

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

In the Matter of the Accusation)
Against:)

Rodney Sidransky, M.D.)

Case No. 800-2017-038264

Physician's and Surgeon's)
Certificate No. A 78625)

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 18, 2018.

IT IS SO ORDERED: September 18, 2018.

MEDICAL BOARD OF CALIFORNIA



Kristina D. Lawson, J.D., Chair
Panel B

1 XAVIER BECERRA
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9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2017-038264

14 **RODNEY SIDRANSKY, M.D.**
15 **3103 Sylvia Street**
Bonita, CA 91902-2143

OAH No. 2018020465

16 **Physician's and Surgeon's Certificate**
17 **No. A 78625**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18 Respondent.

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
24 of California (Board). She brought this action solely in her official capacity and is represented in
25 this matter by Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn,
26 Deputy Attorney General.

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1 rights accorded by the California Administrative Procedure Act and other applicable laws.

2 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
3 every right set forth above.

4 **CULPABILITY**

5 9. Respondent does not contest that, at an administrative hearing, Complainant could
6 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
7 No. 800-2017-038264 and that he has thereby subjected his license to disciplinary action.

8 10. Respondent agrees that if he ever petitions for early termination or modification of
9 probation, or if the Board ever petitions for revocation of probation, all of the charges and
10 allegations contained in Accusation No. 800-2017-038264 and Accusation No. 800-2015-011746
11 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or
12 any other licensing proceeding involving respondent in the State of California.

13 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
14 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
15 Disciplinary Order below.

16 **CONTINGENCY**

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

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1 **ADDITIONAL PROVISIONS**

2 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein
3 to be an integrated writing representing the complete, final, and exclusive embodiment of the
4 agreements of the parties in the above-entitled matter.

5 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
6 including copies of the signatures of the parties, may be used in lieu of original documents and
7 signatures and, further, that such copies shall have the same force and effect as originals.

8 15. In consideration of the foregoing admissions and stipulations, the parties agree the
9 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter
10 the following Disciplinary Order:

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 78625 issued
13 to Respondent Rodney Sidransky, M.D. is revoked. However, the revocation is stayed and
14 Respondent is placed on probation for eight (8) years on the following terms and conditions.
15 Once adopted by the Board, the stipulated settlement contained in Accusation No. 800-2017-
16 038264, will supersede the terms of probation in Decision and Order No. 800-2015-011746. All
17 terms and conditions of probation in Decision and Order No. 800-2015-011746 have been
18 incorporated into the stipulated settlement in Accusation No. 800-2017-038264. Upon the
19 effective date of the Decision and Order in Accusation Case No. 800-2017-038264, September
20 16, 2018, and once the time to challenge the matter has run, the probationary terms contained in
21 Decision and Order No. 800-2015-011746 will be superseded by the terms of probation in
22 Decision and Order in Accusation No. 800-2017-038264.

23 1. **CONTROLLED SUBSTANCES - ABSTAIN FROM USE.** Respondent shall abstain
24 completely from the personal use or possession of controlled substances as defined in the
25 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
26 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not
27 apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide
28 illness or condition.

1 Within 15 calendar days of receiving any lawfully prescribed medications, Respondent
2 shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone
3 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
4 telephone number.

5 If Respondent has a confirmed positive biological fluid test for any substance (whether or
6 not legally prescribed) and has not reported the use to the Board or its designee, Respondent
7 shall receive a notification from the Board or its designee to immediately cease the practice of
8 medicine. The Respondent shall not resume the practice of medicine until final decision on an
9 accusation and/or a petition to revoke probation. An accusation and/or petition to revoke
10 probation shall be filed by the Board within 15 days of the notification to cease practice. If the
11 Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board
12 shall provide the Respondent with a hearing within 30 days of the request, unless the Respondent
13 stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or
14 the Board within 15 days unless good cause can be shown for the delay. The cessation of practice
15 shall not apply to the reduction of the probationary time period.

16 If the Board does not file an accusation or petition to revoke probation within 15 days of the
17 issuance of the notification to cease practice or does not provide Respondent with a hearing
18 within 30 days of a such a request, the notification of cease practice shall be dissolved.

19 2. ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the
20 use of products or beverages containing alcohol.

21 If Respondent has a confirmed positive biological fluid test for alcohol, Respondent shall
22 receive a notification from the Board or its designee to immediately cease the practice of
23 medicine. The Respondent shall not resume the practice of medicine until final decision on an
24 accusation and/or a petition to revoke probation. An accusation and/or petition to revoke
25 probation shall be filed by the Board within 15 days of the notification to cease practice. If the
26 Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board
27 shall provide the Respondent with a hearing within 30 days of the request, unless the Respondent
28 stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or

1 the Board within 15 days unless good cause can be shown for the delay. The cessation of practice
2 shall not apply to the reduction of the probationary time period.

3 If the Board does not file an accusation or petition to revoke probation within 15 days of the
4 issuance of the notification to cease practice or does not provide Respondent with a hearing
5 within 30 days of a such a request, the notification of cease practice shall be dissolved.

6 3. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to
7 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.
8 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
9 follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall
10 make daily contact with the Board or its designee to determine whether biological fluid testing is
11 required. Respondent shall be tested on the date of the notification as directed by the Board or its
12 designee. The Board may order the Respondent to undergo a biological fluid test on any day, at
13 any time, including weekends and holidays. Except when testing on a specific date as ordered by
14 the Board or its designee, the scheduling of biological fluid testing shall be done on a random
15 basis. The cost of biological fluid testing shall be borne by the Respondent.

16 During the first year of probation, Respondent shall be subject to 52 to 104 random tests.
17 During the second year of probation and for the duration of the probationary term, up to five (5)
18 years, Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no
19 positive biological fluid tests in the previous five (5) consecutive years of probation, may testing
20 be reduced to one (1) time per month. Nothing precludes the Board from increasing the number
21 of random tests to the first-year level of frequency for any reason.

22 Prior to practicing medicine, Respondent shall contract with a laboratory or service,
23 approved in advance by the Board or its designee, that will conduct random, unannounced,
24 observed, biological fluid testing and meets all the following standards:

25 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
26 Association or have completed the training required to serve as a collector for the United States
27 Department of Transportation.

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1 (b) Its specimen collectors conform to the current United States Department of
2 Transportation Specimen Collection Guidelines.

3 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published
4 by the United States Department of Transportation without regard to the type of test administered.

5 (d) Its specimen collectors observe the collection of testing specimens.

6 (e) Its laboratories are certified and accredited by the United States Department of Health
7 and Human Services.

8 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
9 of receipt and all specimens collected shall be handled pursuant to chain of custody procedures.
10 The laboratory shall process and analyze the specimens and provide legally defensible test results
11 to the Board within seven (7) business days of receipt of the specimen. The Board will be
12 notified of non-negative results within one (1) business day and will be notified of negative test
13 results within seven (7) business days.

14 (g) Its testing locations possess all the materials, equipment, and technical expertise
15 necessary in order to test respondent on any day of the week.

16 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens for
17 the detection of alcohol and illegal and controlled substances.

18 (i) It maintains testing sites located throughout California.

19 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
20 computer database that allows the respondent to check in daily for testing.

21 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff
22 access to drug test results and compliance reporting information that is available 24 hours a day.

23 (l) It employs or contracts with toxicologists who are licensed physicians and have
24 knowledge of substance abuse disorders and the appropriate medical training to interpret and
25 evaluate laboratory biological fluid test results, medical histories, and any other information
26 relevant to biomedical information.

27 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
28 while practicing, even if the respondent holds a valid prescription for the substance.

1 Prior to changing testing locations for any reason, including during vacation or other travel,
2 alternative testing locations must be approved by the Board and meet the requirements above.

3 The contract shall require that the laboratory directly notify the Board or its designee of
4 non-negative results within one (1) business day and negative test results within seven (7)
5 business days of the results becoming available. Respondent shall maintain this laboratory or
6 service contract during the period of probation.

7 A certified copy of any laboratory test result may be received in evidence in any
8 proceedings between the Board and respondent.

9 If a biological fluid test result indicates Respondent has used, consumed, ingested, or
10 administered to himself or herself a prohibited substance, the Board shall order Respondent to
11 cease practice and instruct Respondent to leave any place of work where Respondent is practicing
12 medicine or providing medical services. The Board shall immediately notify all of Respondent's
13 employers, supervisors and work monitors, if any, that Respondent may not practice medicine or
14 provide medical services while the cease-practice order is in effect.

15 A biological fluid test will not be considered negative if a positive result is obtained while
16 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
17 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

18 After the issuance of a cease-practice order, the Board shall determine whether the positive
19 biological fluid test is in fact evidence of prohibited substance use by consulting with the
20 specimen collector and the laboratory, communicating with the Respondent, his treating
21 physician(s), other health care provider, or group facilitator, as applicable.

22 For purposes of this condition, the terms "biological fluid testing" and "testing" mean the
23 acquisition and chemical analysis of Respondent's urine, blood, breath, or hair.

24 For purposes of this condition, the term "prohibited substance" means an illegal drug, a
25 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
26 Respondent and approved by the Board, alcohol, or any other substance the Respondent has been
27 instructed by the Board not to use, consume, ingest, or administer to himself.

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1 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
2 substance, Respondent has committed a major violation, as defined in Title 16, California Code of
3 Regulations (CCR) section 1361.52(a), and the Board shall impose any or all of the consequences
4 set forth in CCR section 1361.52(b), in addition to any other terms or conditions the Board
5 determines are necessary for public protection or to enhance Respondent's rehabilitation.

6 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
7 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
8 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.
9 Respondent shall participate in and successfully complete that program. Respondent shall
10 provide any information and documents that the program may deem pertinent. Respondent shall
11 successfully complete the classroom component of the program not later than six (6) months after
12 Respondent's initial enrollment, and the longitudinal component of the program not later than the
13 time specified by the program, but no later than one (1) year after attending the classroom
14 component. The professionalism program shall be at Respondent's expense and shall be in
15 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the program or not later
23 than 15 calendar days after the effective date of the Decision, whichever is later.

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1 5. CLINICAL DIAGNOSTIC EVALUATIONS AND REPORTS.

2 The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon
3 who holds a valid, unrestricted license; has three (3) years of experience in providing evaluations
4 of physicians and surgeons with substance abuse disorders; and is approved by the Board.

5 The clinical diagnostic evaluation shall be conducted in accordance with acceptable
6 professional standards for conducting substance abuse clinical diagnostic evaluations.

7 The evaluator shall not have a current or former financial, personal, or business
8 relationship with the Respondent within the last five (5) years. The evaluator shall provide an
9 objective, unbiased, and independent evaluation.

10 The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion,
11 whether the Respondent has a substance abuse problem; whether the Respondent is a threat to
12 himself or others; and recommendations for substance abuse treatment, practice restrictions, or
13 other recommendations related to the Respondent's rehabilitation and ability to practice safely. If
14 the evaluator determines during the evaluation process that the Respondent is a threat to himself
15 or others, the evaluator shall notify the Board within 24 hours of such a determination.

16 In formulating his or her opinion as to whether the Respondent is safe to return to either
17 part-time or full-time practice and what restrictions or recommendations should be imposed,
18 including participation in an inpatient or outpatient treatment program, the evaluator shall
19 consider the following factors:

- 20 a. License type;
- 21 b. Respondent's history;
- 22 c. Documented length of sobriety/time that has elapsed since substance use;
- 23 d. Scope and pattern of substance abuse;
- 24 e. Treatment history;
- 25 f. Medical history;
- 26 g. Current medical condition;
- 27 h. Nature, duration, and severity of substance abuse problem; and
- 28 i. Whether the Respondent is a threat to himself or the public.

1 .The cost of an evaluation shall be borne by the Respondent.

2 For all evaluations, a final written report shall be provided to the Board no later than ten
3 (10) days from the date the evaluator is assigned the matter. If the evaluator requests additional
4 information or time to complete the evaluation and report, an extension may be granted, but shall
5 not exceed 30 days from the date the evaluator was originally assigned the matter.

6 Whenever the Board orders the Respondent to undergo a clinical diagnostic evaluation,
7 the Board shall order the Respondent to cease practice pending the results of the clinical
8 diagnostic evaluation and review by the Board.

9 While awaiting the results of the clinical diagnostic evaluation, the Respondent shall
10 undergo random biological fluid testing at least two (2) times per week.

11 The Board shall review the clinical diagnostic evaluation report within five (5) business
12 days of receipt to determine whether the Respondent is safe to return to either part-time or full-
13 time practice and what restrictions or recommendations shall be imposed on the Respondent
14 based on the recommendations made by the evaluator. Respondent shall not be return to practice
15 until he has at least 30 days of negative biological fluid tests or biological fluid tests indicating
16 that Respondent has not used, consumed, ingested, or administered to himself a prohibited
17 substance, as defined in section 1361.51(e).

18 Before determining whether to authorize the return to practice after the issuance of a
19 cease-practice order or after the imposition of practice restrictions following a clinical diagnostic
20 evaluation, the Board in conjunction with the evaluator shall ensure that the Respondent meets the
21 following criteria:

22 (a) A demonstration of sustained compliance with his current treatment or recovery
23 program, as applicable;

24 (b) A demonstration of the capability to practice medicine safely as evidenced by current
25 worksite monitor reports, evaluations conducted by licensed health care practitioners, and any
26 other information relating to the Respondent's substance abuse and recovery therefrom; and

27 (c) Negative biological fluid tests or biological fluid tests indicating that the Respondent
28 has not used, consumed, ingested, or administered to himself a prohibited substance, as defined in

1 section 1361.51(e), for at least six (6) months; two (2) positive worksite monitor reports; and
2 complete compliance with other terms and conditions of probation.

3 6. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision,
4 the Respondent shall submit to the Board or its designee for prior approval the name and
5 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who
6 has a doctoral degree in psychology and at least five years of postgraduate experience in the
7 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall
8 undergo and continue psychotherapy treatment, including any modifications to the frequency of
9 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

10 The psychotherapist shall consider any information provided by the Board or its designee
11 and any other information the psychotherapist deems relevant and shall furnish a written
12 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
13 psychotherapist any information and documents that the psychotherapist may deem pertinent.

14 Respondent shall have the treating psychotherapist submit quarterly status reports to the
15 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric
16 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of
17 probation, Respondent is found to be mentally unfit to resume the practice of medicine without
18 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the
19 period of probation shall be extended until the Board determines that Respondent is mentally fit
20 to resume the practice of medicine without restrictions.

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1 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

2 7. WORKSITE MONITOR. The Respondent shall, within 30 calendar days of the
3 effective date of this Decision, submit to the Board or its designee for prior approval the name of
4 a worksite monitor.

5 (A) The worksite monitor shall meet the following criteria to be approved by the Board:

6 1. The worksite monitor shall not have a current or former financial, personal, or
7 familial relationship with the Respondent, or other relationship that could reasonably be
8 expected to compromise the ability of the monitor to render impartial and unbiased reports
9 to the Board. If it is impractical for anyone but the Respondent's employer to serve as the
10 worksite monitor, this requirement may be waived by the Board; however, under no
11 circumstances shall the Respondent's worksite monitor be an employee or supervisee of
12 the Respondent.

13 2. The worksite monitor's scope of practice shall include the scope of practice of
14 the Respondent being monitored, be another licensed health care professional if no
15 monitor with like scope of practice is available, or, as approved by the Board, be a person
16 in a position of authority who is capable of monitoring the Respondent at work.

17 3. If a licensed professional, the worksite monitor shall have an active unrestricted
18 license with no disciplinary action within the last five (5) years.

19 4. The worksite monitor shall sign an affirmation that he or she has reviewed the
20 terms and conditions of the Respondent's disciplinary order and agrees to monitor the
21 Respondent as set forth by the Board.

22 (B) The worksite monitor shall adhere to the following required methods of monitoring
23 the Respondent:

24 1. Have face-to-face contact with the Respondent in the work environment on as
25 frequent a basis as determined by the Board, but not less than once per week.

26 2. Interview other staff in the office regarding the Respondent's behavior,
27 if requested by the Board.

28 3. Review the Respondent's work attendance.

1 (C) Reporting by the worksite monitor to the Board shall comply with the following:

2 1. The worksite monitor shall verbally report any suspected substance abuse to the
3 Board and the Respondent's employer or supervisor as defined in subsection (c)(2) within
4 one (1) business day of occurrence. If the suspected substance abuse does not occur
5 during the Board's normal business hours, the verbal report shall be made to the Board
6 within one (1) hour of the next business day. A written report that includes the date, time,
7 and location of the suspected abuse; the Respondent's actions; and any other information
8 deemed important by the worksite monitor shall be submitted to the Board within 48
9 hours of the occurrence.

10 2. The worksite monitor shall complete and submit a written report
11 monthly or as directed by the Board. The report shall include the following:

- 12 a. The Respondent's name and license number;
13 b. The worksite monitor's name and signature;
14 c. The worksite monitor's license number, if applicable;
15 d. The worksite location(s);
16 e. The dates the Respondent had face-to-face contact with the monitor;
17 f. The names of worksite staff interviewed, if applicable;
18 g. An attendance report;
19 h. Any change in behavior and/or personal habits; and
20 i. Any indicators that can lead to suspected substance abuse.

21 (D) The Respondent shall complete any required consent forms and execute agreements
22 with the approved worksite monitor(s) and the Board authorizing the Board and worksite monitor
23 to exchange information.

24 (E) If the monitor resigns or is no longer available, the Respondent shall, within five (5)
25 calendar days of such resignation or unavailability, submit to the Board the name and
26 qualifications of a replacement monitor who will be assuming that responsibility within 15
27 calendar days. If the Respondent fails to obtain approval of a replacement monitor within 60
28 calendar days of the resignation or unavailability of the monitor, the Respondent shall receive a

1 notification from the Board or its designee to cease the practice of medicine within three (3)
2 calendar days after being so notified. The Respondent shall cease the practice of medicine until a
3 replacement monitor is approved and assumes monitoring responsibility.

4 (F) Worksite monitoring costs shall be borne by the Respondent.

5 8. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
6 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
7 where: 1) Respondent merely shares office space with another physician but is not affiliated for
8 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
9 location.

10 If Respondent fails to establish a practice with another physician or secure employment in
11 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
12 Respondent shall receive a notification from the Board or its designee to cease the practice of
13 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
14 practice until an appropriate practice setting is established.

15 If, during the course of the probation, the Respondent's practice setting changes and the
16 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
17 shall notify the Board or its designee within 5 calendar days of the practice setting change. If
18 Respondent fails to establish a practice with another physician or secure employment in an
19 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
20 shall receive a notification from the Board or its designee to cease the practice of medicine within
21 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
22 appropriate practice setting is established.

23 9. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS. The following provisions
24 shall apply:

25 (A) When determining the frequency of group support meetings to be attended, the Board
26 or the evaluator shall give consideration to the following:

- 27 1. The Respondent's history;
- 28 2. The documented length of sobriety/time that has elapsed since substance use;

- 1 3. The recommendation of the clinical evaluator;
- 2 4. The scope and pattern of use;
- 3 5. The Respondent's treatment history; and
- 4 6. The nature, duration, and severity of substance abuse.

5 (B) The facilitator of a group support meeting shall conform to the following
6 requirements:

7 1. He or she shall have a minimum of three (3) years' experience in the treatment
8 and rehabilitation of substance abuse, and shall be licensed or certified by the state or nationally
9 certified organizations.

10 2. He or she shall not have a current or former financial, personal, or business relationship
11 with the Respondent within the last five (5) years. The Respondent's previous participation in a
12 group support meeting led by the same facilitator does not constitute a current or former financial,
13 personal, or business relationship.

14 3. He or she shall provide to the Board a signed document showing the Respondent's
15 name, the group name, the date and location of the meeting, the Respondent's attendance, and the
16 Respondent's level of participation and progress.

17 4. He or she shall report the Respondent's unexcused absence to the Board within 24
18 hours.

19 (C) Any costs associated with attending and reporting on group support meetings shall be
20 borne by the Respondent.

21 10. EDUCATION COURSE. Within 60 calendar days of the effective date of this
22 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
23 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
24 per year, for the additional three years of probation. The educational program(s) or course(s)
25 shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I
26 certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be
27 in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.
28 Following the completion of each course, the Board or its designee may administer an

1 examination to test Respondent's knowledge of the course. Respondent shall provide proof of
2 attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3 11. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
4 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
5 advance by the Board or its designee. Respondent shall provide the approved course provider
6 with any information and documents that the approved course provider may deem pertinent.
7 Respondent shall participate in and successfully complete the classroom component of the course
8 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
9 complete any other component of the course within one (1) year of enrollment. The prescribing
10 practices course shall be at Respondent's expense and shall be in addition to the Continuing
11 Medical Education (CME) requirements for renewal of licensure.

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

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 12. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the
21 effective date of this Decision, Respondent shall enroll in a course in medical record keeping
22 approved in advance by the Board or its designee. Respondent shall provide the approved course
23 provider with any information and documents that the approved course provider may deem
24 pertinent. Respondent shall participate in and successfully complete the classroom component of
25 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall
26 successfully complete any other component of the course within one (1) year of enrollment. The
27 medical record keeping course shall be at Respondent's expense and shall be in addition to the
28 Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

9 13. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar
10 days of the effective date of this Decision, Respondent shall enroll in a clinical competence
11 assessment program approved in advance by the Board or its designee. Respondent shall
12 successfully complete the program not later than six (6) months after Respondent's initial
13 enrollment unless the Board or its designee agrees in writing to an extension of that time.

14 The program shall consist of a comprehensive assessment of Respondent's physical and
15 mental health and the six general domains of clinical competence as defined by the Accreditation
16 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
17 Respondent's current or intended area of practice. The program shall take into account data
18 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
19 Accusation(s), and any other information that the Board or its designee deems relevant. The
20 program shall require Respondent's on-site participation for a minimum of three (3) and no more
21 than five (5) days as determined by the program for the assessment and clinical education
22 evaluation. Respondent shall pay all expenses associated with the clinical competence
23 assessment program.

24 At the end of the evaluation, the program will submit a report to the Board or its designee
25 which unequivocally states whether the Respondent has demonstrated the ability to practice
26 safely and independently. Based on Respondent's performance on the clinical competence
27 assessment, the program will advise the Board or its designee of its recommendation(s) for the
28 scope and length of any additional educational or clinical training, evaluation or treatment for any

1 medical condition or psychological condition, or anything else affecting Respondent's practice of
2 medicine. Respondent shall comply with the program's recommendations.

3 Determination as to whether Respondent successfully completed the clinical competence
4 assessment program is solely within the program's jurisdiction.

5 If Respondent fails to enroll, participate in, or successfully complete the clinical
6 competence assessment program within the designated time period, Respondent shall receive a
7 notification from the Board or its designee to cease the practice of medicine within three (3)
8 calendar days after being so notified. The Respondent shall not resume the practice of medicine
9 until enrollment or participation in the outstanding portions of the clinical competence assessment
10 program have been completed.

11 14. MONITORING - PRACTICE. Within 30 calendar days of the effective date of
12 this Decision, Respondent shall submit to the Board or its designee for prior approval as a
13 practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons
14 whose licenses are valid and in good standing, and who are preferably American Board of
15 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
16 personal relationship with Respondent, or other relationship that could reasonably be expected to
17 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
18 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
19 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

20 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
21 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
22 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
23 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
24 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
25 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
26 signed statement for approval by the Board or its designee.

27 Within 60 calendar days of the effective date of this Decision, and continuing throughout
28 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall

1 make all records available for immediate inspection and copying on the premises by the monitor
2 at all times during business hours and shall retain the records for the entire term of probation.

3 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
4 date of this Decision, Respondent shall receive a notification from the Board or its designee to
5 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
6 shall cease the practice of medicine until a monitor is approved to provide monitoring
7 responsibility.

8 The monitor(s) shall submit a quarterly written report to the Board or its designee which
9 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
10 are within the standards of practice of medicine; and whether Respondent is practicing medicine
11 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
12 that the monitor submits the quarterly written reports to the Board or its designee within 10
13 calendar days after the end of the preceding quarter.

14 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
15 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
16 name and qualifications of a replacement monitor who will be assuming that responsibility within
17 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
18 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
19 notification from the Board or its designee to cease the practice of medicine within three (3)
20 calendar days after being so notified. Respondent shall cease the practice of medicine until a
21 replacement monitor is approved and assumes monitoring responsibility.

22 In lieu of a monitor, Respondent may participate in a professional enhancement program
23 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
24 review, semi-annual practice assessment, and semi-annual review of professional growth and
25 education. Respondent shall participate in the professional enhancement program at Respondent's
26 expense during the term of probation.

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1 15. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
2 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
3 Chief Executive Officer at every hospital where privileges or membership are extended to
4 Respondent, at any other facility where Respondent engages in the practice of medicine,
5 including all physician and locum tenens registries or other similar agencies, and to the Chief
6 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
7 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
8 calendar days.

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

10 16. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
12 advanced practice nurses.

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

16 18. QUARTERLY DECLARATIONS. Respondent shall submit quarterly
17 declarations under penalty of perjury on forms provided by the Board, stating whether there has
18 been compliance with all the conditions of probation.

19 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
20 of the preceding quarter.

21 19. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

23 Respondent shall comply with the Board's probation unit.

24 Address Changes

25 Respondent shall, at all times, keep the Board informed of Respondent's business and
26 residence addresses, email address (if available), and telephone number. Changes of such
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no
28 circumstances shall a post office box serve as an address of record, except as allowed by Business

1 and Professions Code section 2021(b).

2 Place of Practice

3 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
4 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
5 facility.

6 License Renewal

7 Respondent shall maintain a current and renewed California physician's and surgeon's
8 license.

9 Travel or Residence Outside California

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

13 In the event Respondent should leave the State of California to reside or to practice,
14 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
15 departure and return.

16 20. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
17 available in person upon request for interviews either at Respondent's place of business or at the
18 probation unit office, with or without prior notice throughout the term of probation.

19 21. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board
20 or its designee in writing within 15 calendar days of any periods of non-practice lasting more than
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
22 defined as any period of time Respondent is not practicing medicine as defined in Business and
23 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
24 patient care, clinical activity or teaching, or other activity as approved by the Board. If
25 Respondent resides in California and is considered to be in non-practice, Respondent shall
26 comply with all terms and conditions of probation. All time spent in an intensive training
27 program which has been approved by the Board or its designee shall not be considered non-
28 practice and does not relieve Respondent from complying with all the terms and conditions of

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
2 on probation with the medical licensing authority of that state or jurisdiction shall not be
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
4 period of non-practice.

5 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
6 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
7 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
8 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
9 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

10 Respondent's period of non-practice while on probation shall not exceed two (2) years.

11 Periods of non-practice will not apply to the reduction of the probationary term.

12 Periods of non-practice for a Respondent residing outside of California will relieve
13 Respondent of the responsibility to comply with the probationary terms and conditions with the
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;
15 General Probation Requirements; and Quarterly Declarations.

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

20 23. VIOLATION OF PROBATION. Failure to fully comply with any term or
21 condition of probation is a violation of probation. If Respondent violates probation in any
22 respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke
23 probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to
24 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,
25 the Board shall have continuing jurisdiction until the matter is final, and the period of probation
26 shall be extended until the matter is final.

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

11 25. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
12 with probation monitoring each and every year of probation, as designated by the Board, which
13 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
14 California and delivered to the Board or its designee no later than January 31 of each calendar
15 year.

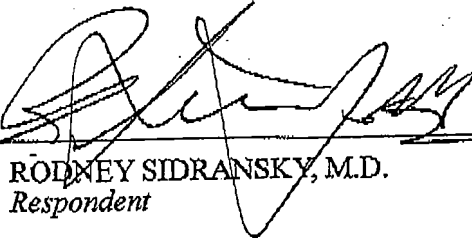
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ACCEPTANCE

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

DATED: 8/3/18



RODNEY SIDRANSKY, M.D.
Respondent

I have read and fully discussed with Respondent Rodney Sidransky, 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: 8/3/2018



DAVID M. BALFOUR ESQ.
Attorney for Respondent

ENDORSEMENT

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

Dated:

Respectfully submitted,

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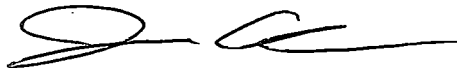
ENDORSEMENT

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

Dated: August 3, 2018

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2017-038264

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JASON J. AHN
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4 State Bar No. 253172
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6 San Diego, CA 92186-5266
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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Jan-26 20 18
BY Garn Pasan ANALYST

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:
14 **Rodney Sidransky, M.D.**
15 **3103 Sylvia Street**
Bonita, CA 91902-2143
16 **Physician's and Surgeon's Certificate**
17 **No. A 78625,**
18 Respondent.

Case No. 800-2017-038264

ACCUSATION

20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer
24 Affairs (Board).

25 2. On or about April 10, 2002, the Medical Board issued Physician's and Surgeon's
26 Certificate Number A 78625 to Rodney Sidransky, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on July 31, 2019, unless renewed.

JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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5. 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:

“... ”

“(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.

“... ”

6. Section 2266 of the Code states:

“The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

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

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A78625 to
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
5 the Code, in that he committed gross negligence in his care and treatment of Patient A¹, as more
6 particularly alleged hereinafter:

7 9. On or about August 30, 2011, Respondent evaluated Patient A for a "renewal" of
8 Patient A's medical marijuana recommendation card.² Respondent certified Patient A as being
9 eligible for consumption of medical marijuana.

10 10. On or about June 9, 2012, Patient A returned to Respondent. Under the relevant
11 medical record section titled "Subjective," it stated "R[ight] Knee effusion C.P. [chronic pain]."
12 Under the section titled, "Objective [physical findings]," Respondent noted, "NL," meaning that
13 everything was normal. There are no other medical records documenting results of Respondent's
14 physical examination of Patient A. Respondent purportedly initiated opioid prescription to
15 Patient A for Patient A's chronic right knee pain, a right knee effusion, and back pain, despite the
16 fact that Respondent found Patient A's physical findings to be normal after a physical
17 examination.

18 11. Respondent failed to obtain a detailed and/or meaningful pain history or orthopedic
19 history. Respondent failed to obtain Patient A's past orthopedic records or review any CT or
20 MRI imaging studies. Respondent failed to obtain informed consent for diazepam, zolpidem, and
21 acetaminophen, before prescribing them. Respondent failed to formulate any individualized
22 treatment plan for Patient A or any treatment plan at all. Respondent failed to document the
23 rationale for initiating opioids for Patient A instead of trying non-opioids analgesic³ and physical

24 _____
25 ¹ References to "Patient A" are used to protect patient privacy.

26 ² There are no medical records documenting Respondent's initial evaluation of Patient A,
27 which support Respondent's conclusion that Patient A is eligible for consumption of medical
28 marijuana.

³ Analgesic is a drug used to diminish sensation to pain without loss of consciousness.

1 therapy.

2 12. During the period of on or about July 5, 2012, through January 5, 2013, Respondent
3 prescribed controlled substances to Patient A. According to the Controlled Substances Utilization
4 and Evaluation System (CURES) report over this period of time, Respondent prescribed to
5 Patient A:

6

Filled	Drug Name	Quantity	Prescriber	Pharmacy
07-05-12	APAP/Hydrocodone ⁴ 325/10	90	Respondent	Arlington
07-16-12	APAP/Hydrocodone 325/10	90	Respondent	Acare
07-21-12	APAP/Hydrocodone 325/10	90	Respondent	RiteAid
08-02-12	APAP/Hydrocodone 325/10	90	Respondent	Costco
08-07-12	APAP/Hydrocodone 325/10	90	Respondent	Walgreens
08-11-12	APAP/Hydrocodone 325/10	90	Respondent	Acare
08-25-12	APAP/Hydrocodone 325/10	120	Respondent	RiteAid
08-30-12	APAP/Hydrocodone 325/10	120	Respondent	Arlington
09-02-12	APAP/Hydrocodone 325/10	120	Respondent	Walgreens
09-06-12	APAP/Hydrocodone 325/10	90	Respondent	Target

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18 ⁴ APAP, also known as Acetaminophen, is a less potent pain reliever that increases the
19 effects of hydrocodone. Hydrocodone is a Schedule II controlled substance pursuant to Health
20 and Safety Code section 11055, subdivision (b)(1)(I), and a dangerous drug pursuant to Business
21 and Professions Code section 4022. APAP Hydrocodone (Vicodin®, Lortab® and Norco®) is a
22 hydrocodone combination of hydrocodone bitartrate and Acetaminophen which was formerly a
23 Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision
24 (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August
25 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products
26 (HCP's) to schedule II of the Controlled Substances Act, which became effective October 6,
27 2014. Schedule II controlled substances are substances that have a currently accepted medical
28 use in the United States, but also have a high potential for abuse, and the abuse of which may lead
to severe psychological or physical dependence. When properly prescribed and indicated, HCP's
are used for the treatment of moderate to severe pain. In addition to the potential for
psychological and physical dependence there is also the risk of acute liver failure which has
resulted in a black box warning being issued by the Federal Drug Administration (FDA). The
FDA black box warning provides that "[a]cetaminophen has been associated with cases of acute
liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are
associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often
involve more than one acetaminophen containing product."

Filled	Drug Name	Quantity	Prescriber	Pharmacy
09-08-12	APAP/Hydrocodone 325/10	90	Respondent	Acare
09-13-12	APAP/Hydrocodone 325/10	120	Respondent	Kings
09-17-12	APAP/Hydrocodone 325/10	120	Respondent	CVS
09-21-12	APAP/Hydrocodone 325/10	120	Respondent	Walgreens
09-22-12	Diazepam ⁵ 5 mg	60	Respondent	CVS
09-23-12	APAP/Hydrocodone 325/10	120	Respondent	RiteAid
09-25-12	APAP/Hydrocodone 325/10	120	Respondent	RiteAid
10-04-12	APAP/Hydrocodone 325/10	120	Respondent	Arlington
10-04-12	Zolpidem ⁶ 10 mg	30	Respondent	Arlington
10-08-12	APAP/Hydrocodone 325/10	120	Respondent	Walgreens
10-10-12	Diazepam 5 mg	120	Respondent	CVS
10-15-12	APAP/Hydrocodone 325/10	120	Respondent	Costco
10-27-12	APAP/Hydrocodone 325/10	120	Respondent	Walgreens
12-18-12	APAP/Hydrocodone 325/10	90	Respondent	Walgreens
01-05-13	APAP/Hydrocodone 325/10	120	Respondent	Target

13. Respondent failed to monitor Patient A's use of opioids with urine drug testing or pill counts. Despite prescribing an average of 4.5 grams of acetaminophen per day to Patient A, thereby placing Patient A at risk for acetaminophen-induced hepatitis and liver failure, Respondent failed to monitor liver function tests. There is no documentation of any follow-up visits by Patient A or monitoring of the opioids Respondent prescribed to Patient A. There is no

⁵ Diazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subsection (d)(9), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, Diazepam is generally used to treat anxiety disorders, alcohol withdrawal symptoms, or muscle spasms.

⁶ Zolpidem is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subsection (d)(32), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, Zolpidem is generally used to treat insomnia.

1 documentation regarding Patient A's response to treatment, potential side-effects assessed,
2 functional improvement, or renewal of prescriptions written. Respondent did not implement
3 and/or did not document implementation of the "5-As" method for chronic pain management
4 assessment, which includes: Analgesia; Activity; Adverse; Aberrance; and Affect.

5 14. Respondent did not conduct periodic reviews of Patient A's need for opioid. On one
6 occasion during above prescribing period, Patient A went to Respondent's personal residence to
7 pick up a prescription Respondent filled and Respondent was paid for this service.

8 15. Respondent committed gross negligence in his care and treatment of Patient A,
9 which included, but was not limited to, the following:

10 (a) Respondent failed to obtain a detailed and/or meaningful pain history or
11 orthopedic history;

12 (b) Respondent prescribed opioids to Patient A purportedly for Patient A's
13 "chronic knee pain, a right knee effusion, and back pain," despite the fact that Respondent's own
14 physical examination of Patient A showed that everything was normal;

15 (c) Respondent failed to obtain Patient A's past orthopedic records or review any
16 CT or MRI imaging studies;

17 (d) Respondent failed to obtain informed consent for diazepam, zolpidem, and
18 acetaminophen, before prescribing them;

19 (e) Respondent excessively prescribed APAP/Hydrocodone to Patient A;

20 (f) Respondent failed to formulate any individualized treatment plan for Patient A
21 or any treatment plan at all;

22 (g) Respondent failed to document the rationale for initiating opioids for Patient A
23 instead of trying non-opioids analgesic and physical therapy;

24 (h) Respondent failed to monitor Patient A's use of opioids with urine drug testing
25 or pill counts;

26 (i) Despite prescribing an average of 4.5 grams of acetaminophen per day to
27 Patient A, thereby placing Patient A at risk for acetaminophen-induced hepatitis and liver failure,
28 Respondent failed to monitor liver function tests;

1 (j) Respondent failed to document any follow-up visits by Patient A or monitoring
2 of the opioids Respondent prescribed to Patient A;

3 (k) Respondent failed to document Patient A's response to treatment, potential
4 side-effects assessed; functional improvement, or renewal of prescriptions written;

5 (l) Respondent did not implement and/or did not document implementation of the
6 "5-As" method for chronic pain management assessment, which includes: Analgesia; Activity;
7 Adverse; Aberrance; and Affect; and

8 (m) Respondent did not conduct periodic reviews of Patient A's need for opioid.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Repeated Negligent Acts)**

11 16. Respondent has further subjected his Physician's and Surgeon's Certificate No.
12 A78625 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
13 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and
14 treatment of Patient A, as more particularly alleged herein.

15 (a) Paragraphs 8 through 15, above, are hereby incorporated by reference
16 and realleged as if fully set forth herein.

17 **THIRD CAUSE FOR DISCIPLINE**

18 **(Failure to Maintain Adequate and Accurate Records)**

19 17. Respondent has further subjected his Physician's and Surgeon's Certificate No.
20 A78625 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
21 Code, in that respondent failed to maintain adequate and accurate records regarding his care and
22 treatment of Patient A, as more particularly alleged in paragraphs 8 through 15, above, which are
23 hereby incorporated by reference and realleged as if fully set forth herein.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(General Unprofessional Conduct)**

3 18. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A78625 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged
5 in conduct which breaches the rules or ethical code of the medical profession, or conduct which is
6 unbecoming to a member in good standing of the medical profession, and which demonstrates an
7 unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 17, above,
8 which are hereby incorporated by reference as if fully set forth herein.

9 **DISCIPLINARY CONSIDERATIONS**

10 19. To determine the degree of discipline, if any, to be imposed on Respondent Rodney
11 Sidransky, M.D., Complainant alleges that on or about September 16, 2016, in a prior disciplinary
12 action entitled In the Matter of the Accusation Against Rodney Sidransky, M.D. before the
13 Medical Board of California, in Case Number 800-2015-011746, Respondent's license was
14 revoked with revocation stayed for seven (7) years of probation for excessive use of alcohol or
15 drugs and self-prescription of controlled substances. That decision is now final and is
16 incorporated by reference as if fully set forth herein.

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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 A 78625, issued to Rodney Sidransky, M.D.;
2. Revoking, suspending or denying approval of Rodney Sidransky, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Rodney Sidransky, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: January 26, 2018


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