

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

In the Matter of the First Amended)
Accusation Against:)
)
DEREK A. OTT, M.D.)
)
Physician's and Surgeon's)
Certificate No. A61601)
)
Respondent.)
_____)

File No. 06-2006-178587

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 May 18, 2009.

IT IS SO ORDERED April 17, 2009.

MEDICAL BOARD OF CALIFORNIA

By:


Barbara Yaroslavsky
Chair, Panel B

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 JUDITH T. ALVARADO, State Bar No. 155307
Deputy Attorney General
3 300 South Spring Street, Suite 1702
Los Angeles, California 90013
4 Telephone: (213) 576-7149
Facsimile: (213) 897-9395

5 Attorneys for Complainant

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

10 In the Matter of the First Amended Accusation
Against:

11 DEREK A. OTT, M.D.

12 10850 Wilshire Boulevard, Suite 200
13 Los Angeles, California 90024

14 Physician's & Surgeon's Certificate A61601,
15 Respondent.

Case No. 06-2006-178587

OAH No. 2008090566

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16
17 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to
18 the above-entitled proceedings that the following matters are true:

19 **PARTIES**

20 1. Barbara Johnston (Complainant) is the Executive Director of the Medical
21 Board of California (Board). She brought this action solely in her official capacity and is
22 represented in this matter by Edmund G. Brown Jr., Attorney General of California, by Judith T.
23 Alvarado, Deputy Attorney General.

24 2. Derek A. Ott, M.D. (Respondent) is represented in this proceeding by
25 attorney Joseph P. Furman 9701 Wilshire Blvd., 10th Floor, Beverly Hills, California 90212.

26 3. On or about February 7, 1997, the Board issued Physician's and Surgeon's
27 Certificate No. A61601 to Derek A. Ott, M.D. This license was in full force and effect at all
28 times relevant to the charges brought in the First Amended Accusation No. 06-2006-178587 and

1 will expire on February 28, 2011, unless renewed.

2 **JURISDICTION**

3 4. On July 30, 2008, Accusation No. 06-2006-178587 was filed against
4 Respondent. Respondent filed a Notice of Defense contesting the charges. On February 9, 2009,
5 First Amended Accusation No. 06-2006-178587 was filed before the Board and is currently
6 pending against Respondent. The First Amended Accusation and all other statutorily required
7 documents were properly served on Respondent on February 9, 2009. A copy of the First
8 Amended Accusation No. 06-2006-178587 is attached as Exhibit A and incorporated herein by
9 reference.

10 **ADVISEMENT AND WAIVERS**

11 5. Respondent has carefully read, fully discussed with counsel, and
12 understands the charges and allegations in the First Amended Accusation No. 06-2006-178587.
13 Respondent has also carefully read, fully discussed with counsel, and understands the effects of
14 this Stipulated Settlement and Disciplinary Order.

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

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

24 **CULPABILITY**

25 8. For the purposes of resolving this matter, Respondent agrees that his
26 Physician's and Surgeon's Certificate is subject to discipline for violation of Business and
27 Professions Code 2234 (c) as alleged in the Second Cause for Discipline of the First Amended
28 Accusation and he agrees to be bound by the Board's imposition of discipline as set forth in the

1 Disciplinary Order below.

2 CIRCUMSTANCES IN MITIGATION

3 9. Respondent Derek A. Ott, M.D. is board certified in both adult psychiatry
4 and child and adolescent psychiatry and has never been the subject of any disciplinary action or
5 medical malpractice litigation, despite being routinely called upon to care for very complicated
6 patients with multiple diagnoses, such as the patient in this case.

7 RESERVATION

8 10. The admissions made by Respondent herein are only for the purposes of
9 this proceeding, or any other proceedings in which the Board or other professional licensing
10 agency is involved, and shall not be admissible in any other criminal, civil or other proceeding.

11 CONTINGENCY

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

22 12. The parties understand and agree that facsimile copies of this Stipulated
23 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same
24 force and effect as the originals.

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

28 ///

1 **DISCIPLINARY ORDER**

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

5 **1. PUBLIC REPRIMAND**

6 **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No.
7 A61601, issued to Derek A. Ott, M.D. is hereby Publically Reprimanded pursuant to California
8 Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand is
9 issued in connection with Respondent's care and treatment of patient E.F. as set forth in First
10 Amended Accusation No. 06-2006-178587, is as follows:

11 Between June 9, 2004 and June 30, 2004, you committed acts
12 constituting repeated negligent acts in violation of Business and
13 Professions Code section 2234, subdivision (c), in your care and
14 treatment of a very complicated patient with multiple diagnoses,
15 by failing to adequately and appropriately obtain and review
16 lithium blood level readings on two occasions for patient E.F., as
17 set forth in First Amended Accusation No. 06-2006-178587.

18 **2. PACE CLINICAL TRAINING PROGRAM**

19 Within 60 calendar days of the effective date of this Decision, Respondent shall
20 enroll in a clinical training or educational program equivalent to the Physician Assessment and
21 Clinical Education Program (PACE) offered at the University of California - San Diego School
22 of Medicine ("Program").

23 The Program shall consist of a Comprehensive Assessment program comprised of
24 a two-day assessment of Respondent's physical and mental health; basic clinical and
25 communication skills common to all clinicians; and medical knowledge, skill and judgment
26 pertaining to Respondent's specialty or sub-specialty, and at minimum, a 40 hour program of
27 clinical education in the area of practice in which respondent was alleged to be deficient and
28 which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any

1 other information that the Division or its designee deems relevant. Respondent shall pay all
2 expenses associated with the clinical training program.

3 Based on Respondent's performance and test results in the assessment and clinical
4 education, the Program will advise the Division or its designee of its recommendation(s) for the
5 scope and length of any additional educational or clinical training, treatment for any medical
6 condition, treatment for any psychological condition, or anything else affecting Respondent's
7 practice of medicine. Respondent shall comply with Program recommendations.

8 At the completion of any additional educational or clinical training, Respondent
9 shall submit to and pass an examination. The Program's determination whether or not
10 Respondent passed the examination or successfully completed the Program shall be binding.

11 Failure to participate in and successfully complete all phases of the clinical
12 training program outlined above shall constitute unprofessional conduct and is grounds for
13 further disciplinary action.

14 **3. PRESCRIBING PRACTICES COURSE** Within sixty (60) calendar
15 days of the effective date of this Decision, Respondent shall enroll, at his own expense, in a
16 course in prescribing practices, approved in advance by the Board or its designee. The PACE
17 prescribing course offered at the University of California - San Diego School of Medicine is an
18 approved course. Respondent shall successfully complete said course no later than six months
19 after his initial enrollment unless the Board or its designee agrees in writing to a later time for
20 completion. Respondent may satisfy this term by successfully completing said course prior to
21 the effective date of the Decision adopting this Stipulated Settlement. Upon successfully
22 completing said course, Respondent agrees to forward, no later than 15 days after successfully
23 completing the course, a copy of the Certificate of Successful Completion of the course to the
24 Board or its designee.

25 Failure to participate in and successfully complete the prescribing practices
26 course outlined above shall constitute unprofessional conduct and is grounds for further
27 disciplinary action.

28 **4. MEDICAL RECORD-KEEPING COURSE** Within sixty (60) calendar

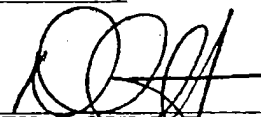
1 days of the effective date of this Decision, Respondent shall enroll, at his own expense, in course
2 in medical record keeping, approved in advance by the Board or its designee. The PACE
3 medical record keeping course offered at the University of California - San Diego School of
4 Medicine is an approved course. Respondent shall successfully complete said course no later
5 than six months after his initial enrollment unless the Board or its designee agrees in writing to a
6 later time for completion. Respondent may satisfy this term by successfully completing said
7 course prior to the effective date of the Decision adopting this Stipulated Settlement. Upon
8 successfully completing said course, Respondent agrees to forward, no later than 15 days after
9 successfully completing the course, a copy of the Certificate of Successful Completion of the
10 course to the Board or its designee.

11 Failure to participate in and successfully complete the medical record-keeping
12 course outlined above shall constitute unprofessional conduct and is grounds for further
13 disciplinary action.

14 ACCEPTANCE

15 I have carefully read the above Stipulated Settlement and Disciplinary Order and
16 have fully discussed it with my attorney, Joseph P. Furman, Esq. I understand the stipulation
17 and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this
18 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
19 to be bound by the Decision and Order of the Medical Board of California.

20 DATED: 2.20.09

21 
22 _____
23 DEREK A. OTT, M.D.
24 Respondent

25
26 ///

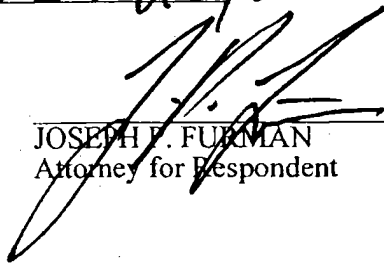
27 ///

28 ///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

I have read and fully discussed with Respondent Derek A. Ott, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: FEB. 20, 2009



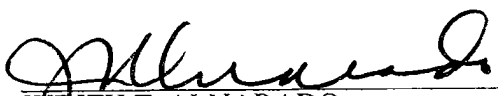
JOSEPH F. FURMAN
Attorney for Respondent

ENDORSEMENT

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

DATED: 2/20/2009

EDMUND G. BROWN JR., Attorney General
of the State of California



JUDITH T. ALVARADO
Deputy Attorney General

Attorneys for Complainant

Exhibit A

First Amended Accusation No. 06-2006-178587

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 JUDITH T. ALVARADO, State Bar No. 155307
Deputy Attorney General
3 300 South Spring Street, Suite 1702
Los Angeles, California 90013
4 Telephone: (213) 576-7149
Facsimile: (213) 897-9395
5
6 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
13 Against:

Case No. 06-2006-178587
OAH No. 2008090566

14 DEREK A. OTT, M.D.

**FIRST AMENDED
ACCUSATION**

15 10850 Wilshire Boulevard, Suite 200
Los Angeles, California 90024
Physician and Surgeon's Certificate No. A61601

Respondent.

16 Complainant alleges:

17 **PARTIES**

18 1. Barbara Johnston ("Complainant") brings this First Amended Accusation
19 solely in her official capacity as the Executive Director of the Medical Board of California,
20 Department of Consumer Affairs ("Board").

21 2. On or about February 7, 1997, the Board issued Physician and Surgeon's
22 Certificate number A61601 to Derek A. Ott, M.D. ("Respondent"). That license was in full
23 force and effect at all times relevant to the charges brought herein and will expire on February
24 28, 2011, unless renewed.

25 **JURISDICTION**

26 3. This First Amended Accusation is brought before the Board under the
27 authority of the following laws. All section references are to the Business and Professions Code
28 unless otherwise indicated.

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

5 5. Section 2234 of the Code states:

6 "The Division¹ of Medical Quality shall take action against any licensee who is
7 charged with unprofessional conduct. In addition to other provisions of this article,
8 unprofessional conduct includes, but is not limited to, the following:

9 "(a) Violating or attempting to violate, directly or indirectly, assisting in or
10 abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5,
11 the Medical Practice Act].

12 "(b) Gross negligence.

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

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

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

25
26 1. California Business and Professions Code section 2002, as amended and effective January 1, 2008,
27 provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act
28 (Cal. Bus. & Prof. Code, §§§§ 2000, et seq.) means the "Medical Board of California," and references to the
"Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be
deemed to refer to the Board.

1 standard of care.

2 "(d) Incompetence.

3 "....."

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Gross Negligence - Patient E.F. a.k.a. E.N.²)**

6 6. Respondent is a board-certified psychiatrist who has special interest in the
7 sub-specialty of psychopharmacology and in the treatment of patients with the dual diagnosis of
8 developmental disabilities and psychiatric disorders. In April 2004, Respondent was a
9 consultant / medical director of the Bungalows section of the Community Care Center (a locked
10 psychiatric facility for adult resident patients) in Duarte, California.

11 7. E.F. was a 43-year-old female conservatee of Los Angeles County. She
12 had been a resident patient at the Bungalows since February 5, 2004.

13 8. Respondent provided psychiatric treatment to E.F. at the Bungalows
14 commencing on April 14, 2004 and concluding on June 30, 2004. During that time, Respondent
15 treated E.F. eight times. At the initial session, Respondent noted that E.F. had a history of
16 chronic psychosis with assaultive and sexually inappropriate behavior. She also suffered with
17 hallucinations. E.F. had a host of medical illnesses as well, including diabetes and hypertension.
18 Respondent noted that E.F.'s daily medications included neurontin³, cogentin⁴, an iron
19 supplement, levoxyl⁵ and vasotec⁶. At this first visit, Respondent diagnosed E.F. with Psychosis
20 Not Otherwise Specified (NOS), rule out Chronic Paranoid Schizophrenia (CPS), and mild

21 _____
22 2. In this Accusation, the patient is referred to by initial. The patient's full name and alias will be disclosed
23 to Respondent when discovery is provided, pursuant to Government Code section 11507.6

24 3. Also known as Gabapentin, a medication originally developed for the treatment of epilepsy. Gabapentin
25 has also been used in the treatment of bipolar disorder.

26 4. Also known as Benztropine mesylate, an anticholinergic drug principally used for the treatment of drug-
27 induced Parkinsonism, akathisia and acute dystonia.

28 5. Also known as Levothyroxine, a synthetic form of thyroxine (thyroid hormone).

6. Also known as Enalapril, an angiotensin converting enzyme (ACE) inhibitor used in the treatment of
hypertension.

1 mental retardation. Respondent restarted E.F. on depakote⁷ and clozaril⁸.

2 9. At his second session with Respondent on May 5, 2004, E.F. was noted to
3 be more stable, however, she still had significant mood issues. Respondent's diagnosis remained
4 unchanged. Because E.F.'s white blood cell count had decreased, a potential side effect of the
5 clozaril, the medication was discontinued. Respondent next saw E.F. on May 19, 2004. At this
6 visit, she was again noted to be more stable. However, she had experienced a pseudoseizure⁹.
7 At this time, Respondent's diagnosis of E.F.'s condition was Psychosis NOS.

8 10. Respondent saw E.F. on May 26, 2004. At this visit, she was more labile
9 and agitated and was threatening to the staff at the Bungalows. Respondent noted that E.F. was
10 manifesting tremors of her upper extremities, which he thought was secondary to haldol¹⁰, which
11 was given as needed to control E.F.'s assaultive behavior. Respondent's diagnosis remained
12 unchanged. He prescribed trazodone¹¹ to treat sleeplessness, klonopin¹² to treat her mania, and
13 abilify¹³ a mood stabilizer. Respondent discontinued the haldol because of the tremor and
14 replaced it with geodon¹⁴.

15 11. At the June 2, 2004, session Respondent noted that E.F. remained labile,
16

17 7. Also known as Valproic Acid, a mood-stabilizing drug, used in the treatment of bipolar disorder, clinical
18 depression and schizophrenia.

19 8. Also known as Clozapine, an atypical antipsychotic medication used for treatment-resistant
20 schizophrenia.

21 9. A psychogenic non-epileptic (non-electrical) seizure.

22 10. Also known as Haloperidol, a typical butyrophenone antipsychotic used in the treatment of
23 schizophrenia, acute psychotic states and delirium.

24 11. Trazodone is a psychoactive compound with sedative, anxiolytic, and antidepressant properties.

25 12. Also known as Clonazepam, a benzodiazepine derivative, is an anticonvulsant and anxiolytic used for
26 the treatment of mania.

27 13. Also known as Aripiprazole, an atypical antipsychotic medication used for the treatment of
28 schizophrenia, acute manic and mixed episodes associated with bipolar disorder, as well as treatment of
depression.

 14. Also known as Ziprasidone, an atypical antipsychotic used to treat schizophrenia and for the acute
treatment of mania and mixed states associated with bipolar disorder.

1 aggressive, verbally abusive and destructive. She was delusional, believing that she was
2 pregnant, despite the fact that she was menstruating. Respondent characterized E.F. as very
3 psychotic and very manic. His diagnosis remained unchanged; he increased the abilify to treat
4 the psychosis and stabilize her mood.

5 12. Respondent's sixth session with E.F. occurred on June 9, 2004. At this
6 visit Respondent noted that E.F. was not doing well. She remained verbally abusive, labile,
7 assaultive and was sexually focused. At this session Respondent's impression was that E.F. was
8 suffering from a schizoaffective bipolar affective disorder (SAD BAD) versus schizophrenia.
9 Because E.F. was receiving the maximum dosage of depakote as evidenced by her blood serum
10 level of 114.9 (therapeutic level is 50-100 mcg/ml), she was not responding to the abilify, and
11 the neurontin was not very therapeutic, Respondent decided to discontinue the neurontin and add
12 lithium¹⁵ to E.F.'s medication regimen. Accordingly, lithium, 300 mg, twice per day, was
13 ordered. A Lithium Protocol sheet was initiated for E.F. and was signed by Respondent. The
14 protocol calls for lab tests to be ordered when a patient is started on lithium, however, if the labs
15 have already been done, as in this case, the lab tests do not need to be repeated.
16 Notwithstanding, a lithium level is to be drawn once a month unless otherwise specified, as well
17 as a complete blood count, basic metabolic panel and a thyroid-stimulating-hormone test.

18 13. On June 16, 2004, a serum lithium level was drawn on E.F. Because
19 therapeutically useful amounts of lithium (0.5 to 1.2 meq/L) are only slightly lower than toxic
20 amounts (>1.5 meq/L), it is very important, and the standard of care requires, that serum levels
21 of lithium be carefully monitored during treatment to avoid toxicity and death. It is also
22 important to note that E.F. was taking vasotec to treat her hypertension. As stated in footnote 6,
23 vasotec is an ACE inhibitor. The FDA indicates that lithium toxicity has been reported in
24 patients receiving lithium concomitantly with drugs which cause elimination of sodium,
25 including ACE inhibitors. A few cases of lithium toxicity have been reported in patients
26 receiving concomitant vasotec and lithium and were reversible upon discontinuation of both
27

28 15. Lithium salts are mood stabilizers and are used in the treatment of bipolar disorder.

1 drugs. It is recommended that serum lithium levels be monitored frequently if vasotec is
2 administered concomitantly with lithium. The results of E.F.'s lithium level was 1.1 meq/L.
3 This result is striking in a patient such as E.F. without any obvious renal impairment and
4 indicates a problem with her clearance of lithium. The standard of care requires that this level be
5 noted and that extra caution be taken in further treatment with lithium. The staff of the
6 Bungalows did not report this lithium level to Respondent until after June 23, 2004.

7 14. At Respondent's next session with E.F. on June 23, 2004, she was noted to
8 be somewhat less manic, less sexually focused and more depressed, which indicated to
9 Respondent that E.F. was responding to the lithium. She remained, however, aggressive,
10 assaultive and verbally abusive. Respondent also noted that E.F. had a mild tremor.
11 Respondent's diagnosis remained unchanged. Without checking E.F.'s serum lithium level,
12 Respondent doubled E.F.'s dose of lithium from 300 mg, twice a day to 600 mg, twice a day. He
13 felt that clinically, E.F. was responding to the lithium but required a higher dose. The standard
14 of care is to have the patient on the lowest dose and blood level of lithium necessary to obtain a
15 good therapeutic response as side effects correlate with higher lithium levels. The severity of a
16 patient's manic symptoms does not indicate what level within the therapeutic range of 0.5 to 1.2
17 meq/L the patient will require for therapeutic benefits. On June 23, 2004, Respondent should
18 have ordered a serum lithium level prior to doubling the dose or, at the very least, he should have
19 ordered that a serum lithium level be obtained between four to five days after the increased dose
20 was initiated.

21 15. Respondent's final session with E.F. took place on June 30, 2004. He
22 noted that E.F. was more depressed, and she was more anxious and fearful. She was also
23 becoming more delusional and confused. She was refusing to eat, had a stooped gait and had a
24 tremor. He further noted that E.F. was "hard [to] understand." The patient monitoring notes also
25 indicate that E.F. had been refusing most of her meals since June 9, 2004, and she had episodes
26 of diarrhea and vomiting and was refusing her medications at an increasing level. Moreover, on
27 June 30th the clinical psychologist noted that E.F.'s speech and thought pattern were incoherent
28 and illogical. The side effect of lithium include gastrointestinal discomfort, nausea, vertigo,

1 ataxia¹⁶, muscle weakness, fine tremor of the hands, cognitive slowing and, at times, fatigue.
2 Nevertheless, Respondent did not feel that E.F. was exhibiting signs of lithium toxicity. Rather,
3 he thought she was manifesting Parkinsonian side effects caused by the abilify. He, therefore,
4 ordered that the cogentin be restarted. Respondent also ordered that a serum lithium level be
5 obtained the next morning.

6 16. The next morning, July 1, 2004, E.F. was noted by the nursing and
7 monitoring staff to be disoriented. E.F. stated that she was unable to get out of bed. She was
8 incontinent of stool. She refused breakfast and most of her morning medications, she did,
9 however, allow her blood to be drawn for testing¹⁷. Her serum glucose level remained elevated
10 despite receiving insulin. Both Respondent and E.F.'s primary care physician were called by the
11 staff at the Bungalows and updated on E.F.'s condition. An order was ultimately given by the
12 covering primary care physician to transport E.F. to the emergency department at Arcadia
13 Methodist Hospital.

14 17. E.F. was taken to Arcadia Methodist Hospital by ambulance and arrived at
15 that facility at approximately 1:00 p.m. There, the treating physician, Dr. Ho, noted that E.F.
16 was brought to the emergency department due to a change in mental status. A serum lithium
17 level was obtained and was noted to be extremely elevated at 5.07 meq/L. E.F. was admitted to
18 the CCU and various speciality consults were obtained. Following admission to the CCU, E.F.
19 became obtunded.

20 18. On July 2, 2004, she developed increasing shortness of breath; a
21 pulmonary consult was therefore obtained. The pulmonologist intubated E.F. Five minutes
22 later, she developed cardiac arrest. Despite resuscitation efforts, E.F. expired. Her serum
23 lithium level was 4.17 meq/L.

24 19. Because E.F. died less than 24 hours after admission to the hospital, an
25

26 16. A neurological sign and symptom consisting of gross incoordination of muscle movements.

27 17. The lithium level which Respondent ordered the day before was sent to the laboratory. The results were
28 printed at 9:07 p.m. The lithium level was reported as 4.2 meq/L, a toxic level. Respondent was advised of the
toxic lithium level on July 2, 2004, at 1:00 p.m.

1 PRAYER

2 **WHEREFORE**, Complainant requests that a hearing be held on the matters
3 herein alleged, and that following the hearing, Board issue a decision:

- 4 1. Revoking or suspending Physician and Surgeon's Certificate Number
5 A61601, issued to Derek A. Ott, M.D..
- 6 2. If placed on probation, ordering him to pay the costs of probation
7 monitoring;
- 8 3. Prohibiting him from supervising physicians assistants pursuant to section
9 3527 of the Code; and
- 10 4. Taking such other and further action as deemed necessary and proper.

11 DATED: February 13, 2009

12
13 
14 _____
15 BARBARA JOHNSTON
16 Executive Director
17 Medical Board of California
18 Department of Consumer Affairs
19 State of California
20 Complainant

21 LA2008501976

22 50378667.wpd
23
24
25
26
27
28