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

In the Matter of the Accusation Against: **Caroline Little Cribari, M.D.** **1815 Cannery Loop** **Davis, CA 95616-1358** **Physician's and Surgeon's Certificate No. A 70686,** Respondent.	Case No. 800-2017-038585 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about January 14, 2000, the Medical Board issued Physician's and Surgeon's Certificate No. A 70686 to Caroline Little Cribari, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2021, 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 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

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:

"(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.

". . ."

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. Section 2230.5 of the Code states:

"(a) Except as provided in subdivisions (b) and (c), and (e), any accusation filed against a licensee pursuant to Section 11503 of the Government Code shall be filed within three years after the board, or a division thereof, discovers the act or omission alleged as the ground for disciplinary action, or within seven years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first.

". . .

"(d) If an alleged act or omission involves a minor, the seven-year limitations period provided for by subdivision (a) and the 10-year limitations period provided for by subdivision (e) shall be tolled until the minor reaches the age of majority.

". . ."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that she committed gross negligence during the care and treatment of Patients A and B.[1] The circumstances are as follows:

9. Respondent is a psychiatrist who at all times relevant to the charges brought herein worked in California. During an interview with Board investigators on April 1, 2020 (the "Board Interview"), Respondent stated that she has experience treating adolescents and adults, but that she is not trained in child psychiatry.

Patient A

10. Patient A and Respondent are family relatives. At all times relevant to the charges brought herein, Patient A has been a minor.

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[1] Patient names are redacted to protect privacy.

11. On or about November 16, 2017, the Board received an online complaint from Dr. N.F., a psychiatrist with a valid California Physician's and Surgeon's Certificate, regarding an encounter involving Patient A and Respondent. According to the complaint, on or about November 12, 2017, Patient A arrived at the University of California, Davis Medical Center Emergency Department for an emergency psychiatric evaluation. During the encounter, Dr. N.F. evaluated Patient A and elicited that Respondent, a relative, had initiated a prescription of the antidepressant medication, nortriptyline, approximately two weeks earlier at 10 mg/day and increased the dose to 20 mg/day approximately one week before arriving at the Emergency Department. When Dr. N.F. asked Respondent about this prescribing practice, Respondent acknowledged that she prescribed and increased this medication. She further stated that Patient A had been assessed by physician, Dr. A.K., who recommended the medication and gave Respondent the option of prescribing it herself.

12. Dr. N.F. further reported to the Board that, on or about November 13, 2017, he spoke to Dr. A.K. to coordinate care as Patient A was still in the Emergency Department at that time. Dr. A.K. stated that his last assessment of Patient A occurred in May 2017; that he was not aware of adding nortriptyline to Patient A's medications; and that he did not recall giving Respondent the option of prescribing medication herself.

13. When the Board investigated the above complaint, Respondent admitted to Board investigators that she wrote the nortriptyline prescription for Patient A that led to hospitalization in November 2017. She maintained, however, that she did so in collaboration with Dr. A.K. and that he gave her the option of prescribing the medication herself. Respondent also admitted that she prescribed to Patient A in other instances but that she only refilled or continued medications that were established by Patient A's physicians. Respondent further stated that she did not maintain medical records for Patient A (or Patient B who is described below).

14. During the investigation, the Board acquired CURES reports[2] and certified pharmacy records showing that Respondent prescribed medication on a regular basis to Patient A from at

[2] Controlled Substance Utilization Review and Evaluation System (CURES) is a database of Schedule II, III and IV Controlled Substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement.

least December 27, 2011 through the period of data collection—the last prescription was filled on November 3, 2019. These records show that Respondent prescribed a variety of non-psychotropic and psychotropic medications, including controlled substances, to Patient A throughout that time (and after the hospitalization in November 2017). The records further show that Respondent not only continued prescriptions started by other physicians but she initiated new prescriptions on more than one occasion.

15. For example, the CURES reports and certified pharmacy records obtained by the Board reveal that Respondent wrote at least 124 prescriptions for Patient A in the roughly 8-year period from December 2011 to November 2019. Respondent wrote approximately 70 prescriptions for Intuniv (guanfacine extended-release),[3] 9 prescriptions for aripiprazole, 4 prescriptions for lithium carbonate, and 1 prescription for nortriptyline (on October 25, 2017). In terms of controlled substances, Respondent wrote at least 17 prescriptions for Patient A for amphetamine/dextroamphetamine immediate release and at least 13 prescriptions for Adderall XR (amphetamine/dextroamphetamine extended-release),[4] together approximately 3,360 tablets in total. Respondent also wrote (and sometimes initiated new) prescriptions for Patient A for several more non-psychotropic, non-controlled medications.

16. Medical records obtained by the Board confirm that Dr. A.K.'s last contact with Patient A and Respondent occurred on May 8, 2017, more than five months before the nortriptyline prescription and more than six months before the related hospitalization in November 2017.[5] At that May visit, Dr. A.K. documented a plan for an annual follow up. The medical records provided by Dr. A.K. do not include any reference to nortriptyline, let alone a

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[3] Guanfacine extended release (generic name for the drug Intuniv) is a non-stimulant medication approved to treat attention deficit hyperactivity disorder in children and adolescents.

[4] Amphetamine/dextroamphetamine (generic name for the drug Adderall and also known as amphetamine salts) is a combination drug containing four salts of the two enantiomers of amphetamine, a Central Nervous System stimulant of the phenethylamine class. Amphetamine/dextroamphetamine is used to treat attention deficit hyperactivity disorder and narcolepsy but can be used recreationally as an aphrodisiac and euphoriant. Adderall is habit forming. Amphetamine/dextroamphetamine is a Schedule II Controlled Substance pursuant to Code of Federal Regulations Title 21 section 1308.12(d) and a dangerous drug pursuant to Business and Professions Code section 4022.

[5] Prior to the May 2017 visit, Dr. A.K. saw Patient A only once in 2016 (March 3, 2016) and once in 2015 (February 2, 2015).

conversation between Dr. A.K. and Respondent about her prescribing that medication. Dr. A.K. later told a Board investigator that he did not recall prescribing nortriptyline to Patient A.

17. At the Board Interview, Respondent admitted that it was inappropriate to prescribe controlled substances to Patient A.

18. Respondent committed gross negligence in the care and treatment of Patient A, which included, but is not limited to the following:

A. Respondent established a physician-patient relationship of at least seven-years duration with Patient A;

B. Respondent initiated new treatment and continued previous treatment by prescribing medication, including psychotropic medication, to Patient A; and

C. Respondent prescribed controlled substances to Patient A beyond an emergency.

Patient B

19. Patient B and Respondent are family relatives. At all times relevant to the charges brought herein, Patient B has been a minor.

20. The Board investigation revealed that Respondent prescribed medication regularly to Patient B from at least April 24, 2013 to June 12, 2019. The CURES reports and certified pharmacy records show that Respondent prescribed a variety of non-psychotropic and psychotropic medications, including controlled substances, to Patient B. The records further show that Respondent not only continued prescriptions started by other physicians but also initiated new prescriptions on more than one occasion.

21. For example, the CURES reports and certified pharmacy records obtained by the Board show that Respondent wrote 17 prescriptions for Patient B in a roughly 6-year period. From July 14, 2013 to January 24, 2014, Respondent wrote at least 5 prescriptions for amphetamine/dextroamphetamine immediate release and at least 4 prescriptions for Adderall XR (amphetamine/dextroamphetamine extended-release), together approximately 750 tablets of controlled substances. Respondent also wrote prescriptions for Patient B for several more non-psychotropic, non-controlled medications.

22. At the Board Interview, Respondent admitted that it was inappropriate to prescribe controlled substances to Patient B.

23. Respondent committed gross negligence in the care and treatment of Patient B, which included, but is not limited to the following:

A. Respondent established a physician-patient relationship of at least six-years duration with Patient B;

B. Respondent initiated new treatment and continued previous treatment by prescribing medication, including psychotropic medication, to Patient B; and

C. Respondent prescribed controlled substances to Patient B beyond an emergency.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

24. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts during the care and treatment of Patients A and B, as more particularly alleged in paragraphs 8 through 23, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

25. Respondent's license is subject to disciplinary action under section 2266, of the Code, in that she failed to maintain adequate and accurate medical records relating to her care and treatment of Patients A and B, as more particularly alleged in paragraphs 8 through 24, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

26. Respondent's license is subject to disciplinary action under sections 2227 and 2234 of the Code, in that she has engaged in 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, as more particularly

alleged in paragraphs 8 through 25, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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 No. A 70686, issued to Caroline Little Cribari, M.D.;

2. Revoking, suspending or denying approval of Caroline Little Cribari, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Caroline Little Cribari, 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: JUL 23 2020

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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