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STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 21 20 15
BY R. Fiorditis ANALYST

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

In the Matter of the Accusation Against: JOSEPH JEROME SHERIDAN, M.D. 5555 Grossmont Center Drive La Mesa, California 91942 Physician's and Surgeon's Certificate No. A97596, Respondent.	Case No. 18-2013-232873 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California ("Board").

2. On October 4, 2006, the Board issued Physician's and Surgeon's Certificate number A97596 to Joseph Jerome Sheridan, M.D. ("Respondent"). That license was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2016, unless renewed.

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JURISDICTION

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

4. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

"(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.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not

apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

5. Section 2227 of the Code states:

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

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

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

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

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

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

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

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence – Patient G.R.)

6. Respondent is subject to disciplinary action under Code section 2234 (b), in that he was grossly negligent in the overall management of patient G.R.'s care and treatment. The circumstances are as follows:

7. On or about September 30, 2010, patient G.R. presented to Respondent for the first time. The patient was diagnosed with depression, anxiety, opioid dependence, and benzodiazepines dependence.

8. Patient G.R. treated with Respondent regularly for the next 25 months.

9. Patient G.R. displayed drug seeking behavior on at least ten occasions. On a number of visits patient G.R. reported that he self-increased his dose of Suboxone. The first time he did so was less than a month after Respondent began treating patient G.R. On at least one occasion patient G.R. asked for an early refill of his medications, indicating he had lost his previously prescribed medication. On one visit, patient G.R.'s mother reported to Respondent that patient G.R. ran out of his prescribed Valium and Suboxone one week early, and used his father's opiates.

10. On April 24, 2012, nineteen months after beginning treatment with Respondent, patient G.R. presented and expressed his concern that he had ADHD. He advised Respondent that he took 80 mg of Vyvanse and it made him feel as if he had been cured. Patient G.R. filled out a two-page Adult ADHD Self-Report Scale Symptom Checklist. In addition, his mother filled out a one-page Vanderbilt ADHD Diagnostic Parent Rating Scale. Thereafter, Respondent diagnosed the patient with ADHD.

11. On August 7, 2012, Respondent began prescribing Vyvanse 60 mg/day to patient G.R.

12. On November 27, 2012, Respondent terminated his physician-patient relationship with patient G.R. By correspondence of that date, Respondent advised patient G.R. that he was terminating the relationship due to the patient's non-compliance with his treatment and misuse of his medications, including overuse of Suboxone, and seeking early refills from other physicians as well as prescriptions for drugs that Respondent refused to prescribe.

13. Respondent was grossly negligent in his overall management of patient G.R's care, in that after treating patient G.R. on a regular basis, he diagnosed patient G.R. with ADHD, for the first time, based solely on a one to two-page questionnaire completed by the patient and the patient's mother and began prescribing high doses of a highly addictive medication, Vyvanse, to a known addict. Respondent was further negligent, in that he continued to treat patient G.R. and to refill prescriptions for addictive medications for a period of two years, despite the patient displaying behaviors throughout that time period that demonstrated that he was abusing his medications.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence – Patient M.J.)

14. Respondent is subject to disciplinary action under section 2234 (b) of the Code in that he was grossly negligent in the overall management of patient M.J.'s care and treatment. The circumstances are as follows:

15. On or about June 7, 2012, patient M.J. presented to Respondent for the first time. The patient indicated that she was presenting to Respondent because her then psychiatrist was retiring. The patient provided a present history of depression, PTSD and ADHD. Patient M.J. informed the Respondent that she had a history of lupus, fibromyalgia, chronic pain, three knee surgeries and 20 abdominal surgeries due to stomach problems. The patient reported that she had no history of addiction to alcohol or illicit substances. The patient reported that her current medications were Oxycodone, Cymbalta 60 mg/day, Adderall 30 mg TID, Soma, Wellbutrin SR 100 mg BID. Patient M.J. reported that she often needs high doses of medications due to absorption problems. Respondent diagnosed patient M.J. with PTSD and ADHD. The plan of treatment for patient M.J. included changing Wellbutrin SR to Wellbutrin IR 75 mg TID, continue Cymbalta and Adderall, refer to a therapist, and to leave a message for the previous doctor for care coordination.

16. Patient M.J. treated with Respondent for the next ten months.

17. Patient M.J. presented on July 3, 2012. She reported taking four doses of Adderall for a few days, stating "I forgot I was supposed to take three." Respondent discussed the risks of high

dose Adderall. There was no evidence of abuse or adverse effects. Patient M.J.'s prescription for Adderall was increased to 30 mg QID, her Wellbutrin and Cymbalta were continued.

18. The patient required early refills and or replacement prescriptions on three occasions between July 27, 2012, and November 16, 2012. On two occasions, patient M.J. reported losing her prescription(s), and on one occasion she reported that her medication had been stolen by a relative, who had a drug problem. Following the third incident, Respondent told patient M.J. that there would be no more early refills of Adderall. Patient M.J. indicated that she purchased a lock box for her medications to ensure that she would not require any future early refills of her medication.

19. On November 16, 2012, the patient reported that she was not taking Dilaudid.

20. On January 30, 2013, Respondent filled out a Medication Prior Authorization Form for Adderall 30 mg, 4 times a day. Under Medical Justification Respondent wrote, "Patient stable on this medication for several years."

21. Respondent indicated in a request for additional medical justification, "Patient has had several gastrointestinal surgeries with resultant mal-absorption syndrome. She requires higher doses of medications given at increased frequencies. Patient has been stable on this current regimen for several years."

22. On April 26, 2013, patient M.J. reported that she lost her prescription for Adderall and Cymbalta.

23. On April 26, 2013, Respondent's note indicates that due to the concern raised by the frequency of patient M.J. reporting that she "lost" her Adderall prescriptions he contacted the pharmacies she reported using and discovered that the patient had not lost her prescriptions, as she had reported, but had been refilling her prescriptions with a greater frequency than prescribed, by using both pharmacies.

24. On April 27, 2013, Respondent terminated his physician-patient relationship with patient M.J. By correspondence of that date, Respondent advised patient M.J. that he was terminating the relationship due to the patient filling her Adderall prescriptions more frequently than once per month by using two different pharmacies.

25. Respondent was grossly negligent in his overall management of patient M.J.'s care, in that he prescribed medications to a patient based solely on the patient's account of her medical history, without making every effort to contact the patient's prior psychiatrist to review the case and/or obtain patient M.J.'s records from the prior psychiatrist.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A97596, issued to Joseph Jerome Sheridan, M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. If placed on probation, ordering him to pay the Board the costs of probation monitoring; and

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

DATED: August 21, 2015

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

Complainant

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