

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

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

John Timothy Katzen, M.D.

**Physician's and Surgeon's
Certificate No. G 85745**

Case No.: 800-2018-051240

Respondent.

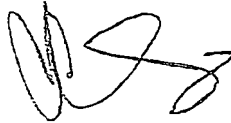
DECISION

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 March 16, 2023.

IT IS SO ORDERED: February 14, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 RYAN J. MCEWAN
Deputy Attorney General
4 State Bar No. 285595
1300 I Street, Suite 125
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7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation
13 Against:

14 **JOHN TIMOTHY KATZEN, M.D.**
15 **9735 Wilshire Blvd., Suite 407**
BEverly Hills, CA 90212

16 **Physician's and Surgeon's Certificate**
17 **No. G 85745**

18 Respondent.

Case No. 800-2018-051240

OAH No. 2022010235

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

22 **PARTIES**

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

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1 2. Respondent John Timothy Katzen, M.D. (Respondent) is represented in this
2 proceeding by attorney Peter R. Osinoff, Esq., and Derek F. O'Reilly-Jones, whose address is:
3 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071.

4 3. On or about June 1, 2000, the Board issued Physician's and Surgeon's Certificate No.
5 G 85745 to John Timothy Katzen, M.D. (Respondent). The Physician's and Surgeon's Certificate
6 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-
7 2018-051240, and will expire on June 30, 2024, unless renewed.

8 **JURISDICTION**

9 4. Accusation No. 800-2018-051240 was filed before the Board. The Accusation and all
10 other statutorily required documents were properly served on Respondent on September 17, 2021.
11 Respondent timely filed his Notice of Defense contesting the Accusation. The First Amended
12 Accusation No. 800-2018-051240 was filed on April 14, 2022, and is currently pending against
13 Respondent.

14 5. A copy of the First Amended Accusation No. 800-2018-051240 is attached as exhibit
15 A and incorporated herein by reference.

16 **ADVISEMENT AND WAIVERS**

17 6. Respondent has carefully read, fully discussed with counsel, and understands the
18 charges and allegations in the First Amended Accusation No. 800-2018-051240. Respondent has
19 also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated
20 Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in the First Amended Accusation No. 800-2018-051240, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. 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

12. 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.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-051240 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.

14. 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.

15. 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 85745 issued to Respondent JOHN TIMOTHY KATZEN, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

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

2. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing

1 Medical Education (CME) requirements for renewal of licensure.

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

7 Respondent shall submit a certification of successful completion to the Board or its
8 designee not later than 15 calendar days after successfully completing the course, or not later than
9 15 calendar days after the effective date of the Decision, whichever is later.

10 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
11 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
12 advance by the Board or its designee. Respondent shall provide the approved course provider
13 with any information and documents that the approved course provider may deem pertinent.
14 Respondent shall participate in and successfully complete the classroom component of the course
15 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
16 complete any other component of the course within one (1) year of enrollment. The medical
17 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
18 Medical Education (CME) requirements for renewal of licensure.

19 A medical record keeping course taken after the acts that gave rise to the charges in the
20 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
21 or its designee, be accepted towards the fulfillment of this condition if the course would have
22 been approved by the Board or its designee had the course been taken after the effective date of
23 this Decision.

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

27 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
28 the effective date of this Decision, Respondent shall enroll in a professionalism program, that

1 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
2 Respondent shall participate in and successfully complete that program. Respondent shall
3 provide any information and documents that the program may deem pertinent. Respondent shall
4 successfully complete the classroom component of the program not later than six (6) months after
5 Respondent's initial enrollment, and the longitudinal component of the program not later than the
6 time specified by the program, but no later than one (1) year after attending the classroom
7 component. The professionalism program shall be at Respondent's expense and shall be in
8 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

1 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
2 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
3 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
4 signed statement for approval by the Board or its designee.

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

9 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
10 date of this Decision, Respondent shall receive a notification from the Board or its designee to
11 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
12 shall cease the practice of medicine until a monitor is approved to provide monitoring
13 responsibility.

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

20 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
21 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
22 name and qualifications of a replacement monitor who will be assuming that responsibility within
23 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
24 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
25 notification from the Board or its designee to cease the practice of medicine within three (3)
26 calendar days after being so notified. Respondent shall cease the practice of medicine until a
27 replacement monitor is approved and assumes monitoring responsibility.

28 In lieu of a monitor, Respondent may participate in a professional enhancement program

1 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
2 review, semi-annual practice assessment, and semi-annual review of professional growth and
3 education. Respondent shall participate in the professional enhancement program at Respondent's
4 expense during the term of probation.

5 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
6 Respondent shall provide a true copy of this Decision and the First Amended Accusation to the
7 Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership
8 are extended to Respondent, at any other facility where Respondent engages in the practice of
9 medicine, including all physician and locum tenens registries or other similar agencies, and to the
10 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
11 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
12 15 calendar days.

13 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

14 7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
15 governing the practice of medicine in California and remain in full compliance with any court
16 ordered criminal probation, payments, and other orders.

17 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
18 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
19 \$8,085.00. Costs shall be payable to the Medical Board of California. Failure to pay such costs
20 shall be considered a violation of probation.

21 Payment must be made in full within 30 calendar days of the effective date of the Order, or
22 by a payment plan approved by the Medical Board of California. Any and all requests for a
23 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
24 the payment plan shall be considered a violation of probation.

25 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
26 repay investigation and enforcement costs.

27 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
28 under penalty of perjury on forms provided by the Board, stating whether there has been

1 compliance with all the conditions of probation.

2 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
3 of the preceding quarter.

4 10. GENERAL PROBATION REQUIREMENTS.

5 Compliance with Probation Unit

6 Respondent shall comply with the Board's probation unit.

7 Address Changes

8 Respondent shall, at all times, keep the Board informed of Respondent's business and
9 residence addresses, email address (if available), and telephone number. Changes of such
10 addresses shall be immediately communicated in writing to the Board or its designee. Under no
11 circumstances shall a post office box serve as an address of record, except as allowed by Business
12 and Professions Code section 2021, subdivision (b).

13 Place of Practice

14 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
15 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
16 facility.

17 License Renewal

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

20 Travel or Residence Outside California

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

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

27 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
28 available in person upon request for interviews either at Respondent's place of business or at the

1 probation unit office, with or without prior notice throughout the term of probation.

2 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
3 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
4 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
5 defined as any period of time Respondent is not practicing medicine as defined in Business and
6 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
7 patient care, clinical activity or teaching, or other activity as approved by the Board. If
8 Respondent resides in California and is considered to be in non-practice, Respondent shall
9 comply with all terms and conditions of probation. All time spent in an intensive training
10 program which has been approved by the Board or its designee shall not be considered non-
11 practice and does not relieve Respondent from complying with all the terms and conditions of
12 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
13 on probation with the medical licensing authority of that state or jurisdiction shall not be
14 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
15 period of non-practice.

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

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

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

23 Periods of non-practice for a Respondent residing outside of California will relieve
24 Respondent of the responsibility to comply with the probationary terms and conditions with the
25 exception of this condition and the following terms and conditions of probation: Obey All Laws;
26 General Probation Requirements; and Quarterly Declarations.

27 13. COMPLETION OF PROBATION. Respondent shall comply with all financial
28 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

1 completion of probation. This term does not include cost recovery, which is due within 30
2 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
3 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
4 shall be fully restored.

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

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

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

27 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
28 a new license or certification, or petition for reinstatement of a license, by any other health care

1 licensing action agency in the State of California, all of the charges and allegations contained in
2 the First Amended Accusation No. 800-2018-051240 shall be deemed to be true, correct, and
3 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
4 seeking to deny or restrict license.

5 ACCEPTANCE

6 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
7 discussed it with my attorney, Derek F. O'Reilly-Jones, Esq. I understand the stipulation and the
8 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
9 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
10 bound by the Decision and Order of the Medical Board of California.

11
12 DATED:

9/12/2022

13 John Timothy Katzen, M.D.
Respondent

14 I have read and fully discussed with Respondent John Timothy Katzen, M.D. the terms and
15 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
16 I approve its form and content.

17 DATED: 09/12/2022

18 Derek F. O'Reilly-Jones
DEREK F. O'REILLY-JONES, ESQ.
Attorney for Respondent

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DATED: 9/13/2022

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

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

13 In the Matter of the First Amended Accusation
Against:

Case No. 800-2018-051240

FIRST AMENDED ACCUSATION

14 **JOHN TIMOTHY KATZEN, M.D.**
15 **9735 Wilshire Blvd., Suite 407**
16 **Beverly Hills, CA 90212**

17 **Physician's and Surgeon's Certificate**
No. G 85745,

18 Respondent.

19
20 **PARTIES**

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

24 2. On or about June 1, 2000, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 85745 to John Timothy Katzen, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on June 30, 2022, unless renewed.

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1 “(e) The commission of any act involving dishonesty or corruption that is
2 substantially related to the qualifications, functions, or duties of a physician and
3 surgeon.

4 “(f) Any action or conduct that would have warranted the denial of a certificate.

5 “(g) The failure by a certificate holder, in the absence of good cause, to attend
6 and participate in an interview by the board. This subdivision shall only apply to a
7 certificate holder who is the subject of an investigation by the board.”

8 6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
9 adequate and accurate records relating to the provision of services to their patients constitutes
10 unprofessional conduct.”

11 **COST RECOVERY**

12 7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
13 administrative law judge to direct a licensee found to have committed a violation or violations of
14 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
15 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
16 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
17 included in a stipulated settlement.

18 **FACTUAL SUMMARY**

19 **Initial Consultation – Patient A.**

20 8. Respondent is a practicing plastic surgeon. Patient A,¹ a 38-year-old female, sought
21 consultation with Respondent regarding body contouring on or about September 26, 2018. Patient
22 A had undergone bariatric surgery² in April of 2017, and after losing over 100 pounds, had
23 maintained a stable weight at the time of the consultation.

24 9. During the consultation, Patient A filled out several forms regarding her medical
25 history. Patient A reported a height of five feet, seven inches, and a weight of 217 pounds.

26
27 ¹ For the purpose of privacy, the patient’s name is omitted. Respondent is aware of the
identity of Patient A.

28 ² Bariatric surgery (or weight loss surgery) includes a variety of procedures performed on
obese people to aid weight loss.

Respondent made several notations on these forms; however, there was no documentation of a physical exam performed, a discussion of options for treatment, or a discussion of surgical risks.

10. Patient A was given a surgical fee quote that included four procedures to be performed in one surgical setting: abdominoplasty,³ brachioplasty,⁴ mastopexy⁵ and breast augmentation,⁶ and thoracoplasty.⁷

Follow-up Visits.

11. On October 10, 2018, Respondent's office contacted the Beverly Hills Sunset Surgery Center (BHSSC) to schedule surgery for Patient A. The estimated surgical time was 12 hours.

12. Patient A returned to Respondent's office for a follow-up appointment on November 13, 2018. The only documentation regarding this visit is a form listing the choice of breast implant size. There is no further documentation regarding this visit.

13. On November 28, 2018, Patient A again visited Respondent's office for a pre-operative appointment. There is no pre-operative note documenting this visit; however, Patient A signed consent forms for abdominoplasty, brachioplasty, breast augmentation and mastopexy, and thoracoplasty. Additionally, Respondent prescribed the following medications to Patient A: 10 tablets of Demerol⁸ 50 mg (to take every four hours as needed); 60 tablets of Valium⁹ 5mg (to take every six hours as needed); and 90 tablets of Percocet¹⁰ 10 mg-325 mg (1-2 tablets every six

³ Abdominoplasty or "tummy tuck" is a cosmetic surgery procedure used to make the abdomen thinner and firmer. The surgery involves the removal of excess skin and fat from the middle and lower abdomen in order to tighten the muscle and connective tissue of the abdominal wall.

⁴ Brachioplasty, commonly known as an "arm lift," is a surgical procedure to reshape and provide contour to the upper arms and connection area of chest wall.

⁵ Mastopexy or "breast lift" is the plastic surgery procedure for raising sagging breasts, by changing and modifying the size, contour, and elevation of the breasts.

⁶ Breast augmentation is a cosmetic surgery technique using breast implants to increase the size, change the shape, and alter the texture of the breasts.

⁷ A thoracoplasty is a cosmetic surgical procedure that removes skin and fat from the upper torso.

⁸ Demerol is the brand name for pethidine, also known as meperidine. It is a synthetic opioid pain medication used to treat moderate to severe pain.

⁹ Valium, also known as diazepam, is a benzodiazepine commonly used to treat a range of conditions, including anxiety, seizures, and muscle spasms.

¹⁰ Percocet is the brand name for oxycodone. It is an opioid that is used to treat moderate to severe short-term pain.

1 hours as needed).¹¹ At this same appointment, Patient A was instructed to obtain surgical
2 clearance from her primary care physician, a mammogram, chest x-ray, and various blood tests.
3 During an interview with Board investigators on July 27, 2020 (the "Board Interview"),
4 Respondent stated that he "wanted her, and she wanted to lose another 20 pounds before the
5 surgery."

6 14. Patient A was cleared for surgery by a physician assistant and there were no
7 abnormalities noted in any of her testing. The physician assistant's supervising physician did not
8 co-sign the history and physical examination.

9 **Surgery of December 3, 2018**

10 15. On December 3, 2018, Patient A arrived at BHSSC at 6:00 a.m. Patient A signed
11 additional documents giving BHSSC permission to administer anesthesia. Respondent marked
12 Patient A in the upright position. The pre-operative history and physical form listed Patient A's
13 pre-operative vital signs as normal. Her height was recorded as five feet, seven inches, and her
14 weight as 216.1 pounds.¹² The physical exam portion on the form was marked with a stamped
15 "Patient was cleared by Internist." There is no documentation that Respondent (or an agent of
16 Respondent) verified Patient A's history and physical. Patient A was placed in the operating room
17 at 7:00 a.m. At 7:50 a.m., Patient A was placed under general anesthesia and surgery commenced.

18 16. Respondent began by performing the brachioplasty on both upper arms. Respondent
19 then proceeded with the breast augmentation, placing breast implants weighing 600 cubic
20 centimeters in a subglandular¹³ position. Respondent then performed the mastopexy, creating a
21 bipedicle flap¹⁴ for the nipple areolar complexes (NAC).¹⁵ After the completion of the mastopexy,

22
23 ¹¹ The maximum amount allowed under Respondent's prescription would constitute a
24 daily morphine milligram equivalent (MME) of 120. According to the Centers for Disease
25 Control and Prevention, this would place the patient at an 8.9x higher risk of overdose.

26 ¹² This corresponds to a body mass index (BMI) of 33.8, which is categorized as an
27 "obese" body weight for adults of that height.

28 ¹³ Subglandular describes an implant pocket position that is beneath or deep to the glands
of the breast, but superficial to the pectoral muscle.

¹⁴ A bipedicle flap is a flap, a mass of tissue for grafting, that receives a blood supply from
two pedicles. A pedicle is a stem or stalk of tissue that connects parts of the body to each other.

¹⁵ The nipple areolar complex is the area positioned in the center of the human breast
which contains the nipple and the areola.

1 Respondent noted darkness to the NACs, with the right side being darker than the left side. Due to
2 venous congestion,¹⁶ Respondent removed the NACs in addition to some underlying breast
3 tissues. Respondent placed the NACs as full thickness grafts¹⁷ and created bolster dressings¹⁸
4 over these grafts. According to Respondent, the response to this complication added two hours to
5 the operative time. Respondent then performed a vertical, lateral thoracoplasty followed by
6 abdominoplasty. He also inserted a pain pump to slowly deliver local anesthesia to the muscle
7 repair. Surgery was completed at 8:30 p.m.

8 Post-Surgery

9 17. Dressings were placed on the surgical sites and the arms and breasts were wrapped
10 with dressing. Patient A was taken to the Post Anesthesia Care Unit at 9:10 p.m. Patient A's vital
11 signs were stable throughout the procedure and in the recovery room.

12 18. Post-surgery, the weight of tissue removed from the abdomen, arms, lateral chest, and
13 breasts appeared to weigh 15.11 pounds.

14 19. At 11:30 p.m., Patient A was transferred to Serenity Aftercare Facility (SAF) via
15 ambulance. The admission order stated that Respondent was to see Patient A at SAF. The
16 expected length of stay was one night.

17 20. During her stay, Patient A received intravenous fluids, pain medication, and
18 antibiotics. Additionally, Lovenox¹⁹ was given to prevent deep vein thrombosis.²⁰ It was noted
19 that SAF was to check with Respondent for the discharge order.

20 21. While at SAF, Patient A was in stable condition. She was kept on bedrest with
21 intravenous fluid hydration and urinary drainage via a catheter. Patient A's wounds were not
22

23 ¹⁶ Venous congestion is the engorgement of veins with blood. It is known to occur with
24 deep venous thrombosis.

25 ¹⁷ A full-thickness graft consists of the epidermis, the outermost layer of the skin, and the
26 entire thickness of the dermis, the thick layer of living tissue below the epidermis which forms the
27 true skin, containing blood capillaries, nerve endings, sweat glands, hair follicles, and other
28 structures.

¹⁸ A bolster dressing is a pack of firm dressing bandaged to the area of a skin graft to
apply constant pressure, promoting healing.

¹⁹ Lovenox is a brand of enoxaparin sodium used as an anticoagulant medication (blood
thinner) to treat and prevent deep vein thrombosis.

²⁰ Deep vein thrombosis occurs when a blood clot forms in one or more of the deep veins
in the body, usually in the legs.

1 assessed by the staff of SAF as there were orders not to remove any dressings.

2 22. On December 5, 2018 at 10:15 a.m., Patient A complained of severe pain and
3 received one table of Percocet. Patient A was subsequently discharged at 1:05 p.m. via ambulance
4 and transported to her home. Upon discharge, Patient A was ordered not to remove any dressing
5 until her first post-surgery appointment with Respondent. Her Foley catheter remained in place.
6 The first post-surgery appointment was scheduled for December 12, 2018. Additionally, Patient A
7 was given Lovenox, syringes, and needles to use at home after discharge to complete a 14-day
8 course. Respondent also prescribed 40 tablets of 500 mg of Cipro²¹ to be taken twice daily post-
9 surgery.

10 23. The day after Patient A's discharge, she was found unresponsive at home by her
11 mother. Patient A was pronounced dead at South Coast Global Medical Center in Santa Ana, CA.
12 The cause of death listed by the coroner was "acute bronchopneumonia."²² A private autopsy
13 attributed Patient A's death to respiratory failure caused by the combination of opioid and
14 diazepam reducing respiratory drive, and the post-surgical physical restriction of chest movement.

15 24. There is no documentation in the record of SAF that Respondent communicated with
16 SAF or Patient A after the surgery on December 3, 2018. There is no documentation in
17 Respondent's record that he communicated with SAF or Patient A after the surgery on December
18 3, 2018.

19 FIRST CAUSE FOR DISCIPLINE

20 (Gross Negligence)

21 25. Respondent's license is subject to disciplinary action under section 2234, subdivision
22 (b), of the Code, in that he committed gross negligence during the care and treatment of Patient
23 A, as more particularly alleged in paragraphs 8 through 24 above, which are hereby incorporated
24 by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

25 26. Respondent committed grossly negligent acts, including but not limited to:

26 ²¹ Cipro is a brand of ciprofloxacin, which is an antibiotic used to treat a number of
27 bacterial infections.

28 ²² Bronchopneumonia is a subtype of pneumonia. It is the acute inflammation of the
bronchi, the passages or airways in the respiratory system, accompanied by inflamed patches in
the nearby small lobes of the lungs.

A. Performing four major cosmetic surgeries (abdominoplasty, brachioplasty, mastopexy and breast augmentation, and thoracoplasty) in one setting, as inappropriately combining procedures increases patient risk of complications and even death; and

B. Failing to visit, speak to, or examine Patient A post-surgery during her stay at SAF.

27. Respondent's acts and/or omissions as set forth in paragraphs 8 through 26, inclusive, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Repeated Acts of Negligence)

28. 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, as more particularly alleged in paragraphs 8 through 27 above, which are hereby incorporated by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

29. Respondent committed the following additional negligent acts, including but not limited to:

A. Planning and staging the performance of 12 hours of elective cosmetic surgery in one sitting for an obese patient;

B. Failing to fully document patient encounters on September 26, 2018, November 13, 2018, and November 28, 2018;

C. Failing to verify the history and physical of Patient A on the day of the surgery,
December 3, 2018;

D. Prescribing an excessive amount of Percocet to Patient A in terms of the daily morphine milligram equivalent as well as the total volume of medication;

E. Prescribing an excessive amount of Valium, in combination with opioid pain medication, to Patient A;

F. Prescribing a 20-day course of antibiotics (Cipro) to Patient A for post-surgery

1 use that was not indicated; and

2 G. Leaving a Foley catheter in place with a plan not to remove it until the patient's
3 first post-operative visit nine days after surgery.

4 30. Respondent's acts and/or omissions as set forth in paragraphs 8 through 29, inclusive,
5 whether proven individually, jointly, or in any combination thereof, constitute repeated acts of
6 negligence pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for discipline
7 exists.

8 **THIRD CAUSE FOR DISCIPLINE**

9 **(Incompetence)**

10 31. By reason of the facts set forth in paragraphs 8 through 30, inclusive, Respondent's
11 license is subject to disciplinary action under section 2234, subdivision (d), of the Code, in that he
12 was incompetent in the care and treatment of Patient A, particularly with respect to Respondent's
13 decision to prescribe an excessive amount of Percocet to Patient A.

14 32. Respondent's acts and/or omissions as set forth in paragraphs 8 through 31, inclusive,
15 whether proven individually, jointly, or in any combination thereof, constitute incompetence
16 pursuant to section 2234, subdivision (d), of the Code. Therefore, cause for discipline exists.

17 **FOURTH CAUSE FOR DISCIPLINE**

18 **(Failure to Maintain Adequate Records)**

19 33. By reason of the facts set forth in paragraphs 8 through 32, inclusive, Respondent's
20 license is subject to disciplinary action under section 2266 of the Code in that he failed to
21 maintain adequate records in the care and treatment of Patient A.

22 34. Respondent's acts and/or omissions as set forth in paragraphs 8 through 33, inclusive,
23 whether proven individually, jointly, or in any combination thereof, constitute failure to maintain
24 adequate records pursuant to section 2266 of the Code. Therefore, cause for discipline exists.

25 **FIFTH CAUSE FOR DISCIPLINE**

26 **(Unprofessional Conduct)**

27 35. By reason of the facts set forth in paragraphs 8 through 34, inclusive, Respondent's
28 license is subject to disciplinary action under section 2234 of the Code in that he engaged in

1 unprofessional conduct when he violated section 2234, subdivisions (b) through (d), and section
2 2266 of the Code. In addition, Respondent engaged in conduct which breaches the rules or ethical
3 code of the medical profession, or conduct which is unbecoming a member in good standing of
4 the medical profession, and which demonstrates an unfitness to practice medicine.

5 36. Respondent's acts and/or omissions as set forth in paragraphs 7 through 34, inclusive,
6 whether proven individually, jointly, or in any combination thereof, constitute unprofessional
7 conduct. Therefore, cause for discipline exists.

8 **PRAYER**

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

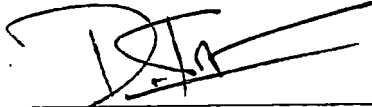
11 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 85745, issued
12 to Respondent, John Timothy Katzen, M.D.;

13 2. Revoking, suspending or denying approval of Respondent, John Timothy Katzen,
14 M.D.'s authority to supervise physician assistants and advanced practice nurses;

15 3. Ordering Respondent, John Timothy Katzen, M.D., to pay the Board the costs of the
16 investigation and enforcement of this case, and if placed on probation, the costs of probation
17 monitoring; and

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

19
20 DATED: APR 14 2022

21 
22 For: WILLIAM PRASIFKA Reji Varghese
23 Executive Director Deputy Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant
28

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