in his care of Patient A, which included but was not limited to, the following:

a.) Between on or about August 30, 2013 and on or about April 24, 2014, Respondent kept inadequate records regarding Patient A; and

b.) Between on or about August 30, 2013 and on or about April 24, 2014, Respondent improperly prescribed medication for Patient A's psychiatric illness.

Patient B

26. In or about 2012, Respondent began treating Patient B, a then twenty-eight-year-old man, who suffered from chronic leg pain, septic arthritis, osteomyelitis, and a left kneecap replacement. Prior to Respondent's treatment of Patient B, he had already been on a heavy regimen of opioid therapy, consisting of forty 10 milligram methadone tablets per day, as well as testosterone therapy.

27. The Board obtained certified pharmacy profiles pertaining to Patient B, from the dates of February 2, 2013 to November 21, 2014. During that period, Respondent prescribed or re-filled the following controlled substances to Patient B:

Date Filled	Drug Name	Form	Str	Qty	Days Sup.	Prescriber Name	Refill #
2014-11-21	METHADONE HCL	TAB	10 MG	460	29	PADILLA, DAVID ALLEN (MD)	0

Date Filled	Drug Name	Form	Str	Qty	Days Sup.	Prescriber Name	Refill #
2014-04-16	METHADONE HCL	TAB	10 MG	460	28	PADILLA, DAVID ALLEN (MD)	0
2014-04-16	METHADONE HCL	TAB	10 MG	460	28	PADILLA, DAVID ALLEN (MD)	0
2014-02-28	METHADONE HCL	TAB	10 MG	480	30	PADILLA, DAVID ALLEN (MD)	0
2014-01-08	METHADONE HCL	TAB	10 MG	500	25	PADILLA, DAVID ALLEN (MD)	0
2013-10-14	METHADONE HCL	TAB	10 MG	750	27	PADILLA, DAVID ALLEN (MD)	0
2013-08-27	METHADONE HCL	TAB	10 MG	1000	25	PADILLA, DAVID ALLEN (MD)	0
2013-07-12	METHADONE HCL	TAB	10 MG	1000	25	PADILLA, DAVID ALLEN (MD)	0
2013-04-05	ANDROGEL	GEL	1.62%	75	30	PADILLA, DAVID ALLEN (MD)	0
2013-04-03	METHADONE HCL	TAB	10 MG	1000	25	PADILLA, DAVID ALLEN (MD)	0
2013-03-28	ANDROGEL	GEL	1%	150	30	PADILLA, DAVID ALLEN (MD)	0
2013-02-14	METHADONE HCL	TAB	10 MG	1000	25	PADILLA, DAVID ALLEN (MD)	0

28. Despite Respondent's lengthy history of prescribing to Patient B, there were only five (5) documented visits between Patient B and Respondent. Additionally, during Respondent's care and treatment of Patient B, Respondent failed to properly document medication quantities and dosages in Patient B's medical records. Also during the course of his care and treatment of Patient B, Respondent failed to document any sufficient background information regarding Patient B, such as addiction or psychosocial history, for which other physicians were treating the patient, and a detailed description of Patient B's current complaint.

29. On or about April 18, 2013, Patient B complained of low testosterone. Respondent failed to confirm and to note Patient B's testosterone levels in Patient B's medical records. Instead, Respondent prescribed Androgel (testosterone) to Patient B on or about March 28, 2013 and April 3, 2013. Respondent failed to subsequently note Patient B's diagnoses or explain Patient B's need for opioids and steroid hormones.

30. Respondent committed the following repeated negligent acts in his care of Patient B, which included but was not limited to, the following:

a.) Between on or about August 27, 2013 and November 21, 2014, Respondent kept inadequate records regarding Patient B; and

b.) Between on or about August 27, 2013 and November 21, 2014, Respondent prescribed methadone to Patient B without adequate social, addiction or psychiatric information.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

31. Respondent's license is further subject to disciplinary action under section 2266 of the Code, in that he failed to maintain adequate and accurate medical records relating to his care and treatment of Patient A and Patient B, as more fully described in paragraphs 17 through 30 above, and those paragraphs are incorporated by reference as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

32. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 17 through 31 above, which are hereby realleged and incorporated by reference as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

33. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about July 20, 2020, in a prior disciplinary action entitled *In the*

Matter of the Accusation Against David Allen Padilla, M.D., before the Medical Board of California, in Case Number 800-2017-035835, Respondent's license was placed on probation for five (5) years—which included several terms and conditions—for gross negligence, repeated negligent acts, unprofessional conduct, and failure to maintain adequate and accurate medical records, in the care and treatment of multiple patients. That decision is now final and is incorporated by reference as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 73271, issued to David Allen Padilla, M.D.;

2. Revoking, suspending, or denying approval of David Allen Padilla, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering David Allen Padilla, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: AUG 14 2020

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

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Exhibit B

Accusation No. 800-2017-035835

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO March 28 2019
BY: ANALYST

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

In the Matter of the Accusation Against: **David Allen Padilla, M.D.** **568 N. Sunrise Ave., Ste. 250** **Roseville, CA 95661** **Physician's and Surgeon's Certificate** **No. G 73271,** Respondent.	Case No. 800-2017-035835 **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 January 14, 1992, the Medical Board issued Physician's and Surgeon's Certificate No. G 73271 to David Allen Padilla, 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 September 30, 2019, unless renewed.

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 (Code) unless otherwise indicated.

4. Section 2227 of the Code provides in pertinent part 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 pertinent part:

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

"(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.

"..."

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6. Section 2266 of the Code states, in pertinent part:

"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."

PERTINENT DRUG INFORMATION

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

8. Clonazepam – Generic name for Klonopin. Clonazepam is an anti-anxiety medication in the benzodiazepine family used to prevent seizures, panic disorder, and akathisia. Clonazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

9. Diazepam – Generic name for Valium. Diazepam is a long-acting member of the benzodiazepine family used for the treatment of anxiety and panic attacks. Diazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

10. Hydrocodone bitartrate with acetaminophen – Generic name for the drugs Vicodin, Norco, and Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13(e). On October 6, 2014, Hydrocodone combination products were reclassified as Schedule II controlled substances. Federal Register Volume 79, Number 163, Code of Federal Regulations Title 21 section 1308.12. Hydrocodone with

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

11. Dexmethylphenidate – Generic name for the drug Focalin, is a potent central nervous system (CNS) stimulant of the phenethylamine and piperidine classes, and is used in the treatment of attention deficit hyperactivity disorder (ADHD) and narcolepsy. Dexmethylphenidate is classified as a Schedule II controlled substance according to Federal Register Volume 79, Number 163, Code of Federal Regulations Title 21 section 1308.12. Dexmethylphenidate is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

12. Lorazepam – Generic name for Ativan. Lorazepam is a member of the benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

13. Morphine Sulfate – Generic name for the drugs Kadian, MS Contin, and MorphaBond ER. Morphine is an opioid analgesic drug. It is the main psychoactive chemical in opium. Like other opioids, such as oxycodone, hydromorphone, and heroin, morphine acts directly on the central nervous system (CNS) to relieve pain. With morphine sulfate (MS), the positive charge on the morphine molecule is neutralized by the negative charge on the sulfate. Because it is ionic, MS dissolves readily in water and body fluids, creating an immediate release. Morphine is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Morphine is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

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14. Temazepam – Temazepam is a member of the benzodiazepine family and is used for the short-term treatment of insomnia. Temazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

15. Phentermine – Phentermine, also known as dimethylphenethylamine, is a psychostimulant drug of the substituted amphetamine chemical class, with pharmacology similar to amphetamine. It is used medically as an appetite suppressant for short-term use, as an adjunct to exercise and reducing calorie intake. Phentermine is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

16. Triazolam – Generic name for the drug Halcion. Triazolam is a central nervous system (CNS) depressant in the benzodiazepine class. It possesses pharmacological properties similar to those of other benzodiazepines, but it is generally only used as a sedative to treat severe insomnia. Triazolam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

17. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he committed gross negligence during the care and treatment of Patient A, Patient B, and Patient C. The circumstances are as follows:

Patient A:

18. On or about June 30, 2011, Respondent began prescribing medication to his relative, Patient A.[1] [2]

[1] Conduct alleged to have before March 20, 2012, is for informational purposes only.
[2] Patient names and information have been removed. All witnesses will be identified in discovery.

19. The Medical Board obtained certified pharmacy profiles pertaining to Patient A, from the dates of April 14, 2012, to December 29, 2017. During that time period, Respondent prescribed large amounts of a variety of controlled substances to Patient A. During the aforementioned time period, Respondent prescribed or re-filled the following controlled substances to Patient A:

Date Filled	Prescription	Quantity	Dosage	Schedule
April 14, 2012	Focalin XR	30 tablets	10 milligram	II
May 16, 2012	Focalin XR	30 tablets	15 milligram	II
June 20, 2012	Focalin XR	30 tablets	15 milligram	II
July 24, 2012	Focalin XR	30 tablets	15 milligram	II
August 27, 2012	Focalin XR	30 tablets	15 milligram	II
September 26, 2012	Focalin XR	30 tablets	15 milligram	II
October 27, 2012	Focalin XR	30 tablets	15 milligram	II
November 28, 2012	Focalin XR	30 tablets	15 milligram	II
December 31, 2012	Focalin XR	30 tablets	15 milligram	II
February 7, 2013	Focalin XR	30 tablets	15 milligram	II
March 14, 2013	Focalin XR	30 tablets	10 milligram	II
April 11, 2013	Focalin XR	30 tablets	15 milligram	II
October 14, 2015	Dexmethylphenidate HCL	30 tablets	5 milligram	II
May 15, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
June 13, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
July 14, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
August 22, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
September 20, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
October 23, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II

Date Filled	Prescription	Quantity	Dosage	Schedule
November 24, 2017	Dexmethylphenidate HCL	30 tablets	2.5 milligram	II
November 24, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II
December 29, 2017	Dexmethylphenidate HCL	30 tablets	5 milligram	II

20. During Respondent's care and treatment of Patient A, Respondent failed to maintain adequate and accurate medical records. Although Respondent provided care and treatment to Patient A and prescribed medication for him, Respondent failed to include any records of prescriptions for Patient A in Patient A's file.

21. On or about November 9, 2018, Respondent was interviewed by a Board Investigator. During the interview, Respondent stated the following regarding Patient A's medical information:

> "I had a chart at home that I kept track of and regularly completed and -- um -- at the beginning of the year, which was January, when he established with a new physician -- um -- I didn't want to keep the notes at home, he'd already established, I took it to the office and for whatever reason I just -- um -- I just sent it to shred, so I didn't keep the records."

Patient B:

22. On or about August 7, 2012, Respondent prescribed medication to his relative, Patient B. Specifically, he prescribed ten (10) tablets of clonazepam in 0.25 milligram doses to her. The medication was prescribed to Patient B, although he had not physically evaluated her. Additionally, Respondent failed to produce any notes regarding his care and treatment of Patient B.

Patient C:

23. On or about January 12, 2012, Respondent began prescribing medication to his relative, Patient C.

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24. The Medical Board obtained certified pharmacy profiles pertaining to Patient C, from the dates of January 28, 2013, to April 19, 2018. During that time period, Respondent prescribed or re-filled the following controlled substances to Patient C:

Date Filled	Prescription	Quantity	Dosage	Schedule
June 28, 2013	Phentermine HCL	30 tablets	15 milligram	IV
June 2, 2014	Phentermine HCL	30 tablets	15 milligram	IV
November 1, 2016	Diazepam	30 tablets	2 milligram	IV

25. During Respondent's care and treatment of Patient C, Respondent failed to maintain adequate and accurate medical records. Although Respondent provided care and treatment to Patient C and prescribed medication for her, Respondent failed to include any records of prescriptions for Patient C in Patient C's file.

26. Respondent committed gross negligence in his care and treatment of Patient A, Patient B, and Patient C, in that he failed to maintain adequate and accurate medical records regarding his care and treatment of Patient A, Patient B, and Patient C.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

27. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts during the care and treatment of Patient A, Patient B, and Patient C, as more fully described in paragraphs 17 through 26, above, and those paragraphs are incorporated by reference as if fully set forth herein. Respondent additionally committed repeated negligent acts during the care and treatment of Patient D. The circumstances are as follows:

28. In or about 1997, Respondent began treating Patient D, who suffered from bipolar disorder and chronic abdominal pain. Prior to Respondent's treatment of Patient D, she had already been on a regimen of opioid therapy, consisting of one (1) twenty (20) milligram dose of OxyContin, twice daily.

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29. Sometime before February of 2009, Respondent increased Patient D's dosage of OxyContin to one (1) forty (40) milligram dose, twice daily. In or about February of 2009, Respondent switched Patient D to a sixty (60) milligram dose of MS Contin every twelve (12) hours.

30. In or about May of 2009, Respondent began prescribing Patient D a sixty (60) milligram dose of Kadian, once a day. Respondent additionally began prescribing Patient D with intermittent one (1) milligram dosages of clonazepam, up to twice daily, as well as one (1) thirty (30) milligram dose of temazepam nightly.

31. The Medical Board obtained certified pharmacy profiles pertaining to Patient D, from the dates of April 3, 2012, to April 18, 2013. During that time period, Respondent prescribed large amounts of a variety of controlled substances to Patient D. Between April 3, 2012, and April 18, 2013, Respondent prescribed or re-filled the following controlled substances to Patient D:

Date Filled	Prescription	Quantity	Dosage	Schedule
April 3, 2012	Temazepam	30 tablets	30 milligram	IV
April 3, 2012	Clonazepam	60 tablets	1 milligram	IV
April 6, 2012	Morphine Sulfate	30 tablets	80 milligram	II
May 2, 2012	Temazepam	30 tablets	30 milligram	IV
May 2, 2012	Clonazepam	60 tablets	1 milligram	IV
May 8, 2012	Morphine Sulfate	30 tablets	80 milligram	II
May 30, 2012	Clonazepam	60 tablets	1 milligram	IV
May 31, 2012	Temazepam	30 tablets	30 milligram	IV
June 30, 2012	Temazepam	30 tablets	30 milligram	IV
July 7, 2012	Morphine Sulfate	30 tablets	80 milligram	II
July 18, 2012	Clonazepam	60 tablets	1 milligram	IV
August 3, 2012	Temazepam	30 tablets	30 milligram	IV
August 6, 2012	Morphine Sulfate	30 tablets	80 milligram	II

Date Filled	Prescription	Quantity	Dosage	Schedule
August 28, 2012	Clonazepam	60 tablets	1 milligram	IV
August 31, 2012	Temazepam	30 tablets	30 milligram	IV
September 6, 2012	Morphine Sulfate	30 tablets	80 milligram	II
September 28, 2012	Temazepam	30 tablets	30 milligram	IV
October 5, 2012	Morphine Sulfate	30 tablets	80 milligram	II
October 8, 2012	Clonazepam	60 tablets	1 milligram	IV
October 26, 2012	Temazepam	30 tablets	30 milligram	IV
November 6, 2012	Morphine Sulfate	30 tablets	80 milligram	II
November 27, 2012	Temazepam	30 tablets	30 milligram	IV
December 8, 2012	Morphine Sulfate	30 tablets	80 milligram	II
December 31, 2012	Clonazepam	60 tablets	1 milligram	IV
December 31, 2012	Temazepam	30 tablets	30 milligram	IV
January 7, 2013	Morphine Sulfate	30 tablets	80 milligram	II
January 29, 2013	Clonazepam	60 tablets	1 milligram	IV
February 5, 2013	Morphine Sulfate	30 tablets	80 milligram	II
February 11, 2013	Temazepam	30 tablets	30 milligram	IV
April 4, 2013	Temazepam	30 tablets	30 milligram	IV
April 5, 2013	Morphine Sulfate	30 tablets	80 milligram	II
April 26, 2013	Temazepam	30 tablets	30 milligram	IV
May 6, 2013	Clonazepam	60 tablets	1 milligram	IV
May 7, 2013	Morphine Sulfate	30 tablets	80 milligram	II

32. During Respondent's care of Patient D, Respondent failed to attempt to reduce the dosages and/or combinations of prescription medication being prescribed to Patient D. Instead, throughout his care of Patient D, from on or about May 4, 2010, through on or about May 7, 2013, Respondent continued to prescribe Patient D high levels of opiates combined with benzodiazepines.

33. On or about May 16, 2013, Patient D died. The County of Sacramento Department of Coroner determined that the cause of Patient D's death was due to acute morphine toxicity.

34. Respondent committed the following repeated negligent acts in his care of Patient D, which included but was not limited to, the following:

a.) Between on or about March 20, 2012 and on or about May 7, 2013, Respondent failed to attempt to taper Patient D off of the large quantity of prescription drugs she was being prescribed, and decrease use of concurrent benzodiazepines.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

35. Respondent's license is subject to disciplinary action under section 2266, of the Code, in that he failed to maintain adequate and accurate medical records relating to his care and treatment of Patient A, Patient B, and Patient C, as more fully described in paragraphs 17 through 26, above, and those paragraphs are incorporated by reference as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

36. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 17 through 35, above, which are hereby realleged and incorporated by reference as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

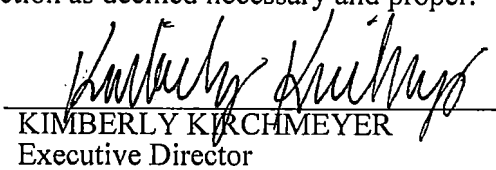
1. Revoking or suspending Physician's and Surgeon's Certificate No. G 73271, issued to David Allen Padilla, M.D.;

2. Revoking, suspending or denying approval of David Allen Padilla, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering David Allen Padilla, M.D., 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:
March 28, 2019



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

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