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

In the Matter of the Accusation Against:	Case No. 800-2021-077659
John Madison Riley, M.D. **1535 Plumas Ct., Ste B** **Yuba City, CA 95991-2960** **Physician's and Surgeon's Certificate No. G 54859,** Respondent.	**A C C U S A T I O N**

PARTIES

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

2. On or about May 28, 1985, the Medical Board issued Physician's and Surgeon's Certificate No. G 54859 to John Madison Riley, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2023, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 118, subdivision (b), of the Code provides that the suspension/expiration/surrender/cancellation of a license shall not deprive the Board/Registrar/Director of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

STATUTORY PROVISIONS

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

> The board shall take action against any licensee who is charged with unprofessional conduct.[1] In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
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> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
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> (b) Gross negligence.
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> (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.
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> (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.
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> (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

[1] Unprofessional conduct under California and Business Code section 2234 is conduct which breaches the rules of the ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

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7. Section 2238 of the Code states, in pertinent part:

"A violation of...any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct."

8. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.

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

10. Section 4021 of the Code states: 'Controlled substance' means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

11. Section 4022 of the Code states: 'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use in humans or animals, and includes the following:

> "(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.
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> "...
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> "(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

12. Health and Safety Code § 11165.4[2] states:

> (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the CURES[3] database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every four months thereafter if the substance remains part of the treatment of the patient.
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> (ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the CURES database the first time he or she prescribes, orders, administers, or furnishes a controlled substance to a patient, he or she shall consult the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every four months thereafter if the substance remains part of the treatment of the patient.
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> (B) For purposes of this paragraph, first time means the initial occurrence in which a health care practitioner, in his or her role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.
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> (2) A health care practitioner shall obtain a patient's controlled substance history from the CURES database no earlier than 24 hours, or the previous business

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[2] Effective October 2, 2018.

[3] Controlled Substance Utilization Review and Evaluation System (CURES) is a database maintained by the California Department of Justice, which tracks all controlled drug prescriptions that are dispensed in the State of California.

day, before he or she prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

(b) The duty to consult the CURES database, as described in subdivision (a), does not apply to veterinarians or pharmacists.

(c) The duty to consult the CURES database, as described in subdivision (a), does not apply to a health care practitioner in any of the following circumstances:

(1) If a health care practitioner prescribes, orders, or furnishes a controlled substance to be administered to a patient while the patient is admitted to any of the following facilities or during an emergency transfer between any of the following facilities for use while on facility premises:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(2) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance in the emergency department of a general acute care hospital and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use.

(3) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient as part of the patient's treatment for a surgical procedure and the quantity of the controlled substance does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use, in any of the following facilities:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(E) A place of practice, as defined in Section 1658 of the Business and Professions Code.

(4) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient currently receiving hospice care, as defined in Section 1339.40.

(5) (A) If all of the following circumstances are satisfied:

(i) It is not reasonably possible for a health care practitioner to access the information in the CURES database in a timely manner.

(ii) Another health care practitioner or designee authorized to access the CURES database is not reasonably available.

(iii) The quantity of controlled substance prescribed, ordered, administered, or furnished does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use and no refill of the controlled substance is allowed.

(B) A health care practitioner who does not consult the CURES database under subparagraph (A) shall document the reason he or she did not consult the database in the patient's medical record.

(6) If the CURES database is not operational, as determined by the department, or when it cannot be accessed by a health care practitioner because of a temporary technological or electrical failure. A health care practitioner shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within his or her control.

(7) If the CURES database cannot be accessed because of technological limitations that are not reasonably within the control of a health care practitioner.

(8) If consultation of the CURES database would, as determined by the health care practitioner, result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition, provided that the quantity of the controlled substance does not exceed a nonrefillable five-day supply if the controlled substance were used in accordance with the directions for use.

(d) (1) A health care practitioner who fails to consult the CURES database, as described in subdivision (a), shall be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board.

(2) This section does not create a private cause of action against a health care practitioner. This section does not limit a health care practitioner's liability for the negligent failure to diagnose or treat a patient.

(e) This section is not operative until six months after the Department of Justice certifies that the CURES database is ready for statewide use and that the department has adequate staff, which, at a minimum, shall be consistent with the appropriation authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016 (Chapter 23 of the Statutes of 2016), user support, and education. The department shall notify the Secretary of State and the office of the Legislative Counsel of the date of that certification.

(f) All applicable state and federal privacy laws govern the duties required by this section.

(g) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

COST RECOVERY

13. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

PERTINENT DRUG INFORMATION

14. Amantadine – Generic name for the drug Symmetrel and Gocovri. Amantadine is an anti-dyskinetic medication used to treat the symptoms of Parkinson's disease such as sudden uncontrolled movements. It is a dangerous drug pursuant to Business and Professions Code section 4022.

15. Baclofen – Generic name for the drug Lioresal, among others. It is a muscle relaxant and anti-spasmodic medication commonly used to treat muscle spasticity such as from a spinal cord injury or multiple sclerosis. It is a dangerous drug pursuant to Business and Professions Code section 4022.

16. Benztropine – Sold under the brand name Cogentin. Benztropine is an anti-cholinergic medication that is used to treat the symptoms of Parkinson's disease or involuntary movements due to the side effects of certain psychiatric drugs (anti-psychotics such as chlorpromazine). It is a dangerous drug pursuant to Business and Professions Code section 4022.

17. Chlorpromazine – Sold under the brand names Thorazine and Largactil, among others. Chlorpromazine is an anti-psychotic medication that is primarily used to treat psychotic disorders such as schizophrenia or manic-depression in adults. It is also used to treat bipolar disorder and severe behavioral problems in children. It is a dangerous drug pursuant to Business and Professions Code section 4022.

18. Clomipramine – Sold under the brand name Anafranil. Clomipramine is a tricyclic anti-depressant medication that is used to treat symptoms of obsessive-compulsive disorder

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(OCD), such as recurrent thoughts or feelings and repetitive actions. It is a dangerous drug pursuant to Business and Professions Code section 4022.

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

20. Clozapine – Generic name for the drug Clozaril. Clozapine is an anti-psychotic medicine used to treat schizophrenia, and is a dangerous drug pursuant to Business and Professions Code section 4022.

21. Depakote – Generic name for the drug divalproex sodium which is a compound comprised of sodium valproate and valproic acid. It is an anti-convulsant medication used to treat manic episodes associated with bipolar disorder, epilepsy, and migraine headaches. It is a dangerous drug pursuant to Business and Professions Code section 4022.

22. Doxepin – Sold under the brand names Sinequan and Silenor. Doxepin is a tricyclic anti-depressant medication that, in capsule or oral concentrate form, is used to treat symptoms of depression and/or anxiety associated with alcoholism, manic depression, or other mental illness. In tablet form it also used to treat insomnia in people who have trouble staying asleep. It is a dangerous drug pursuant to Business and Professions Code section 4022.

23. Fluoxetine – Generic name for the drugs Prozac and Sarafem, among others. Fluoxetine is a selective serotonin reuptake inhibitor (SSRI) anti-depressant that is used to treat major depressive disorder, obsessive-compulsive disorder (OCD), bulimia nervosa, panic disorder, and premenstrual dysphoric disorder. It is a dangerous drug pursuant to Business and Professions Code section 4022.

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24. Haloperidol – Generic name for the drug Haldol. Haloperidol is an anti-psychotic medicine used to treat schizophrenia. It is a dangerous drug pursuant to Business and Professions Code section 4022.

25. Hydroxyzine – Generic name for the drugs Atarax and Vistaril. Hydroxyzine is an antihistamine and sedative medication used to treat anxiety and tension associated with psychoneurosis. It is a dangerous drug pursuant to Business and Professions Code section 4022.

26. Lithium – It is a prescription medication used to treat and prevent manic episodes associated with bipolar disorder. Lithium is an anti-manic drug commonly used to treat bipolar disorder, schizoaffective disorder, and mania. It is a dangerous drug pursuant to Business and Professions Code section 4022.

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

28. Olanzapine – Generic name for the drug Zyprexa. Olanzapine is an anti-psychotic medication used to treat schizophrenia and the symptoms of mood disorders such as bipolar disorder, and is a dangerous drug pursuant to Business and Professions Code section 4022.

29. Propranolol – Generic name for the drugs Inderal and Hemangeol. Propranolol is a medication used to treat high blood pressure, chest pain (angina), and uneven heartbeat (atrial fibrillation). It can also treat tremors and proliferating infantile hemangioma. Propranolol is part of a class of drugs known as beta blockers (medications that reduce blood pressure and work by blocking the effects of the hormone epinephrine; which cause the heart to beat more slowly and with less force). It is a dangerous drug pursuant to Business and Professions Code section 4022.

30. Topiramate – Generic name for the drug Topamax. Topiramate is an anti-convulsant medication used to treat seizures and nerve pain. It is a dangerous drug pursuant to Business and Professions Code section 4022.

31. Ziprasidone – Generic name for Geodon. Ziprasidone is an atypical anti-psychotic medication used to treat symptoms of schizophrenia and acute manic or mixed episodes associated with bipolar disorder. It is a dangerous drug pursuant to Business and Professions Code section 4022.

32. Zolpidem tartrate – Generic name for the drug Ambien. Zolpidem tartrate is a sedative and hypnotic used for short-term treatment of insomnia. Zolpidem tartrate is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

33. Respondent is a licensed physician and surgeon, but is not board certified in psychiatry, who at all times relevant to the allegations brought herein worked as the Medical Director at Priorities, Inc. (Priorities), an adult residential facility, within Sutter County, California.

34. On or about December 15, 2016, at approximately 12:40 p.m., Patient 1,[4] a 38-year old male with a history of involuntary psychiatric admissions and self-injurious behavior, was admitted into Priorities. Patient 1 remained admitted at Priorities, with intermittent and temporary hospitalizations at other medical facilities in the interim, until his death at Priorities on or about April 30, 2020.

35. On or about April 14, 2022, Respondent was interviewed by a Board investigator and stated that from the time Patient 1 was admitted to Priorities until the time of his death, approximately three years and four months, Respondent had only seen Patient 1 twice. Respondent also contested the characterization that Patient 1 was his patient rather, Respondent asserted that his role was the Medical Director at Priorities.

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[4] To protect the privacy of the patient, the patient's and witnesses' names and information were not included in this pleading. Respondent is aware of Patient 1's and the witnesses' identities. All witnesses will be fully identified in discovery.

36. On or about December 22, 2016, Respondent signed Patient 1's Certification of Ability to Request PRN[5] Medication, with the stated diagnoses of depression with psychosis and OCD, prescribing Hydroxyzine at 50 mg TID[6] as well as Ativan at 1 mg QID[7] for anxiety and agitation. There is no documented indication in Patient 1's medical records that Respondent performed or ordered a psychiatric evaluation of Patient 1.

37. On or about December 27, 2016, Respondent signed Patient 1's Certification of Ability to Request PRN Medication, with the stated diagnoses of depression with psychosis and OCD, prescribing Hydroxyzine at 50 mg QID for anxiety and agitation, as well as Thorazine at 50 mg TID for psychosis. There is no documented indication in Patient 1's medical records that Respondent performed or ordered a psychiatric evaluation of Patient 1.

38. On or about June 21, 2017, Respondent signed Patient 1's Certification of Ability to Request PRN Medication, with the stated diagnoses of depression with psychosis and OCD, prescribing Thorazine at 200 mg for severe anxiety and agitation. There is no documented indication in Patient 1's medical records that Respondent performed or ordered a psychiatric evaluation of Patient 1.

39. According to a review of Patient 1's medical records, Respondent only made four handwritten progress notes on or about December 22, 2016, January 11, 2017, January 24, 2017, and February 2, 2017. The legibility of these four handwritten notes is poor, making it difficult to discern the content of the notes. Respondent also utilized uncommon medical abbreviations such as "NC" which makes the notes difficult to understand. The notes do not follow the typical medical note progression from subjective symptoms, objective findings to assessment and treatment plan. The notes contain no elaboration of documented symptoms such as frequency, duration, intensity or precipitating factors. There are no objective findings such as vital signs, mental status examinations or physical examinations of Patient 1. None of the four notes included any elements required for a psychiatric evaluation. The stated assessments and treatment plans in

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[5] Latin term *Pro re Nate* (PRN) meaning "as needed."
[6] Latin term *Ter in Die* (TID) meaning "three times a day."
[7] Latin term *Quarter in Die* (QID) meaning "four times a day."

the notes are either incomplete and/or lack clinical meaning and discussion. The stated diagnoses in the notes also contain no complete explanations and/or formulated rationales.

40. According to a review of Patient 1's medical records, there is no documented indication that Respondent made a referral for a board certified psychiatrist for Patient 1. To the contrary, during Respondent's interview with the Board investigator on or about April 14, 2022, Respondent stated that his presence was not helpful to the maintenance of the appropriate "milieu," and that a "heavy footprint by a professional psychiatrist [was] not indicated...".

41. According to a review of Patient 1's medical records from approximately December 2016 through April 2020, besides the four handwritten progress notes, Priorities staff documented several telephonic and verbal orders given by Respondent regarding the care and treatment of Patient 1, which Respondent thereafter would sometimes sign. As to the vast majority of these telephonic and verbal orders, there are no corresponding psychiatric evaluations conducted by Respondent or documentation such as clinical indications by Respondent for the medication orders prescribed to Patient 1 which included, but were not limited to, Benztropine, Buspirone,[8] Chlorpromazine, Clomipramine, Clonazepam, Clozapine, Depakote, Doxepin, Haldol, Hydroxyzine, Lithium, Lorazepam, Propranolol, Prozac, Thorazine, Topamax, Ziprasidone, and Zyprexa.

42. During Respondent's interview with the Board investigator on or about April 14, 2022, Respondent stated he prescribed Patient 1 Lithium to treat "circadian disturbance," Ziprasidone at Patient 1's own request, valproic acid for "agitation and I guess, bipolar symptoms," Doxepin as a "sleep cycle setter" for insomnia, and Thorazine as Patient 1's preference.

43. According to a review of Patient 1's medical records and CURES reports, from approximately September 2018 through December 2019, Respondent prescribed Patient 1 Clonazepam 1 mg tablets, to be taken twice a day.

44. According to a review of Patient 1's medical records and CURES reports, on or about the weeks of September 18, 2018, October 22, 2018, December 27, 2018, and April 30, 2019,

[8] Buspirone, brand name Buspar, is a medication to treat anxiety.

Respondent prescribed Patient 1 21 tablets of Lorazepam at 1 mg. On or about June 26, 2019, Respondent prescribed Patient 1 90 tablets of Lorazepam at 1 mg for 30 days. On or about September 3, 2019, Respondent prescribed Patient 1 30 tablets of Lorazepam at 1 mg for 10 days. On or about October 31, 2019, Respondent prescribed Patient 1 30 tablets of Lorazepam at 2 mg for 30 days. On or about January 8, 2020, February 7, 2020, and March 3, 2020, Respondent prescribed Patient 1 120 tablets of Lorazepam at 1 mg for 30 days. On or about April 2 and 29, 2020, Respondent prescribed Patient 1 60 tablets of Lorazepam at 1 mg for 30 days.

45. According to a review of Patient 1's medical records and CURES reports, on or about November 28, 2018, Respondent prescribed Patient 1 13 tablets of zolpidem tartrate at 5 mg for 30 days. From approximately December 2018 through July 2019, Respondent prescribed Patient 1 30 tablets of zolpidem tartrate every 30 days at 5 mg each. On or about October 4, 2019, Respondent prescribed Patient 1 28 tablets of zolpidem tartrate at 5 mg for 28 days.

46. According to a review of Patient 1's medical records, Patient 1 received the following prescription medications at Priorities within approximately 24 – 48 hours prior to his death: Fluoxetine at 60 mg once a day, Lithium at 300 mg each night, Lorazepam at 1 mg twice a day, Melatonin at 6 mg each night, Topiramate at 50 mg daily with 100 mg each night, Ziprasidone at 60 mg twice a day, Baclofen at 10 mg twice a day, Amantadine at 100 mg twice a day, Benztropine at 2 mg twice a day, Clomipramine at 100 mg each night, Divalproex Sodium at 1000 mg twice a day, Doxepin at 10 mg each night, and Chlorpromazine at 50 mg three times a day.

47. According to a review of Patient 1's medical records, one of Patient 1's treating doctors at Priorities, diagnosed him as 'developmentally delayed' and stated that Patient 1 did not have the intellect to process or provide his own care and did not have the ability or insight to understand his care needs. Despite this diagnosis; and in light of Patient 1's history of self-injurious, destructive behavior, and the required assistance Patient 1 needed with a variety of activities of daily living at Priorities, there is no documentation of Respondent discussing Patient 1's health information or treatment with any health care proxy such as Patient 1's mother.

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48. In the months preceding Patient 1's death at Priorities in April 2020, the medical records documented Patient 1's required use of a walker due to spasticity and gait instability, which were not previously present. Patient 1 also had a markedly more difficult time swallowing and his oral intake significantly decreased, which was reflected in a weight loss from 182 pounds in October 2019 to 110 pounds in April 2020. Priorities staff also documented that Patient 1 had become more erratic from his baseline exhibited behaviors. During Respondent's interview with the Board investigator on or about April 14, 2022, Respondent admitted he was aware of these issues with Patient 1 and did not make any changes to Patient 1 prescribed medications nor did Respondent refer Patient 1 to a higher level of care.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

49. Respondent John Madison Riley, M.D. has subjected his Physician's and Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient 1. The circumstances are set forth in paragraphs 33 through 48, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

50. Respondent's license is subject to disciplinary action because he committed gross negligence during the care and treatment of Patient 1 in the following distinct and separate ways:

a. Respondent failed to appropriately and legibly maintain adequate and accurate medical records for Patient 1;

b. Respondent failed to perform a complete and adequate psychiatric evaluation or order an appropriate psychiatric consultation for Patient 1;

c. Respondent failed to treat Patient 1 as his patient as demonstrated by his absence of care despite the established patient-doctor relationship;

d. Respondent prescribed Patient 1 benzodiazepines, sedatives, anti-psychotics, anti-convulsants, anti-anxiety, anti-cholinergic, anti-depressants, anti-manic, SSRI, and beta blocker medications without approved and verified medical indications;

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e. Respondent acted outside the scope of his practice by treating Patient 1's psychiatric conditions with multiple psychotropic medications for over three years;

f. Respondent failed to refer Patient 1 to a board certified psychiatrist or to a higher level of care while Patient 1's health deteriorated prior to his death;

g. Respondent failed to discuss Patient 1's clinical condition or obtain proper informed consent in the treatment and care of Patient 1 from any health care proxy such as Patient 1's mother;

h. Respondent prescribed Patient 1 unnecessary and prolonged doses of controlled substances specifically, combinations of overlapping benzodiazepines and sedatives with multiple psychotropic medications for over three years, that placed Patient 1 at risk for overdose; and

i. Respondent's prescribed Patient 1 an excessive and dangerous polypharmacy of psychotropic medications simultaneously just prior to Patient 1's death.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

51. Respondent John Madison Riley, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient 1 as more particularly alleged in paragraphs 33 through 50, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

52. The instances of gross departures from the standard of care as set forth in paragraph 50, are incorporated by reference as if fully set forth herein and serve as repeated negligent acts.

THIRD CAUSE FOR DISCIPLINE

(Prescribing Controlled Substances Without Appropriate Examination or Medical Indication)

53. Respondent John Madison Riley, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227, 2234 and 2242, in that he has prescribed controlled substances and dangerous drugs to Patient 1 as more particularly

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alleged in paragraphs 33 through 48, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

54. Respondent John Madison Riley, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as defined by section 2266 of the Code, in that he failed to maintain adequate and accurate medical records of Patient 1 as more particularly alleged in paragraphs 33 through 48 above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Incompetence)

55. Respondent John Madison Riley, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (d), of the Code, in that he committed incompetence. The circumstances are set forth in paragraphs 33 through 50, and those paragraphs are incorporated by reference and re-alleged as if fully set forth herein.

56. During Respondent's interview with the Board investigator on or about April 14, 2022, Respondent stated he had diagnosed Patient 1 with a "condition called schizo-obsessive disorder." However, the diagnosis of "schizo-obsessive disorder" is not recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).[9] Respondent also stated that Patient 1 "was a skin picker which is a pica syndrome." This is an untrue statement as Pica disorder[10] is the eating or craving of things that are not food. Respondent also stated that in his assessment of Patient 1, "the problem was an anxiety disorder of marked severity leading into the condition called schizo-obsessive disorder, and it was associated with self-loathing." This

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[9] The DSM is the professional reference guide used by medical clinicians to diagnose mental health conditions. It is published by the American Psychiatric Association (APA) and updated as new research emerges.

[10] DSM-5 307.52 (F98.3) (F50.8).

statement is incorrect based on Patient 1's medical records and the DSM-5 criteria of a severe anxiety disorder.[11]

SIXTH CAUSE FOR DISCIPLINE

(Violation of Statute Regulating Drugs)

57. Respondent John Madison Riley, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 54859 to disciplinary action under sections 2238 as defined in section 2238, of the Code, and section 11165.4, of the Health and Safety Code, in that Respondent prescribed, ordered, administered, or furnished controlled substances to Patient 1 without first consulting the CURES database to review Patient 1's controlled substance history before prescribing Patient 1 controlled substances as more particularly alleged in paragraphs 33 through 48, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

58. On or about April 14, 2022, Respondent was interviewed by a Board investigator and stated that he was not registered with CURES because he claimed he did not prescribe opiates, but admitted prescribing controlled substance medications such as benzodiazepines to Patient 1.

SEVENTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

59. Respondent John Madison Riley, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 54859 to disciplinary action under sections 2227 and 2234, as defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine as to his care and treatment of Patient 1 as more particularly alleged in paragraphs 33 through 58, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

PRAYER

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

[11] DSM-5 (F41.1).

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 54859, issued to John Madison Riley, M.D.;

2. Revoking, suspending or denying approval of John Madison Riley, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering John Madison Riley, 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: APR 21 2023

JENNA JONES FOR
REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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