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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. 800-2019-055917
CRISELDA CALAYAN ABAD-SANTOS, M.D. **21900 Burbank Blvd. #3076** **Woodland Hills, CA 91367-7418** **Physician's and Surgeon's No. A 105195,** Respondent.	**FIRST AMENDED ACCUSATION**

PARTIES

1. **Reji Varghese (Complainant) brings this First Amended Accusation solely in his official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).**

2. On or about August 13, 2008, the Board issued Physician's and Surgeon's Certificate Number A 105195 to Criselda Calayan Abad-Santos, 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 December 31, 2023, unless renewed.

3. **An administrative hearing took place in this matter on or about March 20, 22, and 23, 2023, during which Administrative Law Judge Joseph D. Montoya granted Complainant's motion to amend the Accusation to add an additional allegation of negligence by Respondent, pursuant to Government Code section 11507. On or about April**

26, 2023, Administrative Law Judge Montoya issued an Order Re-Opening [the] Record (ALJ Order) and ordered Complainant to submit an amended accusation alleging the additional claim of negligence because "interlineating new language in the existing document in the Case Center system is problematic[.]" Accordingly, Complainant hereby amends the Accusation as set forth in this First Amended Accusation, with new language in bold print, as required by the ALJ Order.

JURISDICTION

4. This **First Amended** 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.

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.

6. 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.

(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 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 the absence of the patient's physician and surgeon or podiatrist, as the case may be, 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.

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

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

(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.

(3) The licensee was a designated practitioner serving in the absence of the 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 medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

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

8. 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.

COST RECOVERY

9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DEFINITIONS

10. The following medications are "dangerous drugs" within the meaning of the Business and Professions Code:

"Adderall®" is a brand name of a combination of two stimulant drugs, amphetamine and dextroamphetamine. It is generally used to treat attention deficit hyperactivity disorder (ADHD), but also has a high potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d)(1), and a dangerous drug as defined in Code section 4022.

"Benzodiazepines" are a class of drugs that produce central nervous system (CNS) depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and to prevent seizures. In general, benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and sedatives in low doses, and are used for a limited time period. Commonly prescribed benzodiazepines include alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin), and diazepam (Valium). They are dangerous drugs as defined in Code section 4022.

"Cymbalta®" is a brand name for duloxetine, an antidepressant and nerve pain medication used to treat depression, anxiety, diabetic peripheral neuropathy, fibromyalgia, and chronic muscle or bone pain. It is from a group of drugs called selective serotonin and norepinephrine reuptake inhibitors. It is a dangerous drug as defined in Code section 4022.

"Vyvanse®" is a brand name for lisdexamfetamine, a stimulant used as part of a treatment program to control symptoms of ADHD or to treat moderate or severe binge eating disorders. It is a psychostimulant and a dangerous drug as defined in Code section 4022.

FACTUAL ALLEGATIONS

11. At all times relevant to the allegations herein, Respondent practiced in the field of psychiatry.

Patient 1[1]

12. Respondent treated Patient 1 from approximately January 2018 through January 2019. Respondent first saw Patient 1 on or about January 4, 2018, then a 28-year-old female, when she presented to Respondent seeking treatment for borderline personality disorder after relocating to California from Alabama, where she reported being under the care of the same psychiatrist for ten years. At the first appointment, Respondent completed a psychiatric evaluation of Patient 1 and diagnosed her with (1) Bipolar II disorder, current episode depressed, moderate; (2) Attention deficit-hyperactivity disorder, combined type; (3) Panic disorder without agoraphobia; (4) Binge-eating disorder, mild (rule out); and (5) Borderline personality disorder by history. In the "Mental Status Examination" Respondent incorrectly documented that the "Patient is a young white female who appears her stated age . . ." In fact, Patient 1, as described by Respondent in her "History of Present Illness," is "a 28-year-old single Korean American female." Respondent prescribed the following medications to the patient at this visit, which had been prescribed by her prior psychiatrist: (1) Vyvanse (lisdexamfetamine) 60 mg capsule, orally in the morning; (2) Lamictal (lamotrigine)[2] 200 mg tablet, orally twice a day; and (3) Lexapro (escitalopram) 10 mg tablet, orally in the morning. Respondent did not prescribe Seroquel (quetiapine)[3] 100 mg at bedtime, as had been prescribed by her prior psychiatrist. Instead, she

[1] Patients are referred to by number to protect their privacy.
[2] Lamotrigine is an anticonvulsant medication used to treat epileptic seizures or in the treatment of bi-polar disorder.
[3] Quetiapine is an antipsychotic medication used in the treatment of schizophrenia, bi-polar disorder, or depression.

started Patient 1 on one new medication, Xanax (alprazolam) 0.25 mg tablet, daily as needed for anxiety. Respondent failed to document either an intent or attempt to obtain medical records from Patient 1's prior psychiatrist.

13. Respondent saw Patient 1 for regular appointments over the next several months, and during the initial five months of treatment, Respondent documented that Patient 1 was relatively stable with only minor requests to adjust her Vyvanse dosing to target both ADHD and binge eating disorder symptoms. During this period, the patient did not fill her Xanax prescription from Respondent.

14. On or about August 22, 2018, Respondent switched Patient 1 from Lexapro (escitalopram)[4] to Cymbalta (duloxetine), 30 mg orally in the morning.

15. On or about October 23, 2018, Respondent documented that "Xanax is alleviating [Patient 1's] panic attacks," however pharmacy and California Utilization, Review and Evaluation System (CURES)[5] records indicate the patient never filled her prescription for Xanax from Respondent at any time during the one-year treatment course with her.

16. Throughout her treatment of the patient, Respondent continued to prescribe Xanax, Cymbalta, and Vyvanse to Patient 1 until the termination of their patient-physician relationship in January 2019.

17. Vyvanse is a stimulant medication and Respondent should have conducted a baseline cardiac evaluation for Patient 1; her pulse and blood pressure should have been obtained at baseline and monitored periodically. During the time Respondent prescribed Vyvanse to Patient 1, she failed to obtain and monitor Patient 1's pulse and blood pressure levels, at baseline and thereafter.

18. During the time Respondent prescribed Cymbalta to Patient 1, Respondent should have obtained a baseline measure of Patient 1's blood pressure and periodically monitored her blood pressure, as well as checked her serum creatinine level at baseline and thereafter.

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[4] Escitalopram is a selective serotonin reuptake inhibitor (SSRI) used to treat depression and generalized anxiety disorder.

[5] CURES is the Department of Justice, Bureau of Narcotics Enforcement's system for the electronic monitoring of the prescribing and dispensing of Schedule II, III, IV, and V controlled substances in California pursuant to Health and Safety Code section 11165.

However, during the period when Respondent prescribed Cymbalta to Patient 1, she failed to obtain and monitor Patient 1's pulse, blood pressure, and serum creatinine levels.

Patient 2

19. Respondent treated Patient 2, an elderly woman with several co-morbidities including, abnormal blood pressure, migraine headaches, Hepatitis B, and chronic pain for several years during the time period beginning on or about March 9, 2016 through at least February 26, 2020. During the time Respondent treated Patient 2, she continuously prescribed psychotropic medications to Patient 2.

20. On or about March 9, 2016, Respondent first saw Patient 2, a sixty-nine-year-old woman with reported medical conditions, including Type 2 diabetes mellitus and arthritis in her knees, among others. She reported five current medications that she had been taking: Celebrex (celecoxib),[6] Cardizem (diltiazem),[7] Atacand (candesartan),[8] hydrocodone,[9] Opana ER (oxymorphone),[10] and an herbal stool softener. The medications reported by Patient 2 suggested additional medical conditions that were not self-reported, specifically involving the patient's cardiovascular system. Similarly, there was no medication reportedly being taken to treat the patient's Type 2 diabetes mellitus. Respondent did not follow up on these discrepancies with verification from other sources such as her concurrent medical providers or pharmacy records. Respondent improperly relied on Patient 2's report regarding medications and medical co-morbidities without attempting to obtain past medical records, direct consultation with concurrent prescribers, or consideration of other physicians' treatment plans. Respondent diagnosed Patient 2 with major depressive disorder, recurrent, severe without psychotic features; posttraumatic stress disorder, chronic, with dissociative symptoms; panic disorder; and generalized anxiety disorder. Respondent prescribed the following drugs to Patient 2 at the initial visit: Lexapro,

[6] Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) used to treat arthritis, acute pain, and menstrual pain and discomfort.

[7] Diltiazem is a calcium channel blocker used to treat high blood pressure.

[8] Candesartan is an angiotensin II receptor blocker used to treat high blood pressure.

[9] Hydrocodone is a semi-synthetic opioid form of codeine. It is a narcotic analgesic taken orally for relief of moderate to severe pain.

[10] Oxymorphone is an opioid analgesic used to help relieve moderate to severe pain.

1 Adderall, Klonopin, and Xanax.

2 21. Prescribing psychotropic medications to a patient requires that a psychiatrist perform
3 a psychiatric evaluation (including a review of medical records),[11] discuss the diagnoses with the
4 patient, develop a recommended treatment plan that must also be discussed with and agreed to by
5 the patient, and obtain an informed consent from the patient following a discussion about risks,
6 benefits, and alternatives for each medication. However, when Respondent initiated and
7 continued to prescribe the three scheduled medications (Lexapro, Adderall, and Xanax)
8 throughout the course of treatment, she failed to adequately (1) seek to obtain authorization from
9 the patient to obtain records from her primary care provider and, later, her cardiologist and two
10 pain specialists; or (2) in lieu of obtaining records and consultung with Patient 2's other medical
11 providers, conduct her own physical examinations, measure vital signs, obtain laboratory studies
12 or electrocardiograms (ECG) at baseline (and periodically thereafter) to ensure the safety of the
13 medications that she was prescribing to a patient with cardiac co-morbidities (or adequately
14 document any of the foregoing). Respondent committed gross negligence when she prescribed
15 psychotropic medications to Patient 2 without adequately obtaining thorough records or
16 conducting indicated baseline examinations and periodically monitoring for changes in physical
17 health through physical examination, vital signs, laboratory studies, and ECG for a known co-
18 morbid cardiovascular condition; and when she prescribed stimulant medications to a patient with
19 a co-morbid cardiovascular condition, without adequately considering and/or addressing possible
20 safety issuesin the patient.[12]

21 [11] This evaluation should include considerations for contraindications for the prescribed
22 medications (*e.g.,* allergies or co-morbid medical conditions such as a liver impairment). A psychiatrist should collaborate with concurrent medical providers to verify self-reported medical
23 conditions by obtaining medical records. Baseline and periodic screening examinations, including physical examination, vital signs, laboratory studies, and electrocardiogram should be
24 appropriately performed. Prescribing these medications, requires ongoing medication reconciliation and documentation of medications from medical records and review of each
25 medication with the patient at the time of evaluation to verify that medications are being consumed by the patient.

26 [12] For example, when prior authorization for Provigil (modafinil) is denied by the patient's health insurance, Respondent reverted to prescribing Adderall and deferred to the patient's wishes
27 rather than the cardiologist's recommendation communicated indirectly through the patient. Respondent also failed to routinely complete medication reconciliation at each appointment,
28 specifically, for example, when she documented that the patient is reporting a new unnamed antihypertensive medication on or about March 1, 2019.

22. Patient 2 reported during Respondent's initial psychiatric evaluation of her that another doctor had prescribed two opioid medications (hydrocodone and oxymorphone) to her. Despite the known risk of respiratory suppression in patients who are concurrently taking opioid medications and benzodiazepines, Respondent proceeded to prescribe Patient 2, one scheduled long-acting benzodiazepine (clonazepam), and one short-acting benzodiazepine (alprazolam).

23. Respondent did not seek authorization from Patient 2 to contact her other physicians to collaborate in her medical care, even though Patient 2 had pre-existing conditions that would impact Respondent's treatment plan for anxiety (*i.e.*, a cardiovascular condition and a pain disorder managed with opioids). Later, on or about March 9, 2018, Respondent prescribed diazepam to Patient 2 for muscle spasms and continued to prescribe alprazolam to her for anxiety. Respondent committed gross negligence (a) when she prescribed benzodiazepines to Patient 2, including in the context of Patient 2 being concurrently prescribed (i) opioid medications by another physician and soley relied on psychoeducation of the risks, rather than either exercise more restraint in prescribing or collaborate with the other physicians regarding treating Patient 2, vis-a-vis benzodiazepine versus opioid medications and alternatives; and (ii)short-acting and long-acting benzodiazepines for two separate indications; and (b) when Respondent routinely failed to complete medication reconciliations during her treatment of Patient 2.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence – Patient 2)

24. Respondent Criselda Calayan Abad-Santos, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code in that she committed gross negligence in her care and treatment of Patient 2. The circumstances are as follows:

25. The facts and circumstances alleged in paragraphs 18 through 22 above, inclusive, are incorporated herein as if fully set forth.

26. Respondent committed gross negligence in connection with her treatment of Patient 2, as discussed above, including when Respondent:

A. Relied on Patient 2's report regarding medications and medical co-morbidities without attempting to obtain appropriate medical records, direct consultation with concurrent

prescribers, or consideration of other physicians' treatment plans;

B. Prescribed psychotropic medications to Patient 2 without obtaining thorough records or conducting indicated baseline examinations and periodically monitoring for changes in the patient's physical health through physical examinations, vital signs, laboratory studies, and ECGs for a known co-morbid cardiovascular condition;

C. Failed to complete medication reconciliations;

D. Prescribed stimulant medications to a patient with a co-morbid cardiovascular condition, without consideration of possible safety issues; and

E. Prescribed benzodiazepines to Patient 2, who was also taking opioid medication concurrently prescribed by another physician, and relied solely on psychoeducation of the risks rather than either exercising restraint in prescribing or collaborating with the other physicians regarding the importance and handling of benzodiazepine versus opioid indication and alternatives.

27. Respondent's acts and/or omissions as set forth above, whether proven individually, jointly, or in any combination thereof, constitute gross negligence.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

28. Respondent Criselda Calayan Abad-Santos, M.D. is subject to disciplinary action under section 2234, subdivision (c), of the Code in that she committed repeated negligent acts in her care and treatment of Patients 1 and 2. The circumstances are as follows:

29. The allegations of the First Cause for Discipline are incorporated herein by reference as if fully set forth, and represent repeated negligent acts.

Patient 1

30. In addition, Respondent committed negligence in connection with her treatment of Patient 1, as discussed above, including when Respondent:

A. Failed to adequately obtain and monitor Patient 1's pulse and blood pressure levels while prescribing her Vyvanse, at baseline and thereafter; and

B. Failed to adequately obtain and monitor Patient 1's pulse, blood pressure, and

serum creatinine levels while prescribing her Cymbalta, at baseline and thereafter.

C. Prior to prescribing Xanax (alprazolam), failed to obtain and document written informed consent regarding the risk of developing dependence.

Patient 2

31. Respondent committed negligence in connection with her treatment of Patient 2, as discussed above, including when Respondent prescribed a short-acting and long-acting benzodiazepine for two separate indications.

32. Respondent's acts and/or omissions as set forth above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts.

THIRD CAUSE FOR DISCIPLINE

(Prescribing Without an Appropriate Prior Examination)

33. Respondent Criselda Calayan Abad-Santos, M.D. is subject to disciplinary action under section 2242 of the Code in that she prescribed controlled substances and/or dangerous drugs to Patients 1 and 2 without an appropriate prior examination. The circumstances are as follows:

34. The allegations of the First and Second Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Records)

35. Respondent Criselda Calayan Abad-Santos, M.D. is subject to disciplinary action under section 2266 of the Code in that she failed to maintain adequate records for Patients 1 and 2. The circumstances are as follows:

36. The allegations of the First through Third Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

DISCIPLINARY CONSIDERATIONS

37. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about March 30, 2012, in a prior disciplinary action entitled, *In the Matter of the Accusation Against Criselda Calayan Abadsantos, M.D.*, before the Medical Board

of California, Case No. 05-2010-205633, Respondent's license was revoked, however, the revocation was stayed and her license was placed on probation for three years, which included requirements that she pass a clinical training program, be prohibited from prescribing or furnishing controlled substances to family members, maintain a record of all controlled substances prescribed, and take prescribing practices, medical record keeping, and ethics courses.

38. On or about April 10, 2014, a Petition to Revoke Probation was filed entitled *In the Matter of the Petition to Revoke Probation Against Criselda Calayan Abadsantos, M.D.*, before the Medical Board of California, Case No. D1-2010-205633. On or about April 1, 2015, Respondent's probation was extended one additional year to run consecutively from the time remaining on the original probation order in Case No. 05-2010-205633. Respondent's probation included additional requirements that she re-enroll in a clinical training program, continue to be prohibited from prescribing or furnishing controlled substances to family members, maintain a record of all controlled substances prescribed, and take psychopharmacology and American Psychiatric Association refresher courses.

39. On or about November 7, 2016, a Petition to Revoke Probation was filed entitled *In the Matter of the Petition to Revoke Probation Against Criselda Calayan Abad-Santos, M.D.*, before the Medical Board of California, Case No. 800-2016-027627. On or about September 1, 2017, Respondent's probation was extended one additional year, which included requirements that her practice be monitored for a minimum of one year, that she repeat the medical record keeping course, participate in a psychopharmacology course, retake a buprenorphine waiver training course, submit to a toxicology screen, continue to be prohibited from prescribing or furnishing controlled substances to family members, and maintain a record of all controlled substances prescribed.

40. On or about September 1, 2018, Respondent completed her probation.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 105195,

issued to Respondent Criselda Calayan Abad-Santos, M.D.;

2. Revoking, suspending or denying approval of Respondent Criselda Calayan Abad-Santos, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Criselda Calayan Abad-Santos, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: MAY 0 4 2023

JENNA JONES FOR
REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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