

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

In the Matter of the Accusation Against:)
)
 DAVID NEAL GLASER, M.D.)
)
 Physician's and Surgeon's)
 Certificate No. G 40041)
)
 Respondent.)
_____)

Case No. 17-2007-184665

NUNC PRO TUNC ORDER CORRECTING ERROR IN PRIOR DECISION

The Medical Board of California (Board), having reached a stipulated settlement with David Neal Glaser, M.D. (Respondent) in the above-captioned matter and the Board having adopted the settlement as its Decision in this matter, and the Board, having now been made aware that a paragraph in the Decision incorrectly describing Respondent’s culpability was inadvertently included in the Decision, hereby orders the following:

Paragraph Eight of the Board’s Decision, which became effective on November 17, 2010, is hereby deleted from the Decision and replaced with the following:

“8. Respondent admits the truth of the allegations set forth in paragraphs 1 through 12, 14, 16, 17, 22 and 33, and all but the last sentence in 19, 20 through and including the word ‘disorder’ on line 15 thereof, 21 except the last sentence thereof, 24 except the last sentence thereof, and 30 except the last sentence thereof of Accusation No. 17-2007-184665.”

IT IS SO ORDERED THIS 25th DAY OF February, 2011.



A. Renee Threadgill
Chief of Enforcement
Medical Board of California

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

In the Matter of the Accusation Against:)

David Neal Glaser, M.D.)

File No. 17-2007-184665

Physician's and Surgeon's)
Certificate No. G 40041)

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 November 17, 2010.

IT IS SO ORDERED October 18, 2010.

MEDICAL BOARD OF CALIFORNIA

By: Shelton Duruisseau
Shelton Duruisseau, Ph.D., Chair
Panel A

1 EDMUND G. BROWN JR.
Attorney General of California
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Supervising Deputy Attorney General
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7 *Attorneys for Complainant*

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

10
11 In the Matter of the Accusation Against:

12 **DAVID NEAL GLASER, M.D.**

13
14 Respondent.

Case No. 17-2007-184665

OAH No. 2010010346

15
16
17 **STIPULATED SETTLEMENT AND**
DISCIPLINARY ORDER

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

19
20 **PARTIES**

21 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of
22 California. She brought this action solely in her official capacity and is represented in this matter
23 by Edmund G. Brown Jr., Attorney General of the State of California, by Richard D. Marino,
24 Deputy Attorney General.

25 2. Respondent DAVID NEAL GLASER, M.D. (Respondent) is represented in this
26 proceeding by attorney Joel Bruce Douglas, Esq., whose address is Bonne, Bridges, Mueller,
27 O'Keefe & Nichols, 3699 Wilshire Boulevard, 10th Floor, Los Angeles, CA 90010-2719.
28

1 3. On or about July 13, 1979, the Medical Board of California issued Physician and
2 Surgeon's Certificate No. G 40041 to Respondent. The Physician and Surgeon's Certificate was
3 in full force and effect at all times relevant to the charges brought in Accusation No. 17-2007-
4 184665 and will expire on October 31, 2010, unless renewed.

5
6 **JURISDICTION**

7 4. Accusation No. 17-2007-184665 was filed before the Medical Board of California
8 (Board) , Department of Consumer Affairs, and is currently pending against Respondent. The
9 Accusation and all other statutorily required documents were properly served on Respondent on
10 December 14, 2009. Respondent timely filed his Notice of Defense contesting the Accusation. A
11 copy of Accusation No. 17-2007-184665 is attached as exhibit A and incorporated herein by
12 reference.

13
14 **ADVISEMENT AND WAIVERS**

15 5. Respondent has carefully read, fully discussed with counsel, and understands the
16 charges and allegations in Accusation No. 17-2007-184665. Respondent has also carefully read,
17 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
18 Disciplinary Order.

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

26 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
27 every right set forth above.
28

1 CULPABILITY

2 8. Respondent admits the truth of the allegations set forth in paragraphs 1 through 12, 14
3 through 24, 30 and 33 of Accusation No. 17-2007-184665.

4 9. Respondent agrees that his Physician and Surgeon's Certificate is subject to discipline
5 and he agrees to be bound by the Medical Board of California (Board)'s imposition of discipline
6 as set forth in the Disciplinary Order below.

7
8 CONTINGENCY

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

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

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

DISCIPLINARY ORDER

1
2 **IT IS HEREBY ORDERED** that Physician and Surgeon's Certificate No. G 40041, issued
3 to Respondent DAVID NEAL GLASER, M.D. (Respondent), is revoked. However, the
4 revocation is stayed and Respondent is placed on probation for two (2) years on the following
5 terms and conditions.

6 1. PRESCRIBING PRACTICES COURSE Within 60 calendar days of the effective
7 date of this Decision, respondent shall enroll in a course in prescribing practices, at respondent's
8 expense, approved in advance by the Board or its designee. Failure to successfully complete the
9 course during the first 6 months of probation is a violation of probation.

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

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

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

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

27 Respondent shall submit a certification of successful completion to the Board or its
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later.

2 3. ETHICS COURSE Within 60 calendar days of the effective date of this Decision,
3 respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the
4 Board or its designee. Failure to successfully complete the course during the first year of
5 probation is a violation of probation.

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

10 Respondent shall submit a certification of successful completion to the Board or its
11 designee not later than 15 calendar days after successfully completing the course, or not later than
12 15 calendar days after the effective date of the Decision, whichever is later.

13 4. PROFESSIONAL BOUNDARIES PROGRAM Within 60 calendar days from the
14 effective date of this Decision, respondent shall enroll in a professional boundaries program, at
15 respondent's expense, equivalent to the Professional Boundaries Program, Physician Assessment
16 and Clinical Education Program at the University of California, San Diego School of Medicine
17 ("Program"). Respondent, at the Program's discretion, shall undergo and complete the Program's
18 assessment of respondent's competency, mental health and/or neuropsychological performance,
19 and at minimum, a 24 hour program of interactive education and training in the area of
20 boundaries, which takes into account data obtained from the assessment and from the Decision(s),
21 Accusation(s) and any other information that the Board or its designee deems relevant. The
22 Program shall evaluate respondent at the end of the training, and the Program shall provide any
23 data from the assessment and training as well as the results of the evaluation to the Division or its
24 designee.

25 Failure to complete the entire Program not later than six months after respondent's initial
26 enrollment shall constitute a violation of probation unless the Board its designee agrees in writing
27 to a later time for completion. Based on respondent's performance in and evaluations from the
28 assessment, education, and training, the Program shall advise the Board or its designee of its

1 recommendation(s) for additional education, training, psychotherapy and other measures
2 necessary to ensure that respondent can practice medicine safely. Respondent shall comply with
3 Program recommendations. At the completion of the Program, respondent shall submit to a final
4 evaluation. The Program shall provide the results of the evaluation to the Board or its designee.

5 The Program's determination whether or not respondent successfully completed the
6 Program shall be binding.

7 Failure to participate in and complete successfully all phases of the Program, as outlined
8 above, is a violation of probation.

9 If respondent fails to complete the Program within the designated time period, respondent
10 shall cease the practice of medicine within 72 hours after being notified by the Board or its
11 designee that respondent failed to complete the Program.

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

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

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

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

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

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

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

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

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

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

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

28 Respondent's license shall be automatically cancelled if respondent's periods of temporary

1 or permanent residence or practice outside California total two years. However, respondent's
2 license shall not be cancelled as long as respondent is residing and practicing medicine in another
3 state of the United States and is on active probation with the medical licensing authority of that
4 state, in which case the two year period shall begin on the date probation is completed or
5 terminated in that state.

6 12. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

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

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

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

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

26 14. VIOLATION OF PROBATION Failure to fully comply with any term or condition
27 of probation is a violation of probation. If respondent violates probation in any respect, the
28 Board, after giving respondent notice and the opportunity to be heard, may revoke probation and

1 carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation,
2 or an Interim Suspension Order is filed against respondent during probation, the Board shall have
3 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
4 the matter is final.

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

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

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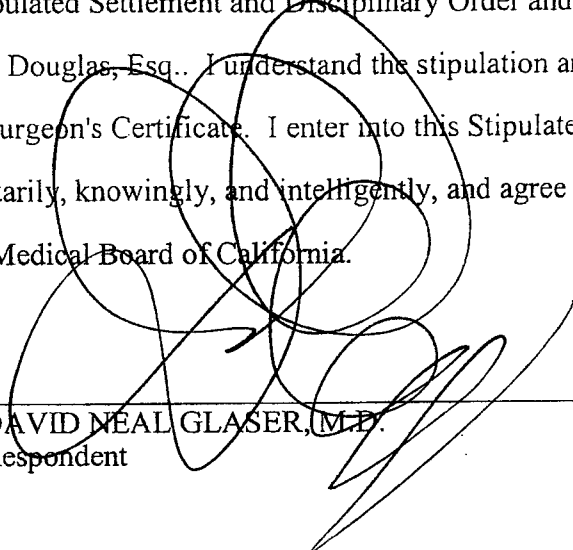
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ACCEPTANCE

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

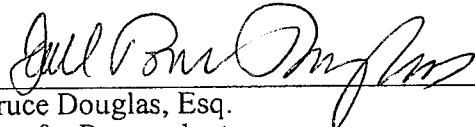
DATED: July 26, 2010



DAVID NEAL GLASER, M.D.
Respondent

I have read and fully discussed with Respondent DAVID NEAL GLASER, 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: 7/27/10



Joel Bruce Douglas, Esq.
Attorney for Respondent

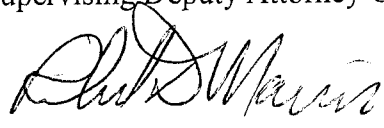
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ENDORSEMENT

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

Dated: July 27, 2010

Respectfully Submitted,
EDMUND G. BROWN JR.
Attorney General of California
PAUL C. AMENT
Supervising Deputy Attorney General


RICHARD D. MARINO
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 17-2007-184665

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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 14, 2009
BY Valerie M... ANALYST

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

11 In the Matter of the Accusation Against:

Case No. 17-2007-184665

12 **DAVID NEAL GLASER, M.D.**
13 **16530 Ventura Blvd., Suite 200**
Encino, CA 91436

ACCUSATION

14 **Physician's and Surgeon's**
15 **Certificate Number G 40041**

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Barbara Johnston (complainant) brings this Accusation solely in her official capacity
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
22 (Board).

23 2. On or about July 13, 1979, the Medical Board of California issued Physician's and
24 Surgeon's Certificate Number G 40041 to David Neal Glaser, M.D. (respondent). The
25 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
26 charges brought herein and will expire on October 31, 2010, unless renewed.

27 ///

28 ///

1 **JURISDICTION**

2 3. This Accusation is brought before Board, under the authority of the following laws.

3 All section references are to the Business and Professions Code unless otherwise indicated.

4 4. Section 2004 of the Code states:

5 "The board shall have the responsibility for the following:

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

8 "(b) The administration and hearing of disciplinary actions.

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

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

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

15 "..."

16 5. Section 2227 of the Code states:

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

21 "(1) Have his or her license revoked upon order of the division.

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

24 "(3) Be placed on probation and be required to pay the costs of probation monitoring upon
25 order of the division.

26 "(4) Be publicly reprimanded by the division.

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

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“...”

6. Section 2234 of the Code states:

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

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

“(b) Gross negligence.

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

“...”

“(d) Incompetence.

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

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

7. Section 2238 of the Code states:

“A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.”

8. Section 2239 of the Code states in part:

“(a) The use or prescribing for or administering to himself any controlled substance . . . constitutes unprofessional conduct.”

9. 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.”

1 "..."

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

5 11. Section 11007 of the Health and Safety Code states that "'Controlled substance' ...
6 means a drug, substance, or immediate precursor which is listed in. . . Section 11054. . ."

7 12. Section 11054 of the Health and Safety Code states:

8 "(a) The controlled substances listed in this section are included in Schedule I.

9 "(d) . . .

10 "(13) Marijuana."

11 **FIRST CAUSE FOR DISCIPLINE**

12 **(Gross Negligence)**

13 13. Respondent is subject to disciplinary action under Section 2234, subdivision (b) of
14 the Code (gross negligence), in that he was grossly negligent in care and treatment of patient D.P.
15 The circumstances are as follows:

16 14. Respondent and D.P. met at a social gathering on or about December, 2003. A
17 subsequent romantic and sexual relationship ensued very rapidly and continued until respondent
18 terminated the relationship in September, 2004.

19 15. Another physician treated D.P. with a stable dose of clomipramine between 1999 and
20 February, 2003. Clomipramine falls into the class of tricyclic antidepressants noted primarily as
21 reuptake inhibitors of norepinephrine and serotonin. It has a 69-hour half-life and is subject to
22 dose accumulation over time. It is licensed in the United States only for the treatment of
23 obsessive-compulsive disorder; however it is utilized in Europe as a primary antidepressant.
24 Patient D.P. had been taking a stable dose of 75 mg. at night in what was said to be a "sleep"
25 dose. It should be noted that in Europe and the United States clomipramine has never been
26 marketed or promoted as a hypnotic, and being a tricyclic antidepressant, off-label use of such
27 medications for hypnotic purposes (e.g. Elavil, Pamelor, etc.) usually are found in a dosage range
28 much lower, such as 10-25 mg. at HS, not 75 mg. Nevertheless, D.P. did continue this

1 medication apparently without difficulty until 2003.

2 16. Respondent acknowledges that he had a "monogamous, loving relationship" with
3 D.P. from January 2004 through September 2004. He does indicate that she was not a patient in
4 the usual sense of his practice in that she did not come to his office for treatment, and he did not
5 keep his usual and customary records on her. Rather, he accumulated information from her over
6 time through observation, inference, and discussion with her in the midst of their
7 boyfriend/girlfriend relationship, and memorialized these observations into what he considers to
8 be a patient consultation note of July 3, 2004. Respondent does note that the note of July 3, 2004,
9 does not in fact reflect information obtained on that date, but is a compilation of information
10 obtained over a period of "several months."

11 17. Respondent's prescribing for D.P. began on March 29, 2004, when he called in to
12 Rite Aid Pharmacy a telephonic prescription for "Plan B," which is a preparation used to prevent
13 or terminate an unwanted pregnancy. Respondent does not have any records to support the use of
14 this agent for D.P. There is no evidence of the performance of a history or physical examination,
15 or even the use of pregnancy testing to suggest that such an agent was indicated. There is no
16 documentation of discussion with patient D.P. regarding risk-to-benefit ratio of this agent, or any
17 discussion of follow up care to be provided by respondent or more importantly, a gynecologist.

18 18. Regarding respondent's treatment of patient D.P. for her sleep disorder, his
19 handwritten note of July 3, 2004, describes D.P. as having obsessive-compulsive disorder and
20 major depressive disorder. There is inadequate documentation to support either diagnosis with
21 respect to symptom complex, duration of symptoms, functional instability, etc. Although D.P. in
22 fact had been treated with prior antidepressants (e.g. Serzone, Zoloft) there is no discussion of her
23 response to these agents, length of time that she was treated, etc. Although respondent makes the
24 contention in his note and in his deposition that D.P. had a longstanding sleep disorder, there is no
25 evidence of his having taken a complete and accurate "sleep history" to have included sleep status
26 when she was younger (including a complete history of phase advance or delay in high
27 school/college years), sleep hygiene, sleep latency, awakenings after sleep onset, sleep restriction
28 techniques employed, the presence of any environmental disruptions to sleep, potential

1 stimulants, prior attempts at sleep restabilization, etc. He based his referral to North Valley Sleep
2 Disorders Center (July of 2004) on the observation that D.P. snored. While snoring is in fact one
3 reason for polysomnography, a complete sleep history should be initiated prior to a referral to a
4 sleep center.

5 19. Respondent initiated a referral for a sleep study on July 3, 2004, without any
6 documentation in his chart that he had explained to D.P. the reasons for same. D.P. did in fact
7 present to the North Valley Sleep Disorders Center on August 23, 2004, and eventually had a
8 sleep study performed on November 4, 2004, the results of which were forwarded to respondent
9 on November 5, 2004. It was not until November 30, 2004, that respondent forwarded the results
10 of the sleep study to patient D.P. Respondent failed to keep records relating to the results of the
11 sleep study and a plan of care for amelioration of her sleep disorder.

12 20. Between July of 2004 through January of 2005, respondent provided D.P. with
13 multiple refills for a hypnotic regime of temazepam 30 mg., clonazepam 1.0 mg., and trazodone
14 150 mg. There are no medical records of a progressive nature from respondent to show that he
15 was providing careful monitoring of the patient's sleep disorder; nor is there any rationale for the
16 use of two benzodiazepines and a heterocyclic antidepressant concurrently for sleep induction
17 without first attempting to use agents singly. There is also no evidence that respondent attempted
18 to taper the patient off of one or both of the benzodiazepines in lieu of a single dose of the
19 heterocyclic, albeit perhaps at a higher dose than 150 mg. There is no evidence that he used or
20 promoted sleep restriction therapy in a woman who was showing profound sleep phase advance,
21 whether it be volitional or not.

22 21. Respondent prescribed Percocet to D.P. based on what was said to have been some
23 form of muscular spasm. He does not have records to support a full examination of the patient to
24 determine the etiology of the pain, and there is no evidence that he utilized a non-narcotic (c.g.,
25 NSAID) treatment in lieu of a scheduled medication for what appeared to have been a minor
26 problem. Furthermore, there is no evidence of his attempt to follow up on her condition.

27 22. In respondent's records of July 18, 2004, he notes that, because the patient objected to
28 a referral to a psychiatrist, he then referred her to Elaine Bridges, LCSW, who saw the patient for

1 the first time on July 30, 2004. There is no discussion in his note as to the nature and quality of
2 her objections to psychiatric treatment, why he chose this particular therapist, or what his
3 treatment goals were for her. There is no indication from his notes that he had ongoing contact
4 with Ms. Bridges at a time when he was acting as D.P.'s supervising psychiatrist, and Ms.
5 Bridges was functioning in the role of her therapist.

6 23. Respondent's records do not indicate that respondent discussed with an
7 analyst/psychiatrist or colleague the fact that he had transgressed boundary issues by having a
8 sexual relationship with someone who had now become his patient, and was continuing to
9 prescribe for this individual in a manner which was not consistent with his usual standards of
10 practice. There is no clear indication that he understood that his actions were in fact ethical
11 violations of the Principles of Medical Ethics with Annotations Especially Applicable to
12 Psychiatry, 2009 Edition Revised.

13 24. In his interview of April 21, 2009, held at the Glendale District Office of the Medical
14 Board of California, respondent said that it was his intention to refer D.P. for professional help;
15 however, it does not appear from all records provided that he insisted that she see another
16 provider. This would have been rather simple to do in the form of refusing her prescriptions,
17 which would have forced the issue of her returning to her prior providers to obtain care.

18 25. Respondent smoked marijuana with D.P. on several occasions at his home.

19 26. Respondent's acts and/or omissions in the care and treatment of patient D.P. as set
20 forth above constitute a violation of Section 2234(b), subdivision (b), of the Code (gross
21 negligence) as follows:

22 A. Respondent established a doctor-patient relationship as of March 29, 2004, with D. P.
23 when he began to prescribe for her Plan B to prevent an unwanted pregnancy. He points out that
24 from this point forward he was in the process of accumulating information about her sleep
25 patterns and overall mental state, which he eventually memorialized in his consultation note of
26 July 3, 2004. That note lacks documentation for his diagnoses and his subsequent notations do
27 not chart the patient's progress while under his care, nor do they reflect his thoughts/planning
28 with respect to her future care that was described in his April 21, 2009, meeting with the Board

1 investigators. The lack of accuracy and completeness in the medical records constitute an
2 extreme departure from the standard of care

3 B. Respondent gave D.P. a limited prescription for Percocet for the treatment of a muscle
4 spasm. This pain was not considered to be intractable in nature nor was there any evidence
5 provided that nonnarcotic analgesics were considered as an alternative to Percocet. His palpation
6 of her back did not in fact represent an adequate examination and his training does not qualify
7 him as a pain management specialist. Respondent committed an extreme departure from the
8 standard of care regarding appropriate examination of the patient prior to the prescription of
9 narcotic substances.

10 C. Respondent never formed a standard patient-physician relationship with D.P.. Rather,
11 he acknowledges the existence of a "loving, monogamous relationship" with her during which
12 time he simultaneously considered her a patient whom he treated as an act of kindness. This
13 precluded him from being able to utilize the necessary time, framework, and objectivity that
14 would normally be afforded to a patient in a standard care setting. His contentions were that his
15 judgments regarding her care were made through his observations of her behavior, as well as
16 through herself reports. However, this deprived him of the reasoning that would occur with
17 standard questioning that would occur in an office based setting when a patient presents for
18 formal followup after a physician makes any type of intervention. With respect to respondent's
19 capacity to monitor this patient's compliance, his actions represented an extreme departure from
20 the usual standard of care.

21 D. The creation and maintenance of the physician-patient relationship with D.P.
22 represented an extreme departure from the usual standard of care.

23 E. By performing the illegal act of smoking marijuana multiple times in the presence of
24 one of his patients respondent committed an extreme departure from the standard of care.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 27. Respondent is subject to disciplinary action under Section 2234, subdivision (c), of
4 the Code in that he committed repeated negligent acts in the care and treatment of patient D.P.
5 The circumstances are as follows:

6 28. The allegations set forth in the First Cause for Discipline above are incorporated here
7 by reference.

8 29. D.P. did not have a typical psychiatric evaluation, in that she did not meet respondent
9 at his office. Instead he formulated his diagnosis over a period of months by his contact with her
10 in the context of a romantic relationship. Due to his lack of objective assessment, he could not
11 offer the temazepam, clonazepam and/or trazodone for good medical reasons. This was a
12 departure from the standard of care, in that he prescribed medications that are typically given for
13 those with sleep disturbances but did not provide an objective assessment due to having a
14 romantic relationship with the patient.

15 30. The termination of respondent's and D.P.'s romantic relationship occurred in
16 September 2004, and this coincided with the last note in respondent's records of September 24,
17 2004, in which he writes of a referral to a private or primary physician or the UCLA Anxiety
18 Disorders Program for medication management. Respondent also provided 30-day supplies of
19 temazepam, trazodone and Klonopin, with five refills, in prescriptions dated September 17, 2004.
20 Despite the termination of the patient-doctor relationship noted in the chart on September 24,
21 2004, he continued to have email contact and telephone contact with the patient referring to
22 medical issues, specifically the sleep study. There was a departure from the standard of care, in
23 that respondent continued correspondence of a medical nature with D.P. despite ending the
24 treatment, as documented in his medical records, in September 2004. Moreover, his providing a
25 six-month supply of the foregoing medications is a departure from the standard of care.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Prescribing Without Appropriate Examination and Medical Indication)**

3 31. Respondent is subject to disciplinary action under Section 2242 of the Code in that he
4 prescribed a controlled substance without conducting or documenting an appropriate prior
5 examination or appropriate follow-up tests, or substantiating a medical indication for the drugs
6 prescribed D.P. The circumstances are as follows:

7 32. The facts and allegations set forth in the First and Second Causes for Discipline above
8 are incorporated here by reference.

9
10 **FOURTH CAUSE FOR DISCIPLINE**

11 **(Failure to Maintain Adequate and Accurate Medical Records)**

12 33. Respondent is subject to disciplinary action under Section 2266 of the Code (failure
13 to maintain adequate and accurate medical records) in the care of patient D.P. The circumstances
14 are as follows:

15 34. The facts and allegations set forth in the First and Second Causes for Discipline above
16 are incorporated here by reference.

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18 **FIFTH CAUSE FOR DISCIPLINE**

19 **(Self Use of Dangerous Drugs)**

20 35. Respondent is subject to disciplinary action under Section 2239 in that he used a
21 controlled substance, to wit, marijuana. The circumstances are as follows:

22 36. The facts and allegations set forth in the First Cause for Discipline above are
23 incorporated here by reference.

24
25 **SIXTH CAUSE FOR DISCIPLINE**

26 **(Incompetence)**

27 37. Respondent is subject to disciplinary action under Section 2234, subdivision (d), of
28 the Code (incompetence). The circumstances are as follows:

1 38. The facts and allegations set forth in the First, Second and Third Causes for
2 Discipline above are incorporated here by reference.

3 39. Respondent entered into a romantic, then sexual, relationship with patient D.P.
4 Contemporaneously he began to identify her as a patient. He did not recognize his departure from
5 the standard of care with respect to the grievous boundary violation involved in this issue. He did
6 not seek consultation with another psychiatrist, analyst, or trusted physician to extricate himself
7 from this difficult situation, and most seriously, in his 2009 comments before the Medical Board
8 appeared to have rationalized his behavior as an error in judgment based on doing what he
9 thought was right for someone he cared about.

10 40. Shortly after the beginning of the relationship he made a departure in judgment by
11 prescribing "Plan B" for her to avert an unwanted pregnancy. However, he then compounded this
12 error by going on to formalize a therapeutic relationship with D.P. under the rationalization that
13 D.P. would not accept treatment from another psychiatrist. Respondent went on to make patient
14 D.P. a "formal patient" at a time when he continued a sexual relationship with her. This is
15 particularly disturbing in light of respondent's background in forensic psychiatry and apparent
16 prior history of case analysis for the Medical Board. There is absolutely no indication that
17 respondent consulted any of his colleagues to discuss this situation regarding extricating himself
18 from the therapeutic/romantic relationship in an attempt to repair the boundary violation.

19
20 PRAYER

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

23 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 40041,
24 issued to David Neal Glaser, M.D..

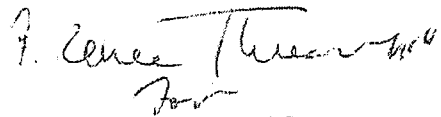
25 2. Revoking, suspending or denying approval of David N. Glaser, M.D.'s authority to
26 supervise physicians' assistants, pursuant to Section 3527 of the Code;

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3. Ordering David N. Glaser, M.D., if placed on probation, to pay the Medical Board of California the costs of probation monitoring;

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



DATED: December 14, 2009

BARBARA JOHNSTON
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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