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

In the Matter of the Accusation Against:	Case No. 800-2019-053700
RICHARD PAUL HEIDENFELDER, M.D. 826 Orange Ave. #605 Coronado, CA 92118	A C C U S A T I O N
Physician's and Surgeon's Certificate No. A 79836,	
Respondent.	

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 July 17, 2002, the Medical Board issued Physician's and Surgeon's Certificate No. A 79836 to Richard Paul Heidenfelder, 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 March 31, 2022, 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 2227 of the Code provides that a licensee who is found guilty under the
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
7 one year, placed on probation and required to pay the costs of probation monitoring, or such other
8 action taken in relation to discipline as the Board deems proper.

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

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
conduct includes, but is not limited to, the following:

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

14 ...

15 (c) Repeated negligent acts. To be repeated, there must be two or more
16 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.

17 ...

18 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
19 adequate and accurate records relating to the provision of services to their patients constitutes
20 unprofessional conduct.

21 **COST RECOVERY**

22 7. Section 125.3 of the Code states:

23 (a) Except as otherwise provided by law, in any order issued in resolution of a
24 disciplinary proceeding before any board within the department or before the
25 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
26 administrative law judge may direct a licensee found to have committed a violation or
violations of the licensing act to pay a sum not to exceed the reasonable costs of the
investigation and enforcement of the case.

27 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
order may be made against the licensed corporate entity or licensed partnership.

28 (c) A certified copy of the actual costs, or a good faith estimate of costs where

1 actual costs are not available, signed by the entity bringing the proceeding or its
2 designated representative shall be prima facie evidence of reasonable costs of
3 investigation and prosecution of the case. The costs shall include the amount of
4 investigative and enforcement costs up to the date of the hearing, including, but not
5 limited to, charges imposed by the Attorney General.

6 (d) The administrative law judge shall make a proposed finding of the amount
7 of reasonable costs of investigation and prosecution of the case when requested
8 pursuant to subdivision (a). The finding of the administrative law judge with regard to
9 costs shall not be reviewable by the board to increase the cost award. The board may
10 reduce or eliminate the cost award, or remand to the administrative law judge if the
11 proposed decision fails to make a finding on costs requested pursuant to subdivision
12 (a).

13 (e) If an order for recovery of costs is made and timely payment is not made as
14 directed in the board's decision, the board may enforce the order for repayment in any
15 appropriate court. This right of enforcement shall be in addition to any other rights
16 the board may have as to any licensee to pay costs.

17 (f) In any action for recovery of costs, proof of the board's decision shall be
18 conclusive proof of the validity of the order of payment and the terms for payment.

19 (g) (1) Except as provided in paragraph (2), the board shall not renew or
20 reinstate the license of any licensee who has failed to pay all of the costs ordered
21 under this section.

22 (2) Notwithstanding paragraph (1), the board may, in its discretion,
23 conditionally renew or reinstate for a maximum of one year the license of any
24 licensee who demonstrates financial hardship and who enters into a formal agreement
25 with the board to reimburse the board within that one-year period for the unpaid
26 costs.

27 (h) All costs recovered under this section shall be considered a reimbursement
28 for costs incurred and shall be deposited in the fund of the board recovering the costs
to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of
the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in
that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 79836 to
disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of
the Code, in that he committed repeated negligent acts in his care and treatment of Patient A, as
more particularly alleged hereinafter:

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1 9. On or about May 18, 2016, Patient A,¹ a then thirty-six year-old female, initiated
2 psychiatric care with Respondent with complaints of low energy, restlessness, mood swings,
3 irritability, weight gain, hopelessness, and inattention. Patient A informed Respondent that she
4 had previously been diagnosed with attention-deficit/ hyperactivity disorder (ADHD) and anxiety,
5 and provided Respondent with a neuropsychological evaluation report from 2002 documenting
6 her diagnosis. Patient A informed Respondent that she had been taking Klonopin² 1 mg daily and
7 Adderall³ 90 mg daily for several years, but reported experiencing major withdrawals after she
8 stopped taking her medications due to losing her insurance. Respondent obtained and reviewed
9 the patient's CURES report, which revealed she had actually been prescribed only 60 mg of
10 Adderall daily. Respondent did not address and/or document the patient's inaccurate account of
11 her reported medications at this visit, or any visit thereafter. At the conclusion of this visit,
12 Respondent diagnosed Patient A with ADHD and generalized anxiety disorder, and prescribed
13 her Adderall 30 mg twice daily (BID), Adderall XR 30 mg once daily (QAM), Klonopin 0.5mg
14 BID, and Wellbutrin⁴ SR 100mg QAM.

15 10. On or about May 26, 2016, Patient A presented to Respondent for a follow-up with
16 complaints of worsening anxiety since starting Wellbutrin and requested an increase in her
17 Klonopin. At the conclusion of this visit, Respondent increased the patient's Klonopin
18 prescription to 1mg BID.

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21 ¹ To protect the privacy of the patient involved, the patient's name has not been included
22 in this pleading. Respondent is aware of the identity of the patient referred to herein.

23 ² Klonopin (brand name for clonazepam) is a Schedule IV controlled substance pursuant
24 to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
25 Business and Professions Code section 4022. It is an anti-anxiety medication in the
26 benzodiazepine family.

27 ³ Adderall (brand name for dextroamphetamine and amphetamine) is a Schedule II
28 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 an amphetamine
salts medication used for attention-deficit hyperactivity disorder and narcolepsy.

⁴ Wellbutrin (brand name for bupropion) is an antidepressant medication, and a dangerous
drug pursuant to Business and Professions Code section 4022

1 11. On or about June 24, 2016, Patient A presented to Respondent for a follow-up with
2 complaints of worsening anxiety. At the conclusion of this visit, Respondent discontinued the
3 patient's Wellbutrin prescription and recommended she decrease her dose of Adderall on the
4 weekends.

5 12. On or about October 4, 2016, Patient A presented to Respondent for a follow-up with
6 complaints of worsening anxiety, insomnia, and intermittent panic attacks resulting from high
7 stress at work and relationship issues with her family. Patient A inquired about switching from
8 Klonopin to Xanax.⁵ At the conclusion of this visit, Respondent recommended psychotherapy,
9 discussed switching the patient from Klonopin to Valium,⁶ and increased her Klonopin
10 prescription to 1 mg three times daily (TID).

11 13. On or about November 28, 2016, Patient A presented to Respondent for a follow-up
12 with a request to change her stimulant prescription due to the costs. At the conclusion of this
13 visit, Respondent prescribed Patient A Adderall 30 mg TID.

14 14. Between in or around November 2016 and in or around January 2021, Respondent
15 discussed reducing the dose of controlled substances with Patient A, but maintained her on daily
16 prescriptions of Adderall 90 mg and Klonopin 3 mg.

17 15. Beginning in or around 2017, all of Patient A's visit with Respondent were conducted
18 via telemedicine.

19 16. On or about March 15, 2017, Patient A presented to Respondent for an urgent
20 appointment due to concerns regarding her medications upon learning of an unexpected
21 pregnancy. Respondent discontinued the patient's Wellbutrin prescription, discussed possible
22 side effects of her other medications, and recommended psychotherapy.

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24 ⁵ Xanax (brand name for alprazolam) is a Schedule IV controlled substance pursuant to
25 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
26 Business and Professions Code section 4022. It is an anti-anxiety medication in the
benzodiazepine family.

27 ⁶ Valium (brand name for diazepam) is a Schedule IV controlled substance pursuant to
28 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
Business and Professions Code section 4022. It is an anti-anxiety medication in the
benzodiazepine family.

1 17. On or about August 10, 2017, Patient A presented to Respondent for a follow-up and
2 requested an increase in her Adderall due to tolerance since giving birth to her son. Respondent
3 declined to increase her Adderall at that time due to her already being above the maximum
4 recommended dose.

5 18. On or about December 3, 2018, Patient A presented to Respondent for follow-up.
6 Patient A informed Respondent that she had resumed taking Wellbutrin twice daily from an old
7 bottle and that it had been helping her deal with constant negativity and verbal abuse at home.
8 The Patient requested a new prescription of Wellbutrin to assist with depressive and breakthrough
9 ADHD symptoms. At the conclusion of this visit, Respondent prescribed Patient A Wellbutrin
10 SR 100mg daily.

11 19. Between on or about May 18, 2016, and on or about April 20, 2021, Patient A
12 presented to Respondent for approximately thirty (30) clinical visits. Throughout that time,
13 Respondent did not obtain and/or document Patient A's vital signs, did not obtain and/or
14 document any physical examinations, did not obtain and/or document any urine screens, and did
15 not identify whether the visits were conducted in-person or via telemedicine. During
16 approximately eighteen (18) of Patient A's thirty (30) clinical visits,⁷ Respondent did not obtain
17 and/or document a complete mental status examination.

18 20. Respondent committed negligence in his care and treatment of Patient A, which
19 included, but was not limited to, the following:

- 20 A. Failing to document and address Patient A's inaccurate account of her
21 reported medications at her initial appointment on or about May 18, 2016;
22 B. Failing to obtain a urine screen from Patient A at any time while
23 prescribing significant doses of controlled substances and despite the
24 presence of risk factors;
25 C. Prescribing Adderall in excess of the maximum recommended daily dose
26 for approximately five (5) years without sufficient documented indication;

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28 ⁷ These visits include 11/28/16, 5/10/17, 8/10/17, 11/15/17, 2/6/18, 5/3/18, 8/8/18, 9/5/18,
11/8/18, 1/8/19, 2/21/19, 4/22/19, 5/13/19, 7/22/19, 11/4/19, 1/22/20, 7/20/20, and 11/5/20.

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- D. Failing to obtain and/or document vital signs or physical examinations of Patient A at any time; and
- E. Failing to obtain and/or document an adequate mental status examination of Patient A during approximately eighteen (18) visits.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

21. Respondent has further subjected his Physician’s and Surgeon’s Certificate No. A 79836 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 8 through 20 (E), above, which are hereby incorporated by reference and realleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

22. To determine the degree of discipline, if any, to be imposed on Respondent Richard Paul Heidenfelder, M.D., Complainant alleges that on or about September 3, 2020, in a prior disciplinary action titled *In the Matter of the Second Amended Accusation Against Richard Paul Heidenfelder, M.D.*, Case No. 800-2016-024443, the Board issued a Decision and Order, effective October 2, 2020, in which Respondent’s Physician’s and Surgeon’s Certificate was revoked. However, the revocation was stayed and Respondent’s Physician’s and Surgeon’s Certificate was placed on probation for a period of five (5) years, subject to terms and conditions of the Order. That Decision is now final and is incorporated by reference 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 79836, issued to Respondent, Richard Paul Heidenfelder, M.D.;
- 2. Revoking, suspending or denying approval of Respondent Richard Paul Heidenfelder, M.D.’s authority to supervise physician assistants and advanced practice nurses;

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1 3. Ordering Respondent Richard Paul Heidenfelder, M.D., to pay the Board the costs of
2 the investigation and enforcement of this case, and if placed on probation, the costs of probation
3 monitoring; and

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

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6 DATED: JAN 19 2022



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

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