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

In the Matter of the Accusation Against: Renato P. Monaco, M.D. Physician's and Surgeon's Certificate No. C 18379 Respondent.	Case No. 800-2018-045245

DECISION

The attached Stipulated Surrender of License and 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 December 14, 2021.

IT IS SO ORDERED December 7, 2021.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **RENATO P. MONACO, M.D.** 1506 Lincoln Lane Newport Beach, CA 92660 **Physician's and Surgeon's Certificate No. C 18379,** Respondent.	Case No. 800-2018-045245 OAH No. 2021070918 **STIPULATED SURRENDER OF LICENSE AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by LeAnna E. Shields, Deputy Attorney General.

2. Renato P. Monaco, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., with Doyle, Schafer, McMahon, LLP, whose address is: 5440 Trabuco Road, Irvine, CA 92620.

3. On or about February 19, 1957, the Board issued Physician's and Surgeon's Certificate No. C 18379 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-045245, and expired on December 31, 2020, and has not been renewed.

JURISDICTION

4. On June 9, 2021, Accusation No. 800-2018-045245 was filed before the Board, and is currently pending against Respondent. A true and correct copy of Accusation No. 800-2018-045245 and all other statutorily required documents were properly served on Respondent on June 9, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2018-045245 is attached hereto as Exhibit A and is incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2018-045245. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Disciplinary Order.

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

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to each and every charge and allegation contained in Accusation No. 800-2018-045245, agrees that he has thereby subjected his Physician's and

Surgeon's Certificate No. C 18379 to disciplinary action, and hereby surrenders his Physician's and Surgeon's Certificate No. C 18379 for the Board's formal acceptance.

9. Respondent agrees that if he files a petition for reinstatement or relicensure, or an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2018-045245 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate No. C 18379 without further notice to, or opportunity to be heard by, Respondent.

CONTINGENCY

11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

12. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. C 18379, without further notice to, or opportunity to be heard by, Respondent.

13. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

14. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the

Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

15. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

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

17. In consideration of the foregoing admissions and stipulations, the parties agree the Executive Director of the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

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ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 18379, issued to Respondent RENATO P. MONACO, M.D., is hereby surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate No. C 18379 and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2018-045245 shall be deemed to be true, correct and fully admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2018-045245 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney Raymond J. McMahon, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. C 18379. I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and

intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/16/2021

RENATO P. MONACO, M.D.
Respondent

I have read and fully discussed with Respondent Renato P. Monaco, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Disciplinary Order. I approve its form and content.

DATED: November 22, 2021

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: Nov. 29, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-045245

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **RENATO P. MONACO, M.D.** **1506 Lincoln Lane** **Newport Beach, CA 92660** **Physician's and Surgeon's Certificate No. C 18379,** Respondent.	Case No. 800-2018-045245 **ACCUSATION**

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 February 19, 1957, the Medical Board issued Physician's and Surgeon's Certificate No. C 18379 to Renato P. Monaco, 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 expired on December 31, 2020.

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 118 of the Code states, in pertinent part:

...

(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

...

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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6. Section 2234 of the Code, states, in pertinent part:

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:

...

(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.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

7. Respondent Renato P. Monaco, M.D. has subjected his Physician's and Surgeon's Certificate No. C 18379 to disciplinary action under sections 2227 and 2234, as defined by 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B and C,[1] as more particularly alleged hereinafter.

Patient A

8. On or about September 3, 2009,[2] Patient A, a then 65-year-old male, first presented for treatment with Respondent with a history significant for mood swings. According to records, based upon his evaluation of Patient A, Respondent diagnosed Patient A with, among other

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[1] For patient privacy purposes, patients' true names are not used in the instant Accusation to maintain patient confidentiality. The patients' identities are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery and in accordance with Government Code section 11507.6.

[2] Any medical care or treatment rendered by Respondent more than seven (7) years prior to the filing of the instant Accusation is described for informational purposes only and not alleged as a basis for disciplinary action.

things, major depressive disorder with anxiety, bipolar II disorder, obsessive compulsive disorder (OCD), and attention deficit disorder (ADD).

9. According to records, Respondent provided care and treatment to Patient A from on or about September 3, 2009, through on or about May 1, 2017.

10. Over the course of Respondent's care and treatment for Patient A, records indicate Respondent prescribed several controlled substances to Patient A, including, but not limited to, diazepam,[3] alprazolam,[4] amphetamine salt combo,[5] dextroamphetamine,[6] Ambien,[7] and Vyvanse.[8]

11. Patient A's last recorded visit with Respondent was on or about May 1, 2017. However, Respondent's treatment records for Patient A do not indicate this was intended to be their last visit and do not document any reason for ending treatment.

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[3] Diazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a benzodiazepine commonly used to treat anxiety.

[4] Alprazolam, brand name Xanax, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a benzodiazepine commonly used to treat anxiety. Concomitant use of Xanax with opioids "may result in profound sedation, respiratory depression, coma, and death." The DEA has identified benzodiazepines, such as Xanax, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[5] Amphetamine salt combo, brand name Adderall, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a central nervous system stimulant commonly used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy. Adderall carries a black box warning indicating that it has high abuse potential.

[6] Dextroamphetamine, brand name Adderall, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a central nervous system stimulant commonly used to treat ADHD and narcolepsy. Adderall carries a black box warning indicating that it has high abuse potential.

[7] Ambien, brand name for zolpidem tartrate, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a benzodiazepine analog and sedative hypnotic commonly used to treat insomnia.

[8] Vyvanse, brand name for lisdexamfetamine dimesylate, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a central nervous system stimulant commonly used to treat ADHD.

12. After May 1, 2017, Patient A continued to fill controlled substances prescribed by Respondent for approximately one year. However, Respondent's treatment records for Patient A do not reflect any evaluations by Respondent after May 1, 2017.

13. In or around 2013, according to a Controlled Substance Utilization Review and Evaluation System[9] report, Patient A received and filled several prescriptions issued by Respondent, including, but not limited to, two (2) prescriptions for diazepam (10 mg) and one (1) prescription for alprazolam (0.5 mg).

14. In or around 2014, according to a CURES report, Patient A received and filled several prescriptions issued by Respondent, including, but not limited to, five (5) prescriptions for diazepam (10 mg) and eight (8) prescriptions for alprazolam (0.5 mg).

15. In or around 2015, according to a CURES report, Patient A received and filled several prescriptions issued by Respondent, including, but not limited to, six (6) prescriptions for diazepam (10 mg), seven (7) prescriptions for alprazolam (0.5 mg), nine (9) prescriptions for amphetamine salt combo (20-30 mg), and three (3) prescriptions for Ambien (10 mg).

16. In or around 2016, according to a CURES report, Patient A received and filled several prescriptions issued by Respondent, including, but not limited to, three (3) prescriptions for diazepam (10 mg), three (3) prescriptions for alprazolam (0.5 mg), twelve (12) prescriptions for Ambien (10 mg), three (3) prescriptions for amphetamine salt combo (30 mg), one (1) prescription for dextroamphetamine (30 mg), and three (3) prescriptions for Vyvanse (70 mg).

17. In or around 2017, according to a CURES report, Patient A received and filled several prescriptions issued by Respondent, including, but not limited to, eight (8) prescriptions for diazepam (10 mg), seven (7) prescriptions for alprazolam (0.5 mg), nine (9) prescriptions for

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[9] The Controlled Substance Utilization Review and Evaluation System (CURES) is a program operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in their efforts to control diversion and abuse of controlled substances. (Health & Saf. Code, § 11165.) CURES is a database of Schedule II, III, and IV controlled substance prescriptions dispensed in California. California law requires dispensing pharmacies to report to the DOJ the dispensing of Schedule II, III, and IV controlled substances as soon as reasonably possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) The history of controlled substances dispensed to a specific patient based on the data contained in CURES is available to a health care practitioner who is treating that patient. (Health & Saf. Code, § 11165.1, subd. (a).)

Ambien (10 mg), one (1) prescription for dextroamphetamine (20 mg), and one (1) prescription for amphetamine salt combo (20 mg).

18. In or around 2018, according to a CURES report, Patient A received and filled several prescriptions issued by Respondent, including, but not limited to, five (5) prescriptions for diazepam (10 mg) and seven (7) prescriptions for Ambien (10 mg).

19. Respondent committed repeated negligent acts in his care and treatment of Patient A which included, but was not limited to, the following:

A. Paragraphs 8 through 18, above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Respondent failed to appropriately monitor Patient A for adverse side effects while prescribing controlled substances to Patient A, including, but not limited to, prescribing alprazolam, diazepam, and Ambien to Patient A for over one year without evaluation after May 1, 2017; and

C. Respondent failed to prevent the long-term use of benzodiazepines.

Patient B

20. On or about August 7, 2004, Patient B, a then 29-year-old female, first presented for treatment with Respondent with a history significant for severe childhood trauma. According to records, based upon his evaluation of Patient B, Respondent diagnosed Patient B with, among other things, major depression, ADD, OCD, bipolar II disorder, and possible post-traumatic stress disorder (PTSD).

21. According to records, Respondent provided care and treatment to Patient B from on or about August 7, 2004, through on or about December 14, 2018.

22. From on or about 2008 through on or about 2011, Respondent's records for Patient B do not document any visits with Respondent.

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23. Over the course of Respondent's care and treatment for Patient B, records indicate Respondent issued several prescriptions to Patient B, including, but not limited to, prescriptions for clonazepam,[10] Ambien, eszopiclone,[11] amphetamine salt combo, dextroamphetamine, and methylphenidate.[12]

24. In or around 2005, Respondent noted Patient B was not able to function without methadone,[13] which was being prescribed to Patient B by another physician for pain.

25. On or about January 26, 2012, Respondent noted Patient B seemed to exhibit symptoms of withdrawal from methadone. According to records, Patient B had stopped taking methadone for approximately one (1) month and was experiencing vomiting and diarrhea. According to Respondent's notes, Patient B had been prescribed methadone for approximately ten (10) years for pain.

26. On or about March 24, 2016, according to Respondent's treatment records, Patient B was experiencing difficulty breathing and her oxygen levels were measured to be forty percent (40%) saturation.

27. On or about March 31, 2016, according to Respondent's treatment records for Patient B, Respondent received information that Patient B was falling asleep while talking to her instructor and that Patient B had experienced an increased difficulty in breathing. However, Respondent's treatment records for Patient B make no mention of changing her medications.

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[10] Clonazepam, brand name Klonopin, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a benzodiazepine commonly used to treat anxiety.

[11] Eszopiclone, brand name Lunesta, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a sedative commonly used to treat insomnia.

[12] Methylphenidate, brand name Ritalin, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a stimulant commonly used to treat ADHD and narcolepsy.

[13] Methadone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid commonly used to treat drug addiction and pain. All opioids carry a Black Box Warning that states, in part, "Concomitant opioid use with benzodiazepines... may result in profound sedation, respiratory depression, coma, and death; reserve concomitant use for patients with inadequate alternative treatment options; limit to minimum required dosage and duration."

28. On or about September 28, 2017, Respondent noted Patient B was having issues staying awake during the day, but made no changes to Patient B's medications.

29. On or about August 23, 2018, Respondent noted Patient B was still receiving prescriptions for methadone.

30. Patient B's last recorded visit with Respondent was on or about December 14, 2018. Respondent's notes indicate he prescribed Ritalin, Adderall and Ambien to Patient B during this visit. Respondent's treatment records for Patient B do not indicate this was intended to be their last visit and do not document any reason for ending treatment.

31. During an interview with investigators of the Health Quality Investigation Unit, Respondent admitted he reviewed CURES and was aware Patient B was receiving opioid pain medications, including, but not limited to, methadone, issued by other physicians throughout Respondent's care and treatment of Patient B.

32. In or around 2013, the Food and Drug Administration (FDA) issued an update regarding Ambien prescriptions for women. According to the FDA, the previously recommended maximum dose of 10 mg per day was lowered to 5 mg per day.

33. From in or around 2013, through in or around 2019, Respondent continued to issue recurring prescriptions to Patient B for Ambien (10 mg, two tablets per night).

34. From in or around 2016, through in or around 2019, Respondent issued recurring prescriptions to Patient B for clonazepam. However, on several occasions, Respondent's treatment records for Patient B failed to mention these prescriptions.

35. In or around 2013, according to a CURES report, Patient B received and filled several prescriptions issued by Respondent, including, but not limited to, four (4) prescriptions for zolpidem tartrate (10 mg) for a total of 240 tablets.

36. In or around 2013, according to a CURES report, Patient B received and filled several prescriptions issued by other physicians, for methadone.

37. In or around 2014, according to a CURES report, Patient B received and filled several prescriptions issued by Respondent, including, but not limited to, twelve (12) prescriptions for zolpidem tartrate (10 mg) for a total of 720 tablets.

38. In or around 2014, according to a CURES report, Patient B received and filled several prescriptions issued by other physicians, for methadone.

39. In or around 2015, according to a CURES report, Patient B received and filled several prescriptions issued by Respondent, including, but not limited to, nine (9) prescriptions for zolpidem tartrate (10 mg) for a total of 540 tablets.

40. In or around 2015, according to a CURES report, Patient B received and filled several prescriptions issued by other physicians, for methadone and tramadol.[14]

41. In or around 2016, according to a CURES report, Patient B received and filled several prescriptions issued by Respondent, including, but not limited to, ten (10) prescriptions for zolpidem tartrate (10 mg) for a total of 600 tablets, seven (7) prescriptions for clonazepam, three (3) prescriptions for amphetamine salt combo, and one (1) prescription for eszopiclone.

42. In or around 2016, according to a CURES report, Patient B received and filled several prescriptions issued by other physicians, for methadone, tramadol, diazepam and Norco.[15]

43. In or around 2017, according to a CURES report, Patient B received and filled several prescriptions issued by Respondent, including, but not limited to, twelve (12) prescriptions for zolpidem tartrate (10 mg) for a total of 720 tablets, thirteen (13) prescriptions for clonazepam, five (5) prescriptions for amphetamine salt combo, two (2) prescriptions for dextroamphetamine, and two (2) prescriptions for methylphenidate.

44. In or around 2017, according to a CURES report, Patient B received and filled several prescriptions issued by other physicians, for methadone, Norco, tramadol, and Percocet.[16]

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[14] Tramadol is a Schedule IV controlled substance pursuant to 21 C.F.R. § 1308.14, and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid pain medication.

[15] Norco is a brand name for the drug combination of hydrocodone (5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid commonly used to treat pain.

[16] Percocet is a brand name for the drug combination of oxycodone (2.5 mg, 5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid commonly used to treat pain.

45. In or around 2018, according to a CURES report, Patient B received and filled several prescriptions issued by Respondent, including, but not limited to, twelve (12) prescriptions for zolpidem tartrate (10 mg) for a total of 720 tablets, one (1) prescription for zolpidem tartrate (12.5 mg) for a total of 30 tablets, eleven (11) prescriptions for clonazepam, five (5) prescriptions for amphetamine salt combo, two (2) prescriptions for dextroamphetamine, and ten (10) prescriptions for methylphenidate.

46. In or around 2018, according to a CURES report, Patient B received and filled several prescriptions issued by other physicians, for methadone.

47. In or around 2019, according to a CURES report, Patient B received and filled several prescriptions issued by Respondent, including, but not limited to, five (5) prescriptions for zolpidem tartrate (10 mg) for a total of 300 tablets, three (3) prescriptions for clonazepam, three (3) prescriptions for amphetamine salt combo, and four (4) prescriptions for methylphenidate.

48. In or around 2019, according to a CURES report, Patient B received and filled several prescriptions issued by other physicians, for methadone.

49. Respondent committed repeated negligent acts in his care and treatment of Patient B which included, but was not limited to, the following:

A. Paragraphs 20 through 48, above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Respondent failed to appropriately prescribe Ambien to Patient B by continuing to prescribe a daily dose of 20 mg per night despite the FDA's recommendation to lower the dose to 5 mg per night;

C. Respondent failed to mitigate the risk of overdose by continuing to prescribe Ambien and clonazepam to Patient B knowing Patient B was also receiving regular prescriptions for opioids; and

D. Respondent failed to prevent the long-term use of benzodiazepines.

Patient C

50. On or about February 4, 2005, Patient C, a then 65-year-old female, first presented for treatment with Respondent with complaints of chronic anxiety, history of head trauma, and a

family history of alcoholism and schizophrenia. According to records, based upon his evaluation of Patient C, Respondent diagnosed Patient C with, among other things, general anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder, and mood disorder. According to records, Respondent's treatment plan for Patient C included continuing her prescription for Zoloft[17] and undergoing psychotherapy.

51. According to records, Respondent provided care and treatment to Patient C from on or about February 4, 2005, through on or about August 8, 2019.

52. On or about February 26, 2009, according to Respondent's treatment records for Patient C, Respondent began prescribing Lunesta[18] to Patient C.

53. On or about October 13, 2010, according to Respondent's treatment records for Patient C, Patient C reported developing delusions after forgetting to drink water for two (2) days.

54. From in or around November 2010, through in or around April 2016, Respondent did not provide care or treatment to Patient C.

55. On or about May 27, 2016, Patient C returned to continue treatment with Respondent. According to records, Patient C had gone to the emergency department due to delusions and received a prescription for lorazepam.[19] According to Respondent's treatment records for Patient C, Respondent diagnosed Patient C with bipolar I disorder, mild ADD, generalized anxiety

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[17] Zoloft, brand name for sertraline, is a dangerous drug pursuant to Business and Professions Code section 4022. It is a selective serotonin reuptake inhibitor (SSRI) commonly used to treat depression, OCD, PTSD, and panic disorder.

[18] Lunesta, brand name for eszopiclone, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a sedative commonly used to treat insomnia.

[19] Lorazepam, brand name Ativan, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It belongs to a group of drugs called benzodiazepines.

disorder with panic, and OCD. According to records, Respondent issued several prescriptions to Patient C, including, but not limited to, prescriptions for Abilify,[20] Prozac,[21] and Valium.[22]

56. On or about August 23, 2016, according to Respondent's treatment records for Patient C, Respondent noted Patient C displayed symptoms of being disconnected "like a zombie" with tremor and hypersalivation. According to records, Respondent reduced Patient C's prescription for Abilify.

57. On or about August 31, 2016, according to Respondent's treatment records for Patient C, Respondent discontinued Patient C's prescriptions for Abilify and Prozac, and reissued a prescription for Zoloft.

58. On or about October 24, 2016, according to records, Respondent noted Patient C was experiencing severe back pain from a motor vehicle accident and noted Patient C was receiving prescriptions for hydrocodone[23] by another physician.

59. On or about February 9, 2017, according to Respondent's treatment records for Patient C, Respondent discontinued Patient C's prescription for lithium[24] due to reports of nightmares and inability to find her words to speak.

60. On or about February 15, 2017, according to Respondent's treatment records for Patient C, Respondent resumed Patient C's prescription for lithium.

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[20] Abilify, brand name for aripiprazole, is a dangerous drug pursuant to Business and Professions Code section 4022. It is an antipsychotic commonly used to treat bipolar disorder, schizophrenia, and depression.

[21] Prozac, brand name for fluoxetine, is a dangerous drug pursuant to Business and Professions Code section 4022. It is a selective serotonin reuptake inhibitor commonly used to treat depression, panic disorder, and OCD.

[22] Valium, brand name for diazepam, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a sedative commonly used to treat anxiety, muscle spasms, and seizures.

[23] Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid commonly used to treat pain.

[24] Lithium is a dangerous drug pursuant to Business and Professions Code section 4022. It is an antimanic drug commonly used to treat bipolar disorder, schizoaffective disorder, and mania.

61. On or about February 20, 2017, according to Respondent's treatment records for Patient C, Respondent received a call from Patient C's husband reporting she had become delusional and suffered a fall and was hospitalized.

62. On or about March 8, 2017, after Patient C's hospitalization, records indicate Patient C was prescribed Haldol,[25] Keppra,[26] Cytomel,[27] Zoloft, lithium, and Valium by other physicians.

63. On or about May 25, 2017, according to Respondent's treatment records for Patient C, Respondent noted Patient C had difficulty walking and impaired balance. Records for this visit indicate Respondent reduced Patient C's prescription for Haldol and issued a prescription for Risperdal.[28]

64. On or about May 31, 2017, according to Respondent's treatment records for Patient C, Respondent discontinued Patient C's prescription for Risperdal, noting it caused Patient C to act like a zombie.

65. On or about June 4, 2018, according to Respondent's treatment records for Patient C, Respondent noted Patient C was still taking narcotics for pain.

66. On or about July 9, 2018, according to Respondent's treatment records for Patient C, Respondent warned Patient C about Valium, however, records did not indicate any mention of misuse or potential adverse side effects.

67. On or about November 12, 2018, according to Respondent's treatment records for Patient C, Respondent discontinued Patient C's prescription for Valium, however, records do not indicate the reason for this change.

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[25] Haldol, brand name for haloperidol, is a dangerous drug pursuant to Business and Professions Code section 4022. It is an antipsychotic drug commonly used to treat dementia.

[26] Keppra, brand name for levetiracetam, is a dangerous drug pursuant to Business and Professions Code section 4022. It is an anticonvulsant drug commonly used to treat seizures.

[27] Cytomel, brand name for liothyronine sodium, is a dangerous drug pursuant to Business and Professions Code section 4022. It is commonly used to treat hypothyroidism.

[28] Risperdal, brand name for risperdone, is a dangerous drug pursuant to Business and Professions Code section 4022. It is an antipsychotic commonly used to treat schizophrenia, bipolar disorder, and other mood disorders.

68. On or about December 14, 2018, according to Respondent's treatment records for Patient C, Respondent noted Patient C was confabulating but seemed to improve with an increase in her Haldol prescription.

69. On or about January 16, 2019, according to Respondent's treatment records for Patient C, Respondent noted Patient C was experiencing difficulty with impulse, speech and short-term memory. According to records, Respondent discontinued Patient C's prescription for gabapentin[29] and noted Patient C was still receiving prescriptions for hydrocodone.

70. On or about February 13, 2019, according to Respondent's treatment records for Patient C, Respondent noted gabapentin was causing Patient C to sleep too much and began prescribing Lamictal[30] to Patient C.

71. On or about March 26, 2019, according to Respondent's treatment records for Patient C, Respondent increased Patient C's prescription for Keppra, however, records do not indicate any consultation with a neurologist or the reason for this change.

72. On or about May 16, 2019, according to Respondent's treatment records for Patient C, Respondent discontinued Patient C's prescription for Haldol due to worsening tardive dyskinesia[31] affecting Patient C's speech and resulting in falls.

73. On or about June 4, 2019, according to Respondent's treatment records for Patient C, Respondent reduced Patient C's prescription for Keppra, however, records do not indicate any consultation with a neurologist or the reason for this change.

74. On or about July 16, 2019, according to Respondent's treatment records for Patient C, Respondent noted increasing cognitive impairment and hospitalization of Patient C for hallucinations.

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[29] Gabapentin is a dangerous drug pursuant to Business and Professions Code section 4022. It is an anticonvulsant drug commonly used to treat seizures and pain.

[30] Lamictal, brand name for lamotrigine, is a dangerous drug pursuant to Business and Professions Code section 4022. It is an anticonvulsant drug commonly used to treat epilepsy and bipolar disorder.

[31] Tardive Dyskinesia (TD) is a known side effect of antipsychotic meds, causing uncontrollable stiff jerky movements of the body.

75. In or around 2016, according to a CURES report, Patient C received and filled several prescriptions issued by Respondent, including, but not limited to, nine (9) prescriptions for diazepam (5 mg).

76. In or around 2016, according to a CURES report, Patient C received and filled several prescriptions issued by other physicians, for Norco.

77. In or around 2017, according to a CURES report, Patient C received and filled several prescriptions issued by Respondent, including, but not limited to, twelve (12) prescriptions for diazepam (5 mg).

78. In or around 2017, according to a CURES report, Patient C received and filled several prescriptions issued by other physicians, for Norco,

79. In or around 2018, according to a CURES report, Patient C received and filled several prescriptions issued by Respondent, including, but not limited to, two (2) prescriptions for diazepam (5 mg), one (1) prescription for tramadol (50 mg), and one (1) prescription for Norco.

80. In or around 2018, according to a CURES report, Patient C received and filled several prescriptions issued by other physicians, for Norco.

81. In or around 2019, according to a CURES report, Patient C received and filled several prescriptions issued by Respondent, including, but not limited to, one (1) prescription for amphetamine salt combo (10 mg).

82. In or around 2019, according to a CURES report, Patient C received and filled several prescriptions issued by other physicians, for Norco.

83. From on or about May 27, 2016, through on or about July 1, 2019, according to a CURES report, Patient C received and filled thirty-two (32) prescriptions issued by other physicians for Norco for a total of 2,970 tablets.

84. From on or about May 27, 2016, through on or about July 1, 2019, according to a CURES report, Patient C received and filled twenty-three (23) prescriptions issued by Respondent, for diazepam (5 mg) for a total of 1,110 tablets.

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85. Respondent committed repeated negligent acts in his care and treatment of Patient C which included, but was not limited to, the following:

A. Paragraphs 50 through 84, above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Respondent failed to mitigate the risk of overdose by continuing to prescribe benzodiazepines to Patient C while knowing Patient C was also receiving regular monthly prescriptions for opioids; and

C. Respondent failed to prevent the long-term use of benzodiazepines.

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. C 18379, issued to Respondent Renato P. Monaco, M.D.;

2. Revoking, suspending or denying approval of Respondent Renato P. Monaco, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Renato P. Monaco, 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: JUN 09 2021

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

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