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

In the Matter of the First Amended Accusation Against:	)	
ANDREA LOUISE HEDIN, M.D.	)	Case No. 12-2011-218087
Physician's and Surgeon's Certificate No. G 46755	)	
Respondent.	)	

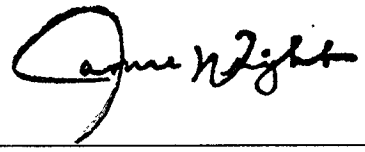
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on March 6, 2015.

IT IS SO ORDERED February 5, 2015.

MEDICAL BOARD OF CALIFORNIA



By: _____
Jamie Wright, J.D., Chair
Panel A

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Supervising Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **ANDREA LOUISE HEDIN, M.D.** Kaiser Permanente 99 Montecillo Road San Rafael, CA 94903 Physician's and Surgeon's Certificate No. G46755 Respondent.	Case No. 12-2011-218087 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPRIMAND**

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

PARTIES

1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical Board of California. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Emily L. Brinkman, Deputy Attorney General.

2. Respondent Andrea Louise Hedin, M.D. ("Respondent") is represented in this proceeding by attorney Ann H. Larson, whose address is: McNamara, Ney, Beatty, Slattery, Borges & Ambacher LLP, 1211 Newell Ave., P.O. Box 5288, Walnut Creek, CA 94596.

3. On or about January 4, 1982, the Medical Board of California issued Physician's and Surgeon's Certificate No. G46755 to Andrea Louise Hedin, M.D. (Respondent). Respondent's Physician and Surgeon's Certificate expires, unless otherwise renewed, on May 31, 2015.

JURISDICTION

4. Accusation No. 12-2011-218087 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 19, 2013. Respondent timely filed her Notice of Defense contesting the Accusation.

5. Complainant filed the First Amended Accusation No. 12-2011-218087 on December 12, 2013 and is currently pending against Respondent.

6. A copy of the First Amended Accusation No. 12-2011-218087 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the First Amended Accusation No. 12-2011-218087. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

10. Respondent does not contest that, at an administrative hearing Complainant could establish a prima facie case with respect to the charges and allegations contained in the First Amended Accusation No. 12-2011-218087 and that she has thereby subjected her license to disciplinary action.

11. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's Public Letter of Reprimand 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

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DISCIPLINARY ORDER

1. **PUBLIC REPRIMAND.**

IT IS HEREBY ORDERED that Respondent Andrea Louise Hedin, M.D., Physician's and Surgeon's Certificate No. G46755, shall be and hereby is publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This public reprimand is issued in connection with Respondent's treatment as an addiction psychiatrist for one patient, as set forth in the First Amended Accusation No. 12-2011-218087. Specifically, Respondent assumed the care of Patient A when she was inexperienced with the serious addiction issues that this patient suffered.

2. **Clinical Training Program**

Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine (Program). Respondent shall successfully complete the Program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of Respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to Respondent's area of practice in which Respondent was alleged to be deficient, and at minimum, a 40 hour program of clinical education in the area of practice in which Respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on Respondent's performance and test results in the assessment and clinical education, the Program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting Respondent's

practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, Respondent shall submit to and pass an examination. Determination as to whether Respondent successfully completed the examination or successfully completed the program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical training program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical training program have been completed. If Respondent did not successfully complete the clinical training program, she shall not resume the practice of medicine until a final decision has been rendered on the accusation. Failure to enroll, participate in, or successfully complete the clinical training program within the designated time period shall constitute unprofessional conduct and grounds for further disciplinary action.

3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have

been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

ACCEPTANCE

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

DATED: 12/30/14

Andrea Louise Hedin, M.D.
Respondent

I have read and fully discussed with Respondent Andrea Louise Hedin, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reprimand. I approve its form and content.

DATED: 12/30/14

Ann H. Larson
Attorney for Respondent

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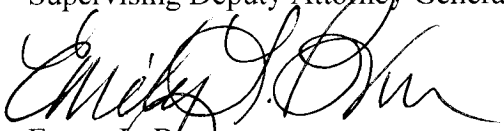
ENDORSEMENT

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

Dated: 1/5/2015

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JOSE R. GUERRERO
Supervising Deputy Attorney General



EMILY L. BRINKMAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 12-2011-218087

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 12, 2012
BY: [illegible] ANALYST

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

In the Matter of the First Amended Accusation Against: **ANDREA LOUISE HEDIN, M.D.** **Kaiser Permanente** **99 Montecillo Road** **San Rafael, CA 94903** Physician and Surgeon's Certificate No. G46755 Respondent.	Case No. 12-2011-218087 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about January 4, 1982, the Medical Board of California issued Physician and Surgeon's Certificate Number G46755 to Andrea Louise Hedin, M.D. (Respondent). Respondent's Physician's and Surgeon's Certificate expires, unless otherwise renewed, on May 31, 2015.

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JURISDICTION

3. This First Amended Accusation is brought before the Medical Board of California (Board)[1], Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2220 of the Code states:

"Except as otherwise provided by law, the Division of Medical Quality may take action against all persons guilty of violating this chapter [Chapter 5, the Medical Practice Act]. The division shall enforce and administer this article as to physician and surgeon certificate holders, and the division shall have all the powers granted in this chapter for these purposes including, but not limited to:

"(a) Investigating complaints from the public, from other licensees, from health care facilities, or from a division of the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying any report received pursuant to Section 805 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805.

"(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

"(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon."

5. Section 2227 of the Code states:

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[1] The term "Board" means the Medical Board of California. "Division of Medical Quality" or "Division" shall also be deemed to refer to the Board (Bus. & Prof. Code section 2002).

"(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 educations courses approved by the board.

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

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

6. Section 2234 of the Code, states in relevant part:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

7. Section 2241 of the Code states:

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

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

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

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

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

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

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

"(A) Impaired control over drug use.

"(B) Compulsive use.

"(C) Continued use despite harm.

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

8. Section 4022 defines "dangerous drug" as any drug unsafe for self-use in humans and includes any drug labeled as available by prescription only.

RELEVANT DRUG INFORMATION

9. **Ambien**, a trade name for zolpidem tartrate, is a non-benzodiazepine hypnotic. It is a dangerous drug as defined in section 4022 and a schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. It is indicated for the short-term treatment of insomnia. It is a central nervous system (CNS) depressant and should be used cautiously in combination with other CNS depressants. Any CNS could potentially enhance the CNS depressive effects of Ambien.

10. **Butalbital** (with caffeine and either aspirin (fiorinol) or acetaminophen (fioricet) compound), contains a barbiturate with intermediate duration and is generally combined with other medication. It is defined as a dangerous drug as defined in section 4022 and a schedule III controlled substance as defined by section 11056(e) of the Health and Safety Code. It is a physically and psychologically addictive barbiturate. When butalbital is used with the stronger schedule II narcotics, suicide or accidental death occurs much more frequently than with one drug

alone. The use of alcohol, benzodiazepines, and other CNS depressants often contribute to respiratory depression, coma, and in extreme cases fatality.

11. **Cymbalta**, a trade name for duloxetine, is a selective serotonin and norepinephrine reuptake inhibitor antidepressant (SSNRI). It affects chemicals in the brain that may become unbalanced and cause depression. It is used to treat major depressive disorder and general anxiety disorder. It is a dangerous drug as defined in section 4022.

12. **Diazepam**, also known as Valium, is a psychotropic drug for the management of anxiety disorders. It is a dangerous drug as defined in section 4022 and a schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. Diazepam can produce psychological and physical dependence and it should be prescribed with caution particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to habituation and dependence.

13. **Epidrin** is the tradename for acetaminophen, dichloralphenazone, and isometheptene compound. It is a dangerous drug as defined in section 4022 and a schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. It is commonly used to treat migraines and tension headaches.

14. **Fentanyl transdermal patch**, also known by the trade name Duragesic, is a dangerous drug as defined in section 4022 and a schedule II controlled substance as defined by section 11055(c)(8) of the Health and Safety Code. Fentanyl can produce drug dependence of the morphine type and therefore has the potential for being abused.

15. **Flexaril**, a trade name for cyclobenzaprine hydrochloride (HCL), is a muscle relaxant. It is a dangerous drug as defined in section 4022. Flexaril may enhance effects of alcohol, barbiturates, and other CNS depressants.

16. **Hydromorphone hydrochloride**, also known as Dilaudid, is an opioid used to treat moderate to severe pain. It is a dangerous drug as defined in section 4022 and a schedule II controlled substance as defined by section 11055(c)(8) of the Health and Safety Code. Dilaudid is highly addictive and can cause tolerance in long term users-requiring larger and larger doses to achieve the benefit of the medication.

17. **Gabapentin**, a trade name for Neurontin, is an antiepileptic and is indicated as adjunctive therapy in the treatment of partial seizures with and without secondary generalization in adults with epilepsy. It is a dangerous drug within the meaning of section 4022.

18. **Lorazepam**, also known as Ativan, is used to treat anxiety. It is a dangerous drug as defined in section 4022 and a schedule IV controlled substance as defined by section 11057 of the Health and Safety Code.

19. **Lunesta**, the brand name for eszopiclone, is a sedative hypnotic and used primarily to treat sleep disorders. It is a dangerous drug as defined in section 4022 and a schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. It is indicated for the short-term treatment of insomnia. It is a CNS depressant and should be used cautiously in combination with other CNS depressants as it could potentially enhance the CNS depressive effects of Lunesta.

20. **Morphine sulfate** is for use in patients who require a potent opioid analgesic for relief of moderate to severe pain. Morphine is a dangerous drug as defined in section 4022 and a schedule II controlled substance as defined by section 11055(b)(1) of the Health and Safety Code. Morphine can produce drug dependence and has a potential for being abused. Tolerance and psychological and physical dependence may develop upon repeated administration.

21. **Oxycodone** with either acetaminophen or aspirin both contain oxycodone. Oxycodone is a semisynthetic narcotic analgesic with multiple actions qualitatively similar to those of morphine. It is a dangerous drug as defined in section 4022 and a schedule II controlled substance as defined by section 11055(b)(1) of the Health and Safety Code. Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused.

22. **Oxycontin** is a trade name for oxycodone hydrochloride controlled-release tablets. It is a dangerous drug as defined in section 4022 and a schedule II controlled substance as defined by section 11055(b)(1) of the Health and Safety Code. Respiratory depression is the chief hazard from all opioid agonist preparations. Interactive effects resulting in a respiratory depression, hypotension, profound sedation or coma may result if these drugs are taken in combination with other CNS depressants.

23. **Phenobarbital** is a barbiturate. It is a dangerous drug as defined in section 4022 and a schedule IV controlled substance as defined by section 11057(d)(19) of the Health and Safety Code. Barbiturates are capable of producing all levels of CNS mood alteration, from excitation to mild sedation, hypnosis, and deep coma.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Gross Negligence)

24. Respondent is subject to disciplinary action under section 2234(b) [gross negligence] of the Code in that Respondent engaged in unprofessional conduct based on the following circumstances:

25. On or about April 21, 2006, Patient A[2] began seeing the Respondent for the specific purpose of getting off of several prescribed medications, including butalbital. During this first session, Respondent took a history of Patient A that indicated the reasons for taking butalbital (prior head injury with migraines), the doses of current medications, and her use of alcohol. At the end of the session, Respondent created a treatment plan that included a taper of the butalbital and possibly adding Vicodin and valium.

26. Over the course of Respondent's treatment of Patient A, Respondent prescribed two forms of butalbital: fioricet, which is a combination of acetaminophen (325 mg), caffeine (40 mg), and butalbital (50 mg); or fiorinal, the butalbital compound with aspirin. Respondent also prescribed additional medications to Patient A, including: Ativan/lorazepam, lunesta, epidrin, and Phenobarbital. Patient A also had prescriptions for the following medications from other medical providers: Ativan/lorazepam, fiorinal (the butalbital compound with aspirin), diazepam, hydromorphone hydrocholoride, fentanyl transdermal patch, morphine sulfate, oxycontin, zolpidem tartrate, fioricet (the butalbital compound with acetaminophen), Phenobarbital, epidrin, and oxycodone. Many of the prescriptions were being filled by both Respondent and other medical providers concurrently.

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[2] Patient A will be used as a means to protect the patient's identity. The Respondent may learn the patient's identity through the discovery process.

27. On or about April 28, 2006, Respondent next saw Patient A. In the progress note for this session, Respondent wrote down the current medications being taken, including: "Phenobarbital/butalbital 4/day → 2/day." Additionally, the progress note indicated that Patient A did not want to begin the butalbital taper until Mid-May.

28. Patient A requested an early refill of butalbital on June 12, 2006 and received a prescription refill of five pills from another doctor.

29. Patient A then emailed Respondent on June 13, 2006 requesting a larger and early refill of butalbital and Ativan/lorazepam because she was going out of town. Respondent replied to the email indicating she approved both prescriptions for refill.

30. On June 20, 2006, Patient A again saw Respondent and reported that doctors found an abnormal breast lump and that she was dealing with additional medical issues. Respondent continued Patient A on the same medication regimen.

31. On June 29, 2006, Patient A phoned Respondent and cancelled her upcoming appointment, indicating she would call Respondent when she wanted to start seeing her again. The progress note for this entry states, "we will back off of attempts to get her off of the butalbital at this time."

32. Respondent began seeing Patient A again on September 12, 2006. Patient A's butalbital intake had increased from three to four pills per day to four to six pills per day.

33. On February 27, 2007, Patient A's progress notes indicate that she was taking eight to ten butalbital pills per day. Respondent suggested Patient A stop taking butalbital and switch to a different medication or try the taper of butalbital again. Patient A wanted to try to taper off of the butalbital rather than stop taking it. The progress notes also indicate that Patient A was having more headaches. Respondent wrote a prescription for butalbital for 80 pills with instructions for two pills every four to six hours. No refills were approved. Respondent tried to replace the butalbital with neurontin, but Patient A was not receptive to that suggestion.

34. Between February 27, 2007 through November 29, 2010, Patient's A progress notes contain numerous early refill requests for butalbital. Patient A provided a variety of reasons for the early refills, such as: she lost or misplaced her medication; she never picked up the previous

prescription; the pharmacy dispensed the prescription to another person; that she would be running errands and wanted to include her pharmacy trips for convenience; that she was leaving on vacation or work trips; or that she left her medication somewhere on vacation.

35. Patient A would communicate through emails and the telephone with Respondent for medication refills, scheduling/rescheduling appointments, and discussing her care. Often when Patient A cancelled appointments, she would ask for the rescheduled appointments to be by phone rather than in-person, which Respondent often accommodated.

36. By April 27, 2007, the progress notes for Patient A indicate that the pharmacy called Respondent to report Patient A was using 100 pills of butalbital every eight days. When Respondent questioned Patient A about this usage, the patient denied the usage. Respondent wrote in the notes, "I wonder if someone else is taking these?"

37. On or about June 26, 2007, Respondent requested that Patient A keep a log of her butalbital usage or she would switch her to tegretol. Respondent did not follow through with log requirement or switch her to tegretol. Respondent continued to prescribe butalbital without any conditions.

38. Towards the fall of 2007, Patient A was using the butalbital to reduce headaches as well as for hot flashes caused by her breast cancer treatment medications. The patient's medical chart does not indicate any concern by Respondent that these were withdrawal headaches or that butalbital was an appropriate choice to deal with hot flashes. Respondent continued to prescribe medications that Patient A reported were for headache issues despite Respondent's specialization in psychiatry.

39. Around May 8, 2008, there was an email exchange between Respondent and Patient A about having only one doctor monitor and prescribe her medications, including the butalbital. The patient wanted Respondent to monitor her medications. Respondent continued to prescribe numerous medications to the patient.

40. During Respondent's treatment of Patient A, the patient had numerous health issues, including: a) breast cancer diagnosis, followed by radiation treatment and double mastectomy; b) breast revision surgery following surgical complications; and c) five different hospitalizations.

The Patient also had several personal crises that Respondent was aware of, including: a) the patient's mother having surgery; b) separating and divorcing from her husband; and c) moving homes.

41. The patient's progress notes for November 18, 2008 indicate that the patient was hospitalized following breast cancer surgery for nine days. During that hospitalization, she was placed on a ventilator and had butalbital withdrawal seizures. Once released from the hospital, Patient A was also placed on a wound vacuum.

42. Patient A requested an early refill of butalbital on August 18, 2009 via email. The progress notes attached to this communication, indicated that the pharmacist was again concerned about Patient A's butalbital usage and that she was using approximately 18 pills per day. The patient denied this. Respondent's email response stated, "I hope that someone or something is wrong as we keep giving you refills and you keep running out. I am hoping that it is going into a hollow log [sic] or the toilet and not into you." The related progress notes indicate that the patient again agreed to keep a medication log and get a pill box to keep track of her usage.

43. In an email exchange dated December 15, 2009, Patient A indicated she would be going to the San Francisco Chronic Pain Clinic on December 16, 2009. Despite the patient's treatment by the pain clinic, Respondent continued to refill her prescriptions

44. A progress note for September 17, 2010 indicate that Patient A called Respondent's office for an early refill of butalbital. The note indicated that Respondent authorized 70 pills on September 13 and the patient had six pills left. The progress note indicates that this usage was equivalent to 15 pills per day, or one per hour while awake. The Respondent did not authorize the early refill.

45. On or about November 16, 2010, the progress note states that the Respondent informed the patient that with all the medications she was taking, specifically the Ativan/lorazepam and butalbital, there was a risk of cognitive impairment and that she did not want the patient to "die in her sleep." Despite this notation, Respondent continued regularly refilling butalbital, including allowing early refills.

46. Between January 4th through January 7th, 2011, Respondent admitted Patient A into Kaiser Foundation Hospital in San Rafael in order for Patient A to undergo controlled withdrawal from the butalbital and begin phenobarbital. Patient A continued taking: fentanyl transdermal patch (100 micrograms per hour-72 hour patch), gabapentin (300 mg three times a day), and Cymbalta (60 mg daily). At discharge, Respondent instructed Patient A that she would be restricted to no more than 30 pills of four mg of Dilaudid each month. This was not translated into a formal agreement. Respondent also referred Patient A to a level three pain management program.

47. Following the hospitalization and detoxification from the butalbital. Patient A continued complaining via email of increased pain and requested early refills of Dilaudid. Respondent's Registered Nurse (RN) responded to Patient A's emails that Respondent would not allow early refills based on Respondent's instructions to her following discharge from the hospital and until Patient A enrolled in a level three pain program.

48. On or about January 31, 2011, Patient A again emailed Respondent that she was unable to get into the level three pain program until February 9, 2011 and, ". . . the refusal to see me and/or evaluate me after my dramatic medication change is frankly mystifying."

49. On or about February 7, 2011, Respondent's medical records for Patient A state: ". . . [Patient A] was unaware [she] had named me in the suit. She says that she always felt that I had her care and wellness in mind. Agrees that she was taking more butalbital than she was aware of doing and that the use itself may have gotten in the way of her being able to manage it."

50. Between February and June 2011, Respondent continued treating Patient A along with a pain specialist and her primary care provider, an internist. Patient A obtained a variety of medications from all three providers during this period, including requests for early refills of Flexaril,[3] and Fentanyl.[4]

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[3] Patient A's primary care provider attempted to get Patient A to reduce her use of Flexaril at night and eventually stated in an email to Patient A, "I will refill but NO MORE than 3 a night-seriously! I am trying to be a good doc to you so please work with me on this. Next refill will be for 90 and must last 30 days. We can try to find other medications. Flexaril isn't a sleeping pill per say anyway. Fair?? – make an appointment and we can discuss more. I can run by Dr. Hedin as well/maybe she is ok with that dose but I have learned differently."

51. On or about June 7, 2011, Respondent's progress notes for Patient A states: "Calling [Patient A] to address question of whether she should be referred to CD [chemical dependence] treatment and/or to another therapist. Issue of addiction found me wanting, she sees addiction in retrospect, but now thinks it is all better. Encouraged her to do an intake with CD therapist to assess for addiction and to start coming to ED [educational] series in CD."

52. On or about June 15, 2011, Respondent discussed Patient A's care with her primary care provider. Respondent told Patient A's primary care provider that she could not address Patient A's addiction issues and that Patient A should transfer to another system.

53. On or about June 21, 2011, Patient A wrote an email to her primary care provider stating, "in light of the Judge's findings[5] in my legal matter and based on my last contact on June 7th with Dr. Hedin, I no longer feel I can have a successful therapeutic relationship going forward with her." However, on that same day, Patient A emailed Dr. Hedin asking for advice on tapering off of the Phenobarbital.

54. During the Respondent's Medical Board interview on October 21, 2011, she admitted that it was not until Spring of 2010 that she really became concerned about Patient A's butalbital usage. However, Respondent indicated she was concerned about denying the patient's refill requests because of prior withdrawal seizures and other "life stressors."

55. The Respondent completed a summary of her care of Patient A for the Board. In this summary, she admitted that, while she initially tried to control Patient A's butalbital usage, she did not really have concerns about her long-term use or pattern of use until the Spring of 2010. By this time, Patient A had been on butalbital since approximately 2000. Respondent admitted that she did not see evidence of addiction in Patient's usage of medications prescribed to her, but that Patient A was physically dependent on the butalbital.

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[4] Patient A complained that her Fentanyl patches would fall off in the shower.

[5] Patient A filed a civil suit alleging medical malpractice against Kaiser Permanente based on the care provided during her breast cancer treatment. The case was heard and decided by an arbitrator.

56. Respondent committed unprofessional conduct amounting to gross negligence in violation of section 2234(b) of the Code, in that Respondent departed from the standard of care in her treatment of Patient A's addiction issues.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

57. Respondent is subject to disciplinary action under section 2234(c) [repeated negligent acts] of the Code in that Respondent engaged in unprofessional conduct as alleged in paragraphs 24 through 58, which are herein incorporated by reference as if fully set forth. Respondent failed to do the following:

A. Assess Patient A's motivation to stop taking addictive medications;

B. Educate Patient A about the addictive nature of the prescribed medications;

C. Show a basic knowledge of pharmacology;

D. Consider Patient A's physical and psychological safety;

E. Coordinate medications being prescribed to Patient A with other providers;

F. Provide continuous care when allowing Patient A to be seen by other physician's who also prescribed medication, while Respondent continued refilling Patient A's prescriptions; and

G. Do the fundamental work necessary to recognize and treat Patient A's addiction.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Incompetence/Lack of Knowledge)

58. Respondent is subject to disciplinary action under section 2234(d) [incompetence/lack of knowledge] of the Code in that Respondent engaged in unprofessional conduct as alleged in paragraphs 24 through 59, which are herein incorporated by reference as if fully set forth. Respondent failed to do the following:

A. Acknowledge and consider Patient's A request and desire to wean herself off medication while at the same time understanding and dealing with potential addiction issues;

B. Motivate and educate Patient A on the Stage of Change model of addiction rehabilitation—the standard of care for addiction medicine;

C. Recognize Patient A was an individual who could be characterized as either unmotivated or not ready for therapy (or any other health promotion programs);

D. Recognize issues associated with tapering controlled substance medications and subsequent withdrawal concerns; and

E. Recognize her unfamiliarity and inexperience in treating Patient A's migraine's.

59. Respondent's acts or omissions with respect to Patient A, whether jointly or separately or in any combination thereof, constitutes cause for disciplinary action under sections 2234(b) [gross negligence]; and/or 2234(c) [repeated negligent acts]; and/or (d) [lack of knowledge/incompetence].

PRAYER

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

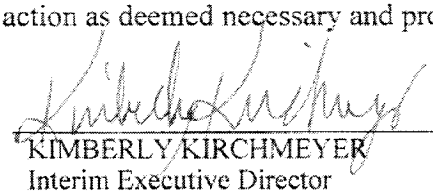
1. Revoking or suspending Physician and Surgeon's Certificate Number G46755, issued to Andrea Louise Hedin, M.D.;

2. Revoking, suspending or denying approval of Andrea Louise Hedin, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. If placed on probation, ordering Andrea Louise Hedin, M.D. to pay the Medical Board of California costs of probation monitoring; and

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

DATED: December 12, 2013



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

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