

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

In the Matter of the Accusation Against:)
)
)

CECELIA T. MADRID, M.D.)

Case No. 06-2007-184583

Physician's and Surgeon's)
Certificate No. G-48480)
)

Respondent.)
_____)

DECISION

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

This Decision shall become effective at 5:00 p.m. on October 20, 2011.

IT IS SO ORDERED September 20, 2011.

MEDICAL BOARD OF CALIFORNIA

By: _____

Hedy Chang, Chair
Panel B

1 KAMALA D. HARRIS
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CHRIS LEONG
Deputy Attorney General
4 State Bar No. 141079
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 897-2575
6 Facsimile: (213) 897-9395
Attorneys for Complainant
7

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

11 In the Matter of the Accusation Against:

Case No. 06-2007-184583

12 **CECELIA T. MADRID, M.D.**

OAH No. 2011010426

13 **10659 Riverside Drive**
14 **Toluca Lake, California 91602**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 **Physician's and Surgeon's certificate No.**
16 **G 48480**

Respondent.

17
18 In the interest of a prompt and speedy settlement of this matter, consistent with the public
19 interest and the responsibility of the Medical Board of California (Board), the parties hereby
20 agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to
21 the Board for approval and adoption as the final disposition of the Accusation.

22 PARTIES

23 1. Linda K. Whitney (Complainant) is the Executive Director of the Board. She brought
24 this action solely in her official capacity and is represented in this matter by Kamala D. Harris,
25 Attorney General of the State of California, by Chris Leong, Deputy Attorney General.

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CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in Accusation No. 06-2007-184583.

9. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

10. 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.

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

12. 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:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician and Surgeon's Certificate No. G 48480 issued, to Respondent CECELIA T. MADRID, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for seven (7) years on the following terms and conditions.

1 1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION Respondent shall not
2 order, prescribe, dispense, administer, or possess any controlled substances as defined by the
3 California Uniform Controlled Substances Act, except for those drugs listed in Schedules III, IV
4 and V of the Act.

5 Respondent shall not issue an oral or written recommendation or approval to a patient or a
6 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
7 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If
8 respondent forms the medical opinion, after a good faith prior examination, that a patient's
9 medical condition may benefit from the use of marijuana, respondent shall so inform the patient
10 and shall refer the patient to another physician who, following a good faith examination, may
11 independently issue a medically appropriate recommendation or approval for the possession or
12 cultivation of marijuana for the personal medical purposes of the patient within the meaning of
13 Health and Safety Code section 11362.5. In addition, respondent shall inform the patient or the
14 patient's primary caregiver that respondent is prohibited from issuing a recommendation or
15 approval for the possession or cultivation of marijuana for the personal medical purposes of the
16 patient, and that the patient or the patient's primary caregiver may not rely on respondent's
17 statements to legally possess or cultivate marijuana for the personal medical purposes of the
18 patient. Respondent shall fully document in the patient's chart that the patient or the patient's
19 primary caregiver was so informed. Nothing in this condition prohibits respondent from
20 providing the patient or the patient's primary caregiver information about the possible medical
21 benefits resulting from the use of marijuana.

22 Respondent shall immediately surrender respondent's current DEA permit to the Drug
23 Enforcement Administration for cancellation and reapply for a new DEA permit limited to those
24 Schedules authorized by this order. Within 15 calendar days after the effective date of this
25 Decision, respondent shall submit proof that respondent has surrendered respondent's DEA
26 permit to the Drug Enforcement Administration for cancellation and reissuance. Within 15
27 calendar days after the effective date of issuance of a new DEA permit, the respondent shall
28 submit a true copy of the permit to the Board or its designee.

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

9 Respondent shall keep these records in a separate file or ledger, in chronological order. All
10 records and any inventories of controlled substances shall be available for immediate inspection
11 and copying on the premises by the Board or its designee at all times during business hours and
12 shall be retained for the entire term of probation.

13 Failure to maintain all records, to provide immediate access to the inventory, or to make all
14 records available for immediate inspection and copying on the premises, is a violation of
15 probation.

16 3. EDUCATION COURSE Within 60 calendar days of the effective date of this
17 Decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee
18 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
19 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
20 correcting any areas of deficient practice or knowledge and shall be Category I certified, limited
21 to classroom, conference, or seminar settings. The educational program(s) or course(s) shall be at
22 respondent's expense and shall be in addition to the Continuing Medical Education (CME)
23 requirements for renewal of licensure. Following the completion of each course, the Board or its
24 designee may administer an examination to test respondent's knowledge of the course.

25 Respondent shall provide proof of attendance for 65 (40 + 25) hours of continuing medical
26 education, of which 40 hours were in satisfaction of this condition, for each year of probation.

27 4. PRESCRIBING PRACTICES COURSE Within 60 calendar days of the effective
28 date of this Decision, respondent shall enroll in a course in prescribing practices, at respondent's

1 expense, approved in advance by the Board or its designee. Failure to successfully complete the
2 course during the first 6 months of probation is a violation of probation.

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

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the course, or not later than
10 15 calendar days after the effective date of the Decision, whichever is later. Respondent can
11 submit a certificate of completion of a PACE Prescribing Practices course taken in the last year to
12 satisfy this term.

13 5. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective
14 date of this decision, respondent shall enroll in a course in medical record keeping, at
15 respondent's expense, approved in advance by the Board or its designee. Failure to successfully
16 complete the course during the first 6 months of probation is a violation of probation.

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

22 Respondent shall submit a certification of successful completion to the Board or its
23 designee not later than 15 calendar days after successfully completing the course, or not later than
24 15 calendar days after the effective date of the Decision, whichever is later. Respondent can
25 submit a certificate of completion of a PACE Record Keeping course taken in the last year to
26 satisfy this term.

27 6. ETHICS COURSE Within 60 calendar days of the effective date of this Decision,
28 respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the

1 Board or its designee. Failure to successfully complete the course during the first year of
2 probation is a violation of probation.

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

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

10 7. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date
11 of this Decision, respondent shall enroll in a clinical training or educational program equivalent to
12 the Physician Assessment and Clinical Education Program (PACE) offered at the University of
13 California - San Diego School of Medicine ("Program").

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

22 Based on respondent's performance and test results in the assessment and clinical
23 education, the Program will advise the Board or its designee of its recommendation(s) for the
24 scope and length of any additional educational or clinical training, treatment for any medical
25 condition, treatment for any psychological condition, or anything else affecting respondent's
26 practice of medicine. Respondent shall comply with Program recommendations.

27 At the completion of any additional educational or clinical training, respondent shall submit
28 to and pass an examination. The Program's determination whether or not respondent passed the

1 examination or successfully completed the Program shall be binding.

2 Respondent shall complete the Program not later than six months after respondent's initial
3 enrollment unless the Board or its designee agrees in writing to a later time for completion.

4 Failure to participate in and complete successfully all phases of the clinical training
5 program outlined above is a violation of probation.

6 After respondent has successfully completed the clinical training program, respondent shall
7 participate in a professional enhancement program equivalent to the one offered by the Physician
8 Assessment and Clinical Education Program at the University of California, San Diego School of
9 Medicine, which shall include quarterly chart review, semi-annual practice assessment, and semi-
10 annual review of professional growth and education. Respondent shall participate in the
11 professional enhancement program at respondent's expense during the term of probation, or until
12 the Board or its designee determines that further participation is no longer necessary.

13 Failure to participate in and complete successfully the professional enhancement program
14 outlined above is a violation of probation.

15 8. SOLO PRACTICE Respondent is prohibited from engaging in the solo practice of
16 medicine.

17 9. PROHIBITED PRACTICE During probation, respondent is prohibited from treating
18 patients with chronic pain. After the effective date of this Decision, the first time that a patient
19 seeking the prohibited services makes an appointment, respondent shall orally notify the patient
20 that respondent does not treat chronic pain. Respondent shall maintain a log of all patients to
21 whom the required oral notification was made. The log shall contain the: 1) patient's name,
22 address and phone number; 2) patient's medical record number, if available; 3) the full name of
23 the person making the notification; 4) the date the notification was made; and 5) a description of
24 the notification given. Respondent shall keep this log in a separate file or ledger, in chronological
25 order, shall make the log available for immediate inspection and copying on the premises at all
26 times during business hours by the Division or its designee, and shall retain the log for the entire
27 term of probation. Failure to maintain a log as defined in the section, or to make the log available
28 for immediate inspection and copying on the premises during business hours is a violation of

1 probation.

2 In addition to the required oral notification, after the effective date of this Decision, the first
3 time that a patient who seeks the prohibited services presents to respondent, respondent shall
4 provide a written notification to the patient stating that respondent does not treat chronic pain.
5 Respondent shall maintain a copy of the written notification in the patient's file, shall make the
6 notification available for immediate inspection and copying on the premises at all times during
7 business hours by the Division or its designee, and shall retain the notification for the entire term
8 of probation. Failure to maintain the written notification as defined in the section, or to make the
9 notification available for immediate inspection and copying on the premises during business
10 hours is a violation of probation.

11 10. NOTIFICATION Prior to engaging in the practice of medicine, the respondent shall
12 provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief
13 Executive Officer at every hospital where privileges or membership are extended to respondent,
14 at any other facility where respondent engages in the practice of medicine, including all physician
15 and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every
16 insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall
17 submit proof of compliance to the Board or its designee within 15 calendar days.

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

19 11. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, respondent is
20 prohibited from supervising physician assistants.

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

24 13. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations
25 under penalty of perjury on forms provided by the Board, stating whether there has been
26 compliance with all the conditions of probation. Respondent shall submit quarterly declarations
27 not later than 10 calendar days after the end of the preceding quarter.

28 14. PROBATION UNIT COMPLIANCE Respondent shall comply with the Board's

1 probation unit. Respondent shall, at all times, keep the Board informed of respondent's business
2 and residence addresses. Changes of such addresses shall be immediately communicated in
3 writing to the Board or its designee. Under no circumstances shall a post office box serve as an
4 address of record, except as allowed by Business and Professions Code section 2021(b).

5 Respondent shall not engage in the practice of medicine in respondent's place of residence.
6 Respondent shall maintain a current and renewed California physician's and surgeon's license.

7 Respondent shall immediately inform the Board, or its designee, in writing, of travel to any
8 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30
9 calendar days.

10 15. INTERVIEW WITH THE BOARD, OR ITS DESIGNEE Respondent shall be
11 available in person for interviews either at respondent's place of business or at the probation unit
12 office, with the Board or its designee, upon request at various intervals, and either with or without
13 prior notice throughout the term of probation.

14 16. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent should
15 leave the State of California to reside or to practice, respondent shall notify the Board or its
16 designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is
17 defined as any period of time exceeding 30 calendar days in which respondent is not engaging in
18 any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

19 All time spent in an intensive training program outside the State of California which has
20 been approved by the Board or its designee shall be considered as time spent in the practice of
21 medicine within the State. A Board-ordered suspension of practice shall not be considered as a
22 period of non-practice. Periods of temporary or permanent residence or practice outside
23 California will not apply to the reduction of the probationary term. Periods of temporary or
24 permanent residence or practice outside California will relieve respondent of the responsibility to
25 comply with the probationary terms and conditions with the exception of this condition and the
26 following terms and conditions of probation: Obey All Laws and Probation Unit Compliance.

27 Respondent's license shall be automatically cancelled if respondent's periods of temporary
28 or permanent residence or practice outside California total two years. However, Respondent's

1 license shall not be cancelled as long as Respondent is residing and practicing medicine in
2 another state of the United States and is on active probation with the medical licensing authority
3 of that state, in which case the two year period shall begin on the date probation is completed or
4 terminated in that state.

5 17. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

6 In the event respondent resides in the State of California and for any reason Respondent
7 stops practicing medicine in California, respondent shall notify the Board or its designee in
8 writing within 30 calendar days prior to the dates of non-practice and return to practice. Any
9 period of non-practice within California, as defined in this condition, will not apply to the
10 reduction of the probationary term and does not relieve respondent of the responsibility to comply
11 with the terms and conditions of probation. Non-practice is defined as any period of time
12 exceeding 30 calendar days in which respondent is not engaging in any activities defined in
13 sections 2051 and 2052 of the Business and Professions Code.

14 All time spent in an intensive training program which has been approved by the Board or its
15 designee shall be considered time spent in the practice of medicine. For purposes of this
16 condition, non-practice due to a Board-ordered suspension or in compliance with any other
17 condition of probation, shall not be considered a period of non-practice.

18 Respondent's license shall be automatically cancelled if respondent resides in California
19 and for a total of two years, fails to engage in California in any of the activities described in
20 Business and Professions Code sections 2051 and 2052.

21 18. COMPLETION OF PROBATION Respondent shall comply with all financial
22 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
23 completion of probation. Upon successful completion of probation, respondent's certificate shall
24 be fully restored.

25 19. VIOLATION OF PROBATION Failure to fully comply with any term or condition
26 of probation is a violation of probation. If respondent violates probation in any respect, the
27 Board, after giving respondent notice and the opportunity to be heard, may revoke probation and
28 carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation,

1 or an Interim Suspension Order is filed against respondent during probation, the Board shall have
2 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
3 the matter is final.

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

15 21. PROBATION MONITORING COSTS Respondent shall pay the costs associated
16 with probation monitoring each and every year of probation, as designated by the Board, but such
17 cost may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
18 California and delivered to the Board or its designee no later than January 31 of each calendar
19 year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

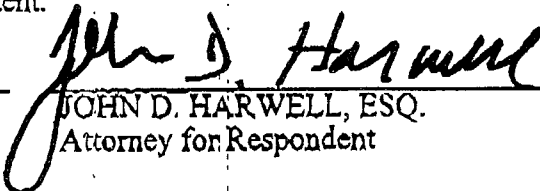
20 ACCEPTANCE

21 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
22 discussed it with my attorney, John D. Harwell, Esq. I understand the stipulation and the effect it
23 will have on my Physician's and Surgeon's, and Certificate. I enter into this Stipulated Settlement
24 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
25 Decision and Order of the Medical Board of California.

26
27 DATED: 09-01-2011

28 CECELIA T. MADRID, M.D.
Respondent

1 I have read and fully discussed with Respondent CECELIA T. MADRID, M.D. the terms
 2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
 3 Order. I approve its form and content.


4 DATED: 9/1/11 
 5 JOHN D. HARWELL, ESQ.
 6 Attorney for Respondent

7 ENDORSEMENT

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

11 Dated: 9/1/11

12 Respectfully submitted,
 13 KAMALA D. HARRIS
 Attorney General of California
 14 E. A. JONES III
 Supervising Deputy Attorney General

15 
 16 CHRIS LEONG
 17 Deputy Attorney General
 Attorneys for Complainant

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Exhibit A

Accusation No. 06-2007-184583

1 EDMUND G. BROWN JR.
Attorney General of California
2 PAUL C. AMENT
Supervising Deputy Attorney General
3 CHRIS LEONG
Deputy Attorney General
4 State Bar No. 141079
300 So. Spring Street, Suite 1702
5 Los Angeles, California 90013
Telephone: (213) 897-2575
6 Facsimile: (213) 897-9395
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO MAY 11 2010
BY: [Signature] ANALYST

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

10 In the Matter of the Accusation Against:

Case No. 06-2007-184583

11 **CECELIA T. MADRID, M.D.**
12 **10659 Riverside Drive**
13 **Toluca Lake, California 91602**

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate No.**
15 **G 48480**

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity
20 as the Executive Director of the Medical Board of California (Board).

21 2. On or about August 2, 1982, the Board issued Physician's and Surgeon's Certificate
22 Number G 48480 to Cecelia T. Madrid, M.D. (Respondent). This license was in full force and
23 effect at all times relevant to the charges brought herein and will expire on March 31, 2012,
24 unless renewed.

25 **JURISDICTION**

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

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

5 5. Section 2234 of the Code states:

6 "The Division of Medical Quality¹ shall take action against any licensee who is charged
7 with unprofessional conduct. In addition to other provisions of this article, unprofessional
8 conduct includes, but is not limited to, the following:

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

12 "(b) Gross negligence.

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

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

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

23 "(d) Incompetence.

24
25
26 ¹ California Business and Professions Code section 2002, as amended and effective
27 January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in
28 the State Medical Practice Act (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 (e) The commission of any act involving dishonesty or corruption which is substantially
2 related to the qualifications, functions, or duties of a physician and surgeon.

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

4 6. Section 2242 of the Code states:

5 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
6 without an appropriate prior examination and a medical indication, constitutes unprofessional
7 conduct.

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

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

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

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

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

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

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

1 Patient S. G.²

2 19. Respondent's records indicate that Patient S.G., is a forty-one year-old male patient.
3 Respondent treated S.G. during a period of time, including June 2003 to 2007. The patient
4 complained of left shoulder pain and left arm pain. Respondent did not perform and document a
5 complete history and physical examination of the patient. She did not perform a pain
6 management evaluation, a range of motion examination, or a neurologic examination. She did
7 not document a review of systems, family history, addiction history or psychiatric history.

8 (a) Respondent's progress notes indicate the patient had two visits in 2003, four visits
9 in 2004, three visits in 2005, a hospital history and physical in December 2005, four visits in
10 2006, and one visit in 2007. The progress notes for the patient's visits contain only a cursory
11 addiction history, and no psychiatric history, family history, review of systems or physical
12 examination. The notes are brief, lack meaningful data, and are often illegible. There is little or
13 no mention of the drugs respondent prescribed. There are no follow-up examinations for the
14 patient.

15 (b) For most of 2006 and into 2007, respondent prescribed on a monthly basis
16 massive amounts of multiple strong, dangerous opiates and benzodiazepines including
17 hydrocodone with acetaminophen, OxyContin, oxycodone, methadone, Valium (diazepam),
18 alprazolam (Xanax), Soma (carisoprodol), and Ambien without documenting any medical
19 indication for the prescriptions. For most of the prescriptions that respondent wrote, there are no
20 progress notes, and no indication that Patient S.G. was ever seen by respondent.

21 (c) Respondent's prescriptions, in October 2006, to Patient S.G. that were filled,
22 included the following:

23 October 2, 2006: 270 oxycodone 40 mg, 180 hydrocodone/APAP 10/500, 30 Ambien
24 10 mg, 90 alprazolam 2 mg, 100 diazepam 10 mg

25 October 4, 2006: 100 carisoprodol 350 mg, 100 acetaminophen/COD #4

26 _____
27 ²The names of patients are kept confidential to protect their privacy rights, and, though known
28 to respondent, will be revealed to her upon receipt of a timely request for discovery.

1 October 30, 2006: 270 oxycodone 40 mg, 270 methadone 10 mg
2 October 31, 2006: 100 diazepam 10 mg, 30 Ambien 10 mg, 90 alprazolam 2 mg, 180
3 hydrocodone/APAP 10/500.

4 (d) Patient S.G.'s only visit with respondent in October 2006 was indicated by an
5 extremely brief progress note on October 23, 2006, with no mention of any medications. In the
6 patient's prior visit on August 2, 2006, there was an extremely brief note which mentioned "trial
7 methadone" with no reference to any other medications, although respondent prescribed 270
8 OxyContin 40 mg, 100 Tylenol #4 (with codeine), and 270 methadone 10 mg.

9 (e) For the period from January 30, 2007 to February 28, 2007, respondent 's
10 prescriptions were filled as follows:

11 January 30, 2007: 100 ibuprofen 800 mg, 180 hydrocodone/APAP 10/500, 90
12 alprazolam 2 mg

13 January 31, 2007: 270 oxycodone 40 mg

14 February 3, 2007: 30 Ambien 10 mg, 100 acetaminophen/COD #4

15 February 5, 2007: 100 carisoprodol 350 mg, 100 diazepam 10 mg

16 February 23, 2007: 90 alprazolam 2 mg, 100 ibuprofen 800 mg, 180
17 hydrocodone/APAP 10/500, 60 oxycodone 20 mg

18 February 28, 2007: 100 acetaminophen/COD #4, 30 citalopram 20 mg, 270
19 oxycodone 40 mg

20 The patient's last visit with respondent was on January 29, 2007.

21 (f) There is no indication in the records that respondent discussed the risks and side
22 effects of the medications with the patient. There is no indication in the records that respondent
23 monitored the patient's symptoms. Respondent failed to consider that strong opiates and
24 sedatives have a high risk of addiction and overdose, particularly when they are prescribed in
25 combination. In August 2006, respondent prescribed to patient S.G., 270 methadone 10 mg, a
26 very dangerous drug, without regard to the risks of potential death. She prescribed 270
27 methadone 10 mg again on October 23, 2006, and on November 22, 2006.

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1 (g) Respondent was grossly negligent in the care and treatment of Patient S.G. as
2 follows: she failed to document in her records the patient's family history, review of systems,
3 addiction history or psychiatric history. Her follow-up notes for the patient were absent and/or
4 inadequate. Most of the prescriptions for controlled substances were written without evidence the
5 patient was ever seen. She prescribed massive amounts of opiates, such as hydrocodone with
6 acetaminophen, OxyContin, and oxycodone, and sedatives such as Ambien, Valium, Xanax, and
7 Soma, often simultaneously.

8 **Patient L.D.**

9 20. Patient L.D. is a thirty-seven year-old female. Respondent saw the patient for
10 several years, including the time period from June 2003 to June 2009. Patient L.D. had
11 complaints of lower back pain and left leg pain. Respondent did not perform and document a
12 complete history and physical examination, including an examination of the patient's neck or low
13 back. Most of the notes over these years are brief, with minimal history and physical examination
14 information. There was no detailed description of the patient's complaints, symptoms, and a
15 diagnosis. There was no documentation of tests performed, assessment of the patient, and plan of
16 treatment.

17 (a) Over the years, respondent prescribed large amounts of opiates and sedatives,
18 including Hycodan, Norco, Percocet, Percodan, Librium, OxyContin, Xanax, and Lortab. At no
19 time did Respondent perform and document an examination to establish the cause of the patient's
20 complaints of pain, or the need for opiates for pain relief. She continued to refill the patient's
21 medications. Respondent did not refer the patient to a pain specialist or a psychiatrist.
22 Respondent often prescribed medications with no indication the patient was ever seen.

23 (b) Patient L.D. had a history of alcoholism and opiate dependency. She also had a
24 history of gastro enteric bleeding and liver abnormality. For the period including about June
25 2003 and on, respondent prescribed Percocet to patient L.D. Percocet contains acetaminophen
26 which can cause liver damage in an alcoholic. From 2006 until the beginning of 2009,
27 respondent prescribed Percocet and OxyContin every 1-2 months to L.D. On occasion, she also
28

1 prescribed Librium, which is contraindicated in an alcoholic, and Norco and Vicodin, both of
2 which contain acetaminophen.

3 (c) Most of respondent's care consisted of prescribing multiple strong opiates and
4 sedatives to an alcoholic and an opiate addict. She failed to consider the lethal risks to a patient
5 from drinking alcohol and taking medications containing aspirin and acetaminophen. There is no
6 indication in the record that respondent ever evaluated the cause of the patient's pain. Respondent
7 failed to document a psychiatric history, although the patient had anxiety and depression.
8 Respondent frequently prescribed controlled substances without seeing L.D.

9 (d) Respondent was grossly negligent in the care and treatment of Patient L.D. as
10 follows: She failed to document a complete physical examination and history, including the
11 patient's complaints, symptoms, and an assessment of the patient's psychological status, social
12 functioning, and addiction history. She failed to document tests ordered, diagnosis, and plan of
13 treatment. She failed to perform a complete examination of the patient, including an examination
14 of the patient's neck and lower back. She failed to establish the cause of the patient's complaints
15 or the need for opiates for pain relief. She prescribed Percodan, which contains aspirin, to a
16 patient with recurrent gastro enteric bleeding; and Percocet, Vicodin and Norco, which contain
17 acetaminophen, to an alcoholic with liver abnormality.

18 **Patient K.F.**

19 21. Patient K.F., a forty-three year-old female, had one visit with respondent, on
20 October 7, 2008, with complaints of anxiety and sleep problems. She had been taking alprazolam
21 for anxiety and Vicodin for sleep. Respondent did not document a complete history and physical
22 examination, an assessment of the patient's psychological status, social functioning, addiction
23 history, tests ordered, or plan of treatment. Respondent diagnosed the patient with chronic
24 anxiety and insomnia, and she prescribed alprazolam .5 mg and Vicodin. Vicodin, which is used
25 to relieve moderate to severe pain, is not indicated for sleep or anxiety, and the patient did not
26 complain of pain. Respondent did not document that she discussed the risks and side effects of
27 the medications.

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1 (a) Respondent was grossly negligent in the care and treatment of Patient K.F. in that
2 she failed to document a complete history and physical examination of the patient, and failed to
3 properly evaluate the patient.

4 SECOND CAUSE FOR DISCIPLINE

5 (Repeated Negligent Acts)

6 22. Respondent is subject to disciplinary action under Code section 2234, subdivision (c).
7 in that she was repeatedly negligent in the care and treatment of six patients. The facts and
8 circumstances alleged in the First Cause for Discipline are incorporated as if fully set forth.

9 **Patient S.G.**

10 23. Respondent failed to document in her records the patient's family history, review of
11 systems, addiction history or psychiatric history. Her follow-up notes for the patient were absent
12 and/or inadequate. Most of the prescriptions for controlled substances were written without
13 evidence the patient was seen. She prescribed massive amounts of opiates, such as hydrocodone
14 with acetaminophen, OxyContin, oxycodone, and sedatives such as Ambien, Valium, Xanax, and
15 Soma, often simultaneously.

16 (a) In the patient's examinations, respondent failed to perform and document a
17 complete history and physical examination. At no time did she perform a pain management
18 evaluation, a range of motion examination or a neurologic examination. There are no follow-up
19 examinations. Respondent failed to discuss with the patient the risks and side effects of the
20 medications, particularly the risk of addiction and overdose when opiates and sedatives are
21 prescribed in combination. She failed to monitor the side effects of the medications.

22 **Patient L.D.**

23 24. Respondent failed to document a complete physical examination and history,
24 including the patient's complaints, symptoms, and an assessment of the patient's psychological
25 status, social functioning, and addiction history. She failed to document tests ordered, a
26 diagnosis, and plan of treatment. She failed to perform a complete examination of the patient,
27 including an examination of the patient's neck and lower back. She failed to establish the cause
28 of the patient's complaints or the need for opiates for pain relief. She prescribed Percodan, which

1 contains aspirin, to a patient with recurrent gastro enteric bleeding; and Percocet, Vicodin and
2 Norco, which contain acetaminophen, to an alcoholic with liver abnormality. She failed to refer
3 the patient to a pain specialist or a psychiatrist.

4 **Patient K.F.**

5 25. Respondent failed to document a complete history and physical examination of the
6 patient, and failed to properly evaluate the patient. Respondent failed to document that she
7 discussed the risks and side effects of the medications.

8 **Patient D.C.S.**

9 26. Patient D.C.S., a twenty-two year-old male patient, had an initial visit with
10 respondent on December 1, 2008, with complaints of lower back pain and leg pain. Respondent
11 did not adequately document the patient's symptoms other than severe back pain radiating down
12 the patient's legs. She did not perform an adequate examination of the patient's lower back which
13 addressed the patient's pain complaints. There is no adequate review of the patient's social
14 history, review of symptoms, addiction history, or psychiatric history. Her diagnosis restates the
15 patient's symptoms, and does not provide an etiologic diagnosis. Respondent prescribed 120
16 OxyContin 80 mg, 120 oxycodone 30 mg, 60 Xanax 2 mg, 90 Lortab 10/500, and 30 Valium 10
17 mg. The patient saw respondent again on January 9, 2009, with additional complaints of pain.
18 Respondent prescribed Phenergan with codeine, 180 OxyContin 80 mg, 150 oxycodone 30 mg,
19 90 Xanax 2 mg, and 30 Valium 10 mg. There was no further evaluation of the patient, no
20 diagnosis, and no medical indication for the prescriptions. The patient had a third visit on
21 February 9, 2009. Respondent prescribed 180 OxyContin 80 mg, 180 oxycodone 30 mg, 90
22 Klonopin 2 mg, 60 Vicodin ES, and 30 Valium 10 mg. There was no further evaluation of the
23 patient, no diagnosis, no medical indication for the prescriptions, and no monitoring of the side
24 effects of the medications.

25 (a) Respondent prescribed multiple opiates such as OxyContin, oxycodone, and
26 Vicodin, and benzodiazepams such as Xanax, Klonopin, and Valium, without a medical diagnosis
27 or medical indication other than the patient's nonspecific complaints of pain and anxiety that were
28 not further evaluated.

1 (b) Respondent's documentation of the patient's history and review of symptoms is
2 devoid of content. She failed to document a psychiatric or addiction history. She failed to
3 perform an adequate examination of the patient's lower back. She failed to establish the cause of
4 the patient's complaints of pain, or the need for opiates for pain relief. She failed to assess the
5 patient's functional capacity. She failed to monitor the side effects of the medications she
6 prescribed.

7 **Patient D.S.**

8 27. Patient D.S., a nineteen year-old male patient, had only one visit with respondent, on
9 December 5, 2008, with complaints of a broken wrist and back problems. The health history
10 form is mostly blank. Respondent did not document a complete physical examination and
11 history, including symptoms, assessment of the patient's psychological status, social functioning,
12 addiction history, tests ordered, and plan of treatment. There is no meaningful medical evaluation
13 of the cause of the patient's pain. The patient's physical examination does not establish a
14 diagnosis. Respondent prescribed 150 OxyContin 80 mg, 150 Roxycontin 30 mg, and 90 Xanax
15 2 mg. There is no indication the medications were medically necessary.

16 (a) Respondent was negligent in that she failed to document a complete history and
17 physical examination. She failed to perform an adequate physical examination to determine a
18 medical diagnosis. She failed to assess the patient's functional capacity. She prescribed large
19 amounts of opiates without any indication they were medically necessary.

20 **Patient A.W.**

21 28. Patient A.W., a twenty-three year-old male patient, had only one visit with
22 respondent, on December 11, 2008, with complaints of chronic pain in his head and back. His
23 health history questionnaire was only partially completed. Several symptoms were checked on
24 the review of systems checklist with no evidence that respondent reviewed the form. Respondent
25 did not obtain an addiction and psychiatric history. She diagnosed the patient with chronic ankle
26 and back pain, chronic anxiety, post-traumatic stress disorder and depression. Respondent did not
27 perform a physical examination of the patient sufficient to determine a medical diagnosis. Her
28 treatment plan was to refill the medications the patient was already taking (OxyContin,

1 Roxicodone, Norco, Xanax, and Soma) and obtain previous records. Respondent prescribed 120
2 OxyContin 80 mg, 120 oxycodone 30 mg, 90 Soma 350 mg, and 90 Xanax 2 mg. (Soma and
3 Xanax make these problems patient complained of, worse, not better.) Respondent's records
4 failed to support the treatment provided to the patient. She failed to perform a physical
5 examination sufficient to determine a medical diagnosis. She failed to assess the patient's ability
6 to function.

7 THIRD CAUSE FOR DISCIPLINE

8 (Prescribing Without Appropriate Examination)

9 29. Respondent is subject to disciplinary action under Code section 2242 in that she
10 prescribed controlled substances and dangerous drugs to Patients S.G., L.D., K.F., D.C.S., D.S.,
11 and A.W. without an appropriate examination and medical indication. The facts and
12 circumstances alleged in Paragraphs 10 through 28 are incorporated as if fully set forth.

13 FOURTH CAUSE FOR DISCIPLINE

14 (Failure to Maintain Adequate and Accurate Records)

15 30. Respondent is subject to disciplinary action under Code section 2266 in that she
16 failed to maintain adequate and accurate records relating to the provision of services to Patients
17 S.G., L.D., K.F., D.C.S., D.S., and A.W. The facts and circumstances alleged in Paragraphs 10
18 through 28 are incorporated as if fully set forth.

19 FIFTH CAUSE FOR DISCIPLINE

20 (Excessive Prescribing)

21 31. Respondent is subject to disciplinary action under Code section 725 in that she
22 engaged in repeated acts of clearly excessive prescribing of drugs to Patients S.G., L.D., D.C.S.,
23 D.S., K.F. and A.W. The facts and circumstances alleged in Paragraphs 10 through 28 are
24 incorporated as if fully set forth.

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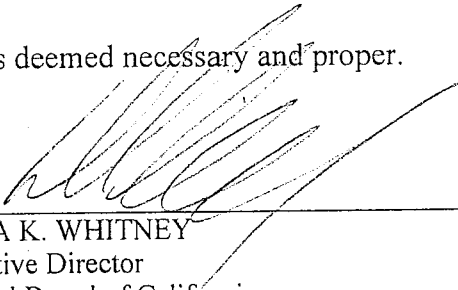
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 48480 issued to Cecelia T. Madrid, M.D.;
2. Revoking, suspending or denying approval of her authority to supervise physician assistants pursuant to Section 3527 of the Code;
3. Ordering her to pay the Board the costs of probation monitoring, if she is placed on probation; and,
4. Taking such other and further action as deemed necessary and proper.

DATED: May 11, 2010



LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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