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

12 In the Matter of the Accusation Against:

Case No. 800-2018-045302

13 **Karen Eve Kleeman, M.D.**
14 **531 12th St.**
Santa Monica, CA 90402-2907

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. G 44384,**

17 Respondent.

18
19 **PARTIES**

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

23 2. On or about April 13, 1981, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 44384 to Karen Eve Kleeman, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on March 31, 2023, unless renewed.

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1 JURISDICTION

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 (Code) unless otherwise
4 indicated.

5 4. Section 2004 of the Code states:

6 The board shall have the responsibility for the following:

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

9 (b) The administration and hearing of disciplinary actions.

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

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

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

14 (f) Approving undergraduate and graduate medical education programs.

15 (g) Approving clinical clerkship and special programs and hospitals for the
16 programs in subdivision (f).

17 (h) Issuing licenses and certificates under the board's jurisdiction.

18 (i) Administering the board's continuing medical education program.

19 5. Section 2227 of the Code states:

20 (a) A licensee whose matter has been heard by an administrative law judge of
21 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
22 into a stipulation for disciplinary action with the board, may, in accordance with the
provisions of this chapter:

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

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

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

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

1 (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.

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

8 STATUTORY PROVISIONS

9 6. Section 2234 of the Code, states:

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

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

15 (b) Gross negligence.

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

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

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

28 (d) Incompetence.

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

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

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

7. Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription
drugs, including prescription controlled substances, to an addict under his or her
treatment for a purpose other than maintenance on, or detoxification from,

1 prescription drugs or controlled substances.

2 (b) A physician and surgeon may prescribe, dispense, or administer prescription
3 drugs or prescription controlled substances to an addict for purposes of maintenance
4 on, or detoxification from, prescription drugs or controlled substances only as set
5 forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and
6 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a
7 physician and surgeon to prescribe, dispense, or administer dangerous drugs or
8 controlled substances to a person he or she knows or reasonably believes is using or
9 will use the drugs or substances for a nonmedical purpose.

10 (c) Notwithstanding subdivision (a), prescription drugs or controlled substances
11 may also be administered or applied by a physician and surgeon, or by a registered
12 nurse acting under his or her instruction and supervision, under the following
13 circumstances:

14 (1) Emergency treatment of a patient whose addiction is complicated by the
15 presence of incurable disease, acute accident, illness, or injury, or the infirmities
16 attendant upon age.

17 (2) Treatment of addicts in state-licensed institutions where the patient is kept
18 under restraint and control, or in city or county jails or state prisons.

19 (3) Treatment of addicts as provided for by Section 11217.5 of the Health and
20 Safety Code.

21 (d)(1) For purposes of this section and Section 2241.5, addict means a person
22 whose actions are characterized by craving in combination with one or more of the
23 following:

24 (A) Impaired control over drug use.

25 (B) Compulsive use.

26 (C) Continued use despite harm.

27 (2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is
28 primarily due to the inadequate control of pain is not an addict within the meaning of
this section or Section 2241.5.

8. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
4022 without an appropriate prior examination and a medical indication, constitutes
unprofessional conduct. An appropriate prior examination does not require a
synchronous interaction between the patient and the licensee and can be achieved
through the use of telehealth, including, but not limited to, a self-screening tool or a
questionnaire, provided that the licensee complies with the appropriate standard of
care.

(b) No licensee shall be found to have committed unprofessional conduct within
the meaning of this section if, at the time the drugs were prescribed, dispensed, or
furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in

1 the absence of the patient's physician and surgeon or podiatrist, as the case may be,
2 and if the drugs were prescribed, dispensed, or furnished only as necessary to
maintain the patient until the return of the patient's practitioner, but in any case no
longer than 72 hours.

3 (2) The licensee transmitted the order for the drugs to a registered nurse or to a
4 licensed vocational nurse in an inpatient facility, and if both of the following
conditions exist:

5 (A) The practitioner had consulted with the registered nurse or licensed
6 vocational nurse who had reviewed the patient's records.

7 (B) The practitioner was designated as the practitioner to serve in the absence
of the patient's physician and surgeon or podiatrist, as the case may be.

8 (3) The licensee was a designated practitioner serving in the absence of the
9 patient's physician and surgeon or podiatrist, as the case may be, and was in
possession of or had utilized the patient's records and ordered the renewal of a
10 medically indicated prescription for an amount not exceeding the original prescription
in strength or amount or for more than one refill.

11 (4) The licensee was acting in accordance with Section 120582 of the Health
12 and Safety Code.

13 9. Section 2266 of the Code states:

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

16 10. Section 725 of the Code states:

17 (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or
18 administering of drugs or treatment, repeated acts of clearly excessive use of
diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or
19 treatment facilities as determined by the standard of the community of licensees is
unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist,
20 physical therapist, chiropractor, optometrist, speech-language pathologist, or
audiologist.

21 (b) Any person who engages in repeated acts of clearly excessive prescribing or
22 administering of drugs or treatment is guilty of a misdemeanor and shall be punished
by a fine of not less than one hundred dollars (\$100) nor more than six hundred
23 dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than
180 days, or by both that fine and imprisonment.

24 (c) A practitioner who has a medical basis for prescribing, furnishing,
25 dispensing, or administering dangerous drugs or prescription controlled substances
shall not be subject to disciplinary action or prosecution under this section.

26 (d) No physician and surgeon shall be subject to disciplinary action pursuant to
27 this section for treating intractable pain in compliance with Section 2241.5.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence-2 Patients)**

3 11. Respondent Karen Eve Kleeman, M.D. is subject to disciplinary action under section
4 2234, subdivision (b), of the Code for the commission of acts or omissions involving gross
5 negligence in the care and treatment of Patients 1 and 2.¹ The circumstances are as follows:

6 Patient 1

7 12. Patient 1 (or “patient”) is a 36-year-old female, who treated with Respondent from
8 approximately 2010 through 2018,² for various conditions including anxiety and back pain.
9 Patient 1 also had a history of opiate dependence.³ Respondent prescribed Patient 1 multiple
10 medications including Adderall, a stimulant for Attention Deficit Disorder (ADD); Soma, a
11 muscle relaxant for back pain; and Klonopin and Xanax (alprazolam) for anxiety.⁴

12 13. During her treatment of Patient 1, Respondent did not adequately document Patient
13 1’s vital signs (e.g. blood pressure, heart rate, respirations). Respondent’s notes did not indicate a
14 valid reason for prescribing Soma to Patient 1, nor did Respondent adequately document Patient
15 1’s response to the medication. There was also no documentation that Respondent referred
16 Patient 1 to a pain management specialist, nor was there documentation that Respondent used
17 alternative (less addictive) medications to treat Patient 1. Respondent’s prescriptions for Xanax
18 and Adderall to Patient 1 were also excessive, considering Patient 1’s history of opiate
19 dependence.⁵

20 14. Overall, Respondent’s care and treatment of Patient 1, as outlined above, represents
21 an extreme departure from the standard of care for excessively prescribing benzodiazepines,
22 stimulants, and narcotic medications to Patient 1, who had signs of addiction.

23 ¹ The patients are identified by numbers to protect their privacy.

24 ² These are approximate dates based on the medical records which were available to the
Board. Patient 1 may have treated with Respondent before or after these dates.

25 ³ In correspondence to the Board, Respondent admitted that she had made mistakes in her
treatment of Patient 1, and that the Patient 1 was a “heroin addict.”

26 ⁴ These medications are also all controlled substances with serious side effects and risk for
addiction, and dangerous drugs pursuant to section 4022 of the Code.

27 ⁵ Respondent contributed to Patient 1’s obtaining what is referred to as the “Holy Trinity”
28 of abusive medications (e.g. a combination of a benzodiazepine (Xanax), a muscle relaxant
(Soma), and an opiate narcotic (hydrocodone), which are independent signs of addiction.

1 Patient 2

2 15. Patient 2 (or “patient”) is a 53-year-old female, who treated with Respondent from
3 approximately 2015 to 2018,⁶ for various maladies including chronic insomnia, back pain, and
4 anxiety. Records indicate that Respondent prescribed Patient 2 Ambien, tramadol, Xanax,
5 Risperdal, Valium, and temazepam.⁷

6 16. Respondent’s notes did not indicate a valid reason for prescribing tramadol along
7 with Xanax to Patient 2, nor did Respondent adequately document Patient 2’s response to the
8 medications.⁸ Respondent’s chart notes for Patient 2 did not contain any information about when
9 the controlled substances were prescribed, the quantities, directions, or refills. Although
10 Respondent’s records of her treatment of Patient 2 did record the patient’s functioning,
11 Respondent’s records did not adequately document the patient’s response to the medication or a
12 treatment plan. Respondent failed to maintain records consistently for every patient encounter
13 and did not adequately document Respondent’s discussions with the patient.

14 17. Overall, Respondent’s care and treatment of Patient 2, as outlined above, represents
15 an extreme departure from the standard of care for excessively prescribing benzodiazepines,
16 stimulants, and narcotic medications to Patient 2, who displayed signs of drug addiction.

17 **SECOND CAUSE FOR DISCIPLINE**

18 **(Repeated Negligent Acts-4 Patients)**

19 18. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
20 the Code in that she committed repeated negligent acts in her care of Patients 1 and 2, above, and
21 Patients 3, and 4. The circumstances are as follows:

22 19. The facts and circumstances in paragraphs 12 through 17, above, are incorporated by
23 reference as if set forth in full herein.

24 ⁶ Again, these are approximate dates based on the medical records which were available to
25 the Board. Patient 2 may have treated with Respondent before or after these dates.

26 ⁷ These medications are all controlled substances with serious side effects and a potential
27 for addiction. They are dangerous drugs pursuant to section 4022 of the Code.

28 ⁸ It should be noted that Patient 2 was also receiving an opiate narcotic medication from
another practitioner. At times during Respondent’s treatment of Patient 2, the patient was also
receiving the “Holy Trinity” and using multiple pharmacies to fill the prescriptions. These signs
are red flags of drug addiction and drug seeking behavior.

1 20. Respondent also committed repeated negligent acts in her care of Patients 3 and 4.
2 The circumstances are as follows:

3 Patient 3

4 21. Patient 3 (or “patient”) is a 70-year-old male, who treated with Respondent from
5 approximately 2011 through 2018,⁹ for recurrent depressive disorder and anxiety. Respondent
6 prescribed Patient 3 multiple medications including antidepressants; methalyphenidate (Ritalin), a
7 psychostimulant; and Klonopin, a benzodiazepine and anti-anxiety agent.¹⁰ Patient 3 also had
8 heart disease and hypertension, but Respondent did not adequately check his blood pressure,
9 instead choosing to rely on the patient’s self-report.

10 22. Throughout her treatment of Patient 3, Respondent would sometimes substitute
11 medications, but these prescriptions were not reflected in her progress notes. Respondent’s chart
12 notes for Patient 3 did not contain any information about when the controlled substances were
13 prescribed, the quantities, directions, or refills. Although Respondent’s records of her treatment
14 of Patient 3 did record the patient’s functioning, Respondent’s records did not adequately
15 document the patient’s response to the medication or a treatment plan. Respondent failed to
16 maintain records consistently for every patient encounter and did not adequately document
17 Respondent’s discussions with the patient.

18 23. Overall, Respondent’s care and treatment of Patient 3, as outlined above, represents
19 departures from the standard of care for not adequately monitoring the patient’s blood pressure
20 while he was taking psychostimulants, and for poor record-keeping.

21 Patient 4

22 24. Patient 4 (or “patient”) is an 82-year-old female, who treated with Respondent from
23 approximately 2016 through 2019,¹¹ for various maladies including depression, anxiety, and
24 insomnia. Throughout this time-period, Respondent prescribed Patient 4 multiple medications,

25 _____
26 ⁹ Again, these are approximate dates based on medical records available for review and
prescription records (e.g. CURES).

27 ¹⁰ These are dangerous drugs pursuant to section 4022 of the Code.

28 ¹¹ Again, these are approximate dates based on the records available for review. Patient 4
may have treated with Respondent before or after these dates.

1 including Methylphenidate (Ritalin), Ativan, Ambien, gabentin, and Adderall.¹² Patient 4 was
2 also taking hydrocodone from another physician. Although Respondent prescribed two stimulant
3 medications for Patient 4 (Ritalin and Adderall), she did not monitor the patient's blood pressure.

4 25. Similar to the above patients, Respondent's chart notes for Patient 4 did not contain
5 any information about when the controlled substances were prescribed, the quantities, directions,
6 or refills. Respondent's records of her treatment of Patient 4 did record the patient's functioning
7 however, Respondent's records did not adequately document the patient's response to the
8 medication or a treatment plan. Respondent failed to maintain records consistently for every
9 patient encounter, and did not adequately document Respondent's discussions with the patient.

10 26. Overall, Respondent's care and treatment of Patient 4, as outlined above, represents
11 departures from the standard of care for not adequately monitoring the patient's blood pressure
12 while she was taking psychostimulants, and for poor record-keeping.

13 **THIRD CAUSE FOR DISCIPLINE**

14 **(Excessive Prescribing-2 Patients)**

15 27. By reason of the facts and allegations set forth in the First Cause for Discipline above,
16 Respondent is subject to disciplinary action under section 725 of the Code, in that Respondent
17 excessively prescribed dangerous drugs to Patients 1 and 2, above.

18 **FOURTH CAUSE FOR DISCIPLINE**

19 **(Prescribing to an Addict- 2 Patients)**

20 28. Respondent is subject to disciplinary action under section 2241 of the Code in that
21 Respondent prescribed controlled substances to Patients 1 and 2 who had signs of addiction.

22 29. The facts and circumstances in paragraphs 12 through 17, above, are incorporated by
23 reference as if set forth in full herein.

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28 ¹² These are dangerous drugs pursuant to section 4022 of the Code.

1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication-**
3 **4 Patients)**

4 30. By reason of the facts and allegations set forth in the First and Second Causes for
5 Discipline above, Respondent is subject to disciplinary action under section 2242 of the Code, in
6 that Respondent furnished dangerous drugs to Patients 1, 2, 3, and 4, without conducting an
7 appropriate prior examination and/or medical indication.

8 **SIXTH CAUSE FOR DISCIPLINE**

9 **(Inadequate Records- 4 patients)**

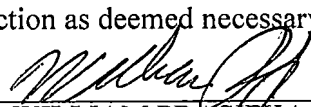
10 31. By reason of the facts and allegations set forth in the First and Second Causes for
11 Discipline above, Respondent is subject to disciplinary action under section 2266 of the Code, in
12 that Respondent failed to maintain adequate and accurate records of her care and treatment of
13 Patients 1, 2, 3, and 4, above.

14 **PRAYER**

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

- 17 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 44384,
18 issued to Karen Eve Kleeman, M.D.;
- 19 2. Revoking, suspending or denying approval of Karen Eve Kleeman, M.D.'s authority
20 to supervise physician assistants and advanced practice nurses;
- 21 3. Ordering Karen Eve Kleeman, M.D., if placed on probation, to pay the Board the
22 costs of probation monitoring; and
- 23 4. Taking such other and further action as deemed necessary and proper.

24 DATED: JUN 18 2021

25 
26 WILLIAM PRASIFKA
27 Executive Director
28 Medical Board of California
Department of Consumer Affairs
State of California
Complainant