

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

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

**Leonel Lamon Rodriguez, M.D.**

**Physician's and Surgeon's  
Certificate No. A 54600**

**Respondent.**

**Case No.: 800-2018-049733**

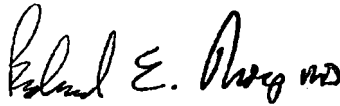
**DECISION**

**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**



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**Richard E. Thorp, M.D., Chair  
Panel B**

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
4 State Bar No. 179733  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 269-6475  
6 Facsimile: (916) 731-2117  
*Attorneys for Complainant*  
7

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

12 In the Matter of the First Amended Accusation  
Against:

13 LEONEL LAMON RODRIGUEZ, M.D.  
14 205 North 1st Street, #C  
Blythe, CA 92225

15 Physician's and Surgeon's Certificate  
16 No. A 54600,

17 Respondent.

Case No. 800-2018-049733

OAH No. 2022040086

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

21 **PARTIES**

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

26 2. Leonel Lamon Rodriguez, M.D. (Respondent) is represented in this proceeding by  
27 attorney Peter R. Osinoff, whose address is 355 South Grand Avenue, Suite 1750, Los Angeles,  
28 California 90071.

3. On or about September 1, 1995, the Board issued Physician's and Surgeon's Certificate No. A 54600 to Respondent. That license was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-049733, and will expire on September 30, 2023, unless renewed.

## JURISDICTION

4. First Amended Accusation No. 800-2018-049733 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 5, 2021. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2018-049733 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2018-049733. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended 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.

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

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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in First Amended  
3 Accusation No. 800-2018-049733, if proven at a hearing, constitute cause for imposing discipline  
4 upon his Physician's and Surgeon's Certificate.

5 10. Respondent does not contest that, at an administrative hearing, complainant could  
6 establish a prima facie case with respect to the charges and allegations in First Amended  
7 Accusation No. 800-2018-049733, a true and correct copy of which is attached hereto as Exhibit  
8 A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 54600 to  
9 disciplinary action.

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

13 **CONTINGENCY**

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

24 13. Respondent agrees that if he ever petitions for early termination or modification of  
25 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
26 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-  
27 049733 shall be deemed true, correct and fully admitted by Respondent for purposes of any such  
28 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 Respondent, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 54600 issued to Respondent Leonel Lamon Rodriguez, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. **CONTROLLED SUBSTANCES - PARTIAL RESTRICTION.** Respondent shall not order, prescribe, dispense, administer, furnish, or possess any Schedule II or Schedule III controlled substances as defined by the California Uniform Controlled Substances Act, until he successfully completes a course in prescribing practices approved in advance by the Board or its designee.

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

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained until the partial prescribing restriction set forth in paragraph 1 is removed.

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

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

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

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

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

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

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

18           6.    CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within sixty (60)  
19 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical  
20 competence assessment program approved in advance by the Board or its designee. Respondent  
21 shall successfully complete the program not later than six (6) months after Respondent's initial  
22 enrollment unless the Board or its designee agrees in writing to an extension of that time.

23           The program shall consist of a comprehensive assessment of Respondent's physical and  
24 mental health and the six general domains of clinical competence as defined by the Accreditation  
25 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
26 Respondent's current or intended area of practice. The program shall take into account data  
27 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
28 Accusation(s), and any other information that the Board or its designee deems relevant. The

1 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
2 than five (5) days as determined by the program for the assessment and clinical education  
3 evaluation. Respondent shall pay all expenses associated with the clinical competence  
4 assessment program.

5 At the end of the evaluation, the program will submit a report to the Board or its designee  
6 which unequivocally states whether Respondent has demonstrated the ability to practice safely  
7 and independently. Based on Respondent's performance on the clinical competence assessment,  
8 the program will advise the Board or its designee of its recommendation(s) for the scope and  
9 length of any additional educational or clinical training, evaluation or treatment for any medical  
10 condition or psychological condition, or anything else affecting Respondent's practice of  
11 medicine. Respondent shall comply with the program's recommendations.

12 Determination as to whether Respondent successfully completed the clinical competence  
13 assessment program is solely within the program's jurisdiction.

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

23 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
24 and Accusation(s), and a proposed monitoring plan. Within fifteen (15) calendar days of receipt  
25 of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a  
26 signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands  
27 the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor  
28 disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan

1 with the signed statement for approval by the Board or its designee.

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

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

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

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

26 In lieu of a monitor, Respondent may participate in a professional enhancement program  
27 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
28 review, semi-annual practice assessment, and semi-annual review of professional growth and

1 education. Respondent shall participate in the professional enhancement program at  
2 Respondent's expense during the term of probation.

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

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

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

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

18 11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
19 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of  
20 \$7,650.00 (seven thousand six hundred fifty dollars and no cents). Costs shall be payable to the  
21 Medical Board of California. Failure to pay such costs shall be considered a violation of  
22 probation.

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

27 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
28 to repay investigation and enforcement costs.

1       12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
2 under penalty of perjury on forms provided by the Board, stating whether there has been  
3 compliance with all the conditions of probation.

4       Respondent shall submit quarterly declarations not later than ten (10) calendar days after  
5 the end of the preceding quarter.

6       13. GENERAL PROBATION REQUIREMENTS.

7       Compliance with Probation Unit

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

9       Address Changes

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

15       Place of Practice

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

19       License Renewal

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

22       Travel or Residence Outside California

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

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

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

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

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

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

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

26       Periods of non-practice for a Respondent residing outside of California will relieve  
27 Respondent of the responsibility to comply with the probationary terms and conditions with the  
28 exception of this condition and the following terms and conditions of probation: Obey All Laws;

1 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
2 Controlled Substances; and Biological Fluid Testing.

3 16. COMPLETION OF PROBATION. Respondent shall comply with all financial  
4 obligations (e.g., restitution, probation costs) not later than one hundred twenty (120) calendar  
5 days prior to the completion of probation. This term does not include cost recovery, which is due  
6 within thirty (30) calendar days of the effective date of the Order, or by a payment plan approved  
7 by the Medical Board and timely satisfied. Upon successful completion of probation,  
8 Respondent's certificate shall be fully restored.

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

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

26 19. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
27 with probation monitoring each and every year of probation, as designated by the Board, which  
28 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

1 California and delivered to the Board or its designee no later than January 31 of each calendar  
2 year.

3 20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
4 a new license or certification, or petition for reinstatement of a license, by any other health care  
5 licensing action agency in the State of California, all of the charges and allegations contained in  
6 First Amended Accusation No. 800-2019-056733 shall be deemed to be true, correct, and  
7 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
8 seeking to deny or restrict license.

9 ACCEPTANCE

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

15  
16 DATED: 10-31-2022

  
LEONEL LAMON RODRIGUEZ, M.D.  
Respondent

18 I have read and fully discussed with Respondent Leonel Lamon Rodriguez, M.D. the terms  
19 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
20 Order. I approve its form and content.

21 DATED: 10/31/2022

  
PETER R. OSINOFF  
Attorney for Respondent

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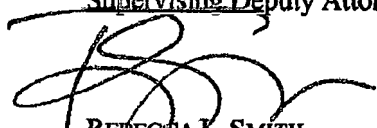
**ENDORSEMENT**

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

DATED: Nov. 10, 2022

Respectfully submitted,

ROB BONTA  
Attorney General of California  
JUDITH T. ALVARADO  
Supervising Deputy Attorney General



REBECCA L. SMITH  
Deputy Attorney General  
*Attorneys for Complainant*

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Attorney General of California  
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Deputy Attorney General  
4 State Bar No. 179733  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 269-6475  
6 Facsimile: (916) 731-2117  
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13 **Leonel Lamon Rodriguez, M.D.**  
14 **205 North 1st Street, #C**  
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16 **No. A 54600,**

17 **Respondent.**

Case No. 800-2018-049733

OAH No. 2022040086

**FIRST AMENDED ACCUSATION**

18  
19 **PARTIES**

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

23 2. On or about September 1, 1995, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number A 54600 to Leonel Lamon Rodriguez, M.D. (Respondent). The Physician's  
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
26 herein and will expire on September 30, 2023, unless renewed.

27 ///

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## JURISDICTION

3. This First Amended 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 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

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

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

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

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

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

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

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

### 9 STATUTORY PROVISIONS

10 6. Section 2234 of the Code, states:

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

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

16 (b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

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1       7.     Section 2266 of the Code states:

2             The failure of a physician and surgeon to maintain adequate and accurate  
3 records relating to the provision of services to their patients constitutes unprofessional  
4 conduct.

5       8.     Section 725 of the Code states:

6             (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
7 administering of drugs or treatment, repeated acts of clearly excessive use of  
8 diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or  
9 treatment facilities as determined by the standard of the community of licensees is  
10 unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist,  
11 physical therapist, chiropractor, optometrist, speech-language pathologist, or  
12 audiologist.

13            (b) Any person who engages in repeated acts of clearly excessive prescribing or  
14 administering of drugs or treatment is guilty of a misdemeanor and shall be punished  
15 by a fine of not less than one hundred dollars (\$100) nor more than six hundred  
16 dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than  
17 180 days, or by both that fine and imprisonment.

18            (c) A practitioner who has a medical basis for prescribing, furnishing,  
19 dispensing, or administering dangerous drugs or prescription controlled substances  
20 shall not be subject to disciplinary action or prosecution under this section.

21            (d) No physician and surgeon shall be subject to disciplinary action pursuant to  
22 this section for treating intractable pain in compliance with Section 2241.5.

#### 23                                   COST RECOVERY

24       9.     Business and Professions Code section 125.3 states that:

25             (a) Except as otherwise provided by law, in any order issued in resolution of a  
26 disciplinary proceeding before any board within the department or before the  
27 Osteopathic Medical Board upon request of the entity bringing the proceeding, the  
28 administrative law judge may direct a licensee found to have committed a violation or  
violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership,  
the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where  
actual costs are not available, signed by the entity bringing the proceeding or its  
designated representative shall be prima facie evidence of reasonable costs of  
investigation and prosecution of the case. The costs shall include the amount of  
investigative and enforcement costs up to the date of the hearing, including, but not  
limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount  
of reasonable costs of investigation and prosecution of the case when requested  
pursuant to subdivision (a). The finding of the administrative law judge with regard  
to costs shall not be reviewable by the board to increase the cost award. The board  
may reduce or eliminate the cost award, or remand to the administrative law judge if

1 the proposed decision fails to make a finding on costs requested pursuant to  
subdivision (a).

2 (e) If an order for recovery of costs is made and timely payment is not made as  
3 directed in the board's decision, the board may enforce the order for repayment in any  
appropriate court. This right of enforcement shall be in addition to any other rights  
4 the board may have as to any licensee to pay costs.

5 (f) In any action for recovery of costs, proof of the board's decision shall be  
conclusive proof of the validity of the order of payment and the terms for payment.

6 (g)(1) Except as provided in paragraph (2), the board shall not renew or  
7 reinstate the license of any licensee who has failed to pay all of the costs ordered  
under this section.

8 (2) Notwithstanding paragraph (1), the board may, in its discretion,  
9 conditionally renew or reinstate for a maximum of one year the license of any  
licensee who demonstrates financial hardship and who enters into a formal agreement  
10 with the board to reimburse the board within that one-year period for the unpaid  
costs.

11 (h) All costs recovered under this section shall be considered a reimbursement  
12 for costs incurred and shall be deposited in the fund of the board recovering the costs  
to be available upon appropriation by the Legislature.

13 (i) Nothing in this section shall preclude a board from including the recovery of  
the costs of investigation and enforcement of a case in any stipulated settlement.

14 (j) This section does not apply to any board if a specific statutory provision in  
15 that board's licensing act provides for recovery of costs in an administrative  
disciplinary proceeding.

#### 16 FIRST CAUSE FOR DISCIPLINE

##### 17 (Gross Negligence/Repeated Negligent Acts - 3 Patients)

18 10. Respondent is subject to disciplinary action under section 2234, subdivisions (b) and  
19 (c), of the Code for the commission of acts or omissions involving gross negligence/repeated  
20 negligent acts in the care and treatment of Patients 1, 2, and 3.<sup>1</sup> The circumstances are as follows:

##### 21 Patient 1

22 11. Patient 1 (or "patient") was a sixty-one-year-old female, who treated with Respondent  
23 from approximately 2004 through 2019,<sup>2</sup> when she died from pancreatic cancer. Per Respondent,  
24 Patient 1 had previously been evaluated by an orthopedic specialist, and had been referred to pain  
25

26 <sup>1</sup> The patients are identified by number to protect their privacy.

27 <sup>2</sup> These are approximate dates based on the medical records which were available to the Board.  
28 Patient 1 may have treated with Respondent before or after these dates. Care rendered by Respondent  
prior to 2015 is referenced to demonstrate pattern and practice.

1 management specialists who were approximately 100 miles away. During the above dates,  
2 Respondent mainly prescribed to Patient 1 monthly refills of Hydrocodone (an opioid/painkiller),  
3 Oxycontin (opioid/painkiller), Carisoprodol (Soma), Promethazine/Codeine, and Alprazolam  
4 (Xanax).<sup>3</sup>

5 12. During his treatment of Patient 1, there was no adequate documentation by  
6 Respondent of a plan to consider further diagnostic evaluation. Also, there was no adequate  
7 documentation that Respondent consistently consulted with Patient 1's pain management  
8 specialist (e.g., annually) in order to confirm that Patient 1's drug regimen was still indicated.  
9 Moreover, most of the records were illegible and the content (e.g., medical history and physical  
10 examination) detailing Respondent's treatment of Patient 1 was minimal. Specifically, the  
11 progress notes lacked any detailed assessment of Patient 1's history or treatment of her pain and  
12 spine issues.

13 13. Overall, Respondent's care and treatment of Patient 1, as outlined above, represents  
14 an extreme departure from the standard of care for Respondent's lack of a treatment plan and  
15 objectives with respect to Patient 1; an extreme departure from the standard of care for  
16 Respondent's inadequate periodic review of Patient 1's relief from pain or improved physical or  
17 psychological functioning; and an extreme departure from the standard of care for Respondent's  
18 lack of consultation with Patient 1's pain management specialist, and repeated negligent acts,  
19 based on the foregoing and the failure to conduct an appropriate history and physical examination  
20 of Patient 1.

21 **Patient 2**

22 14. Patient 2 (or "patient") is a fifty-five-year-old female, who treated with Respondent  
23 from approximately 2008 through 2019,<sup>4</sup> for various conditions including low back pain,

24  
25 <sup>3</sup> These medications are all controlled substances, with most having serious side effects and risk  
26 for addiction. They are also dangerous drugs pursuant to section 4022 of the Code. Respondent indicated  
27 that he thought he stopped prescribing Patient 1 hydrocodone, but CURES (Controlled Substance  
Utilization Review and Evaluation System, a drug monitoring database for Schedule II through V  
controlled substances dispensed in California), shows consistent refills.

28 <sup>4</sup> Again, these are approximate dates based on the medical records which were available to the  
Board. Patient 2 may have treated with Respondent before or after these dates.

1   hypothyroidism, and headaches. According to Respondent, Patient 2 was already taking  
2   oxycodone when he took over Patient 2's care, and also per Respondent, Patient 2 was previously  
3   evaluated by a pain management specialist. During his treatment of Patient 2, Respondent  
4   prescribed to her controlled substances including Oxycontin, Oxycodone, and Alprazolam.

5       15.   Similar to Patient 1 mentioned above, during Respondent's treatment of Patient 2,  
6   there was no adequate documentation by Respondent of a plan to consider further diagnostic  
7   evaluation, or tapering of opioid medication or non-opioid treatment for Patient 2. Like Patient 1  
8   above, Patient 2's controlled substances were continually refilled without any evidence of  
9   consideration by Respondent for tapering of same. There was no adequate documentation that  
10   Respondent consistently consulted with Patient 2's pain management specialist (e.g., annually) in  
11   order to confirm that Patient 2's drug regimen was still indicated. Most of the records for Patient  
12   2 were illegible and the content (e.g., medical history and physical examination) detailing  
13   Respondent's treatment of Patient 2 was also minimal. Specifically, the progress notes lacked  
14   any detailed assessment by Respondent of Patient 2's history of treatment for her pain, and there  
15   was no evidence that Respondent performed a detailed examination to evaluate the source of  
16   Patient 2's pain.

17       16.   Overall, Respondent's care and treatment of Patient 2, as outlined above, represents  
18   an extreme departure from the standard of care for Respondent's failure to prepare a treatment  
19   plan and objectives with respect to Patient 2; an extreme departure from the standard of care for  
20   Respondent's inadequate periodic review of Patient 2's pain treatment and failure to make  
21   modifications in treatment based on the patient's progress or lack thereof; and an extreme  
22   departure from the standard of care for Respondent's lack of consultation with Patient 2's pain  
23   management specialist, as well as repeated acts of negligence, based on the foregoing and the  
24   failure to conduct an appropriate history and physical examination of Patient 2.

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1 **Patient 3**

2 17. Patient 3 (or "patient") is a sixty-two-year-old female, who treated with Respondent  
3 from approximately 2017 through 2020,<sup>5</sup> predominantly for anxiety issues. During his treatment  
4 of Patient 3, Respondent prescribed to the patient controlled substances such as Xanax (for  
5 anxiety), Ambien (sleep aid), Soma (muscle relaxant), Buspar (for anxiety), and Trazadone  
6 (antidepressant). A note in February 2020, indicated that Patient 3 was receiving care from  
7 psychiatry.

8 18. Other than progress notes in 2020, there does not appear to be any attention by  
9 Respondent towards the treatment of Patient 3's anxiety, other than refilling medication. There is  
10 no documentation that Respondent discussed with Patient 3 regarding the side effects of the  
11 medication being prescribed to her (i.e., informed consent). Moreover, Patient 3's controlled  
12 substances were continually refilled by Respondent without any evidence for tapering of same.  
13 Similar to the above patients, most of the records for Patient 3 were illegible and the content (e.g.,  
14 medical history and physical examination) detailing Respondent's treatment of Patient 3 was  
15 minimal. Specifically, the handwritten notes were cursory and contained very little details about  
16 Patient 3's anxiety or sleep disorder.

17 19. Overall, Respondent's care and treatment of Patient 3, as outlined above, represents  
18 an extreme departure from the standard of care for Respondent's lack of a treatment plan and  
19 objectives with respect to Patient 3; an extreme departure from the standard of care with respect  
20 to informed consent; and an extreme departure from the standard of care in Respondent's  
21 inadequate periodic review of Patient 3's relief from pain or improved physical or psychological  
22 functioning, as well as repeated acts of negligence based on the foregoing and the failure to  
23 conduct an appropriate history and physical examination of Patient 3.

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28 <sup>5</sup> Again, these are approximate dates based on the medical records which were available to the  
Board. Patient 3 may have treated with Respondent before or after these dates.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Excessive Prescribing - 3 Patients)**

3 20. By reason of the facts and allegations set forth in the First Cause for Discipline above,  
4 Respondent is subject to disciplinary action under section 725 of the Code, in that Respondent  
5 excessively prescribed dangerous drugs to Patients 1, 2, and 3, above.

6 **THIRD CAUSE FOR DISCIPLINE**

7 **(Inadequate Records - 3 Patients)**

8 21. By reason of the facts and allegations set forth in the First Cause for Discipline above,  
9 Respondent is subject to disciplinary action under section 2266 of the Code, in that Respondent  
10 failed to maintain adequate and accurate records of his care and treatment of Patients 1, 2, and 3,  
11 above.

12 **DISCIPLINARY CONSIDERATIONS**

13 22. To determine the degree of discipline, if any, to be imposed on Respondent,  
14 Complainant alleges that effective March 11, 2016 (the "2016" Decision), in a prior disciplinary  
15 action entitled *In the Matter of the Accusation Against Leonel Lamon Rodriguez, M.D.*, case no.  
16 09-2013-232460, before the Medical Board of California, a Public Letter of Reprimand (PLR)  
17 was issued against Respondent's Physician's and Surgeon's Certificate for a Driving Under the  
18 Influence (DUI) conviction. The PLR is now final and is incorporated by reference as if fully set  
19 forth.

20 **PRAYER**

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

23 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 54600,  
24 issued to Leonel Lamon Rodriguez, M.D.;

25 2. Revoking, suspending or denying approval of Leonel Lamon Rodriguez, M.D.'s  
26 authority to supervise physician assistants and advanced practice nurses;

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3. Ordering Leonel Lamon Rodriguez, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: OCT 18 2022

  
\_\_\_\_\_  
WILLIAM PRASIPKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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