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

13 In the Matter of the Accusation Against:

Case No. 800-2019-057812

14 PETER JOSHUA WEINGOLD, M.D.

A C C U S A T I O N

15 12840 Riverside Drive, Suite 208
Valley Village, California 91607-3327

16 Physician's and Surgeon's Certificate Number
17 G 37195,

18 Respondent.
19

20
21 **PARTIES**

22 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
23 as the Executive Director of the Medical Board of California (Board).

24 2. On July 3, 1978, the Board issued Physician's and Surgeon's Certificate Number
25 G 37195 to Peter Joshua Weingold, M.D. (Respondent). That license was in full force and effect
26 at all times relevant to the charges brought herein and will expire on April 30, 2024, unless
27 renewed.

28 //

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 22 of the Code states: "Board" as used in any provisions of this code,
6 refers to the Board in which the administration of the provision is vested, and unless otherwise
7 expressly provided, shall include "division," "examining committee," and "agency."

8 5. Section 2220 of the Code provides, in pertinent part:

9 Except as otherwise provided by law, the Board may take action against all
10 persons guilty of violating this chapter. The Board shall enforce and administer this
11 article as to physician and surgeon certificate holders, . . . and the Board shall have all
12 the powers granted in this chapter for these purposes including, but not limited to:

13 (a) Investigating complaints from the public, . . . that a physician and surgeon
14 may be guilty of unprofessional conduct

15 (b) . . . (c).

16 6. Section 2230.5 of the Code provides, in pertinent part:

17 (a) Except as provided in subdivision . . . (c) . . . any accusation filed against a
18 licensee pursuant to Section 11503 of the Government Code shall be filed within
19 three years after the Board, or a division thereof, discovers the act or omission alleged
20 as the ground for disciplinary action, or within seven years after the act or omission
21 alleged as the ground for disciplinary action occurs, whichever occurs first.

22 (b) . . . (f).

23 7. Section 2227 of the Code provides, in pertinent part:

24 (a) A licensee whose matter has been heard by an administrative law judge of
25 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
26 Code, or whose default has been entered, and who is found guilty, or who has entered
27 into a stipulation for disciplinary action with the Board, may, in accordance with the
28 provisions of this chapter:

(1) Have his . . . license revoked upon order of the Board.

(2) Have his . . . 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.

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 8. Section 2228 of the Code provides, in pertinent part:

9 The authority of the Board. . . to discipline a licensee by placing him. . . on
10 probation includes, but is not limited to, the following:

11 (a) Requiring the licensee to obtain additional professional training and to pass
12 an examination upon the completion of the training. The examination may be written
13 or oral, or both, and may be a practical or clinical examination, or both, at the option
14 of the Board or the administrative law judge.

15 (b) Requiring the licensee to submit to a complete diagnostic examination by
16 one or more physicians and surgeons appointed by the Board. If an examination is
17 ordered, the Board shall receive and consider any other report of a complete
18 diagnostic examination given by one or more physicians and surgeons of the
19 licensee's choice.

20 (c) Restricting or limiting the extent, scope, or type of practice of the licensee,
21 including requiring notice to applicable patients that the licensee is unable to perform
22 the indicated treatment, where appropriate.

23 (d) Providing the option of alternative community service in cases other than
24 violations relating to quality of care.

25 STATUTORY PROVISIONS

26 9. Section 2234 of the Code, provides, in pertinent part:

27 The Board shall take action against any licensee who is charged with
28 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.

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

6 (d) . . . (g).

7 10. Section 2266 of the Code, provides that "The failure of a physician and surgeon to
8 maintain adequate and accurate records relating to the provision of services to their patients
9 constitutes unprofessional conduct.

10 COST RECOVERY

11 11. Section 125.3 of the Code provides, in pertinent part:

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

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

19 (c) A certified copy of the actual costs, or a good faith estimate of costs where
20 actual costs are not available, signed by the entity bringing the proceeding or its
21 designated representative shall be prima facie evidence of reasonable costs of
22 investigation and prosecution of the case. The costs shall include the amount of
23 investigative and enforcement costs up to the date of the hearing, including, but not
24 limited to, charges imposed by the Attorney General.

25 (d) The administrative law judge shall make a proposed finding of the amount
26 of reasonable costs of investigation and prosecution of the case when requested
27 pursuant to subdivision (a). The finding of the administrative law judge with regard
28 to costs shall not be reviewable by the Board to increase the cost award. The Board
may reduce or eliminate the cost award, or remand to the administrative law judge if
the proposed decision fails to make a finding on costs requested pursuant to
subdivision (a).

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

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

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

(2) Notwithstanding paragraph (1), the Board may, in its discretion,
conditionally renew or reinstate for a maximum of one year the license of any
licensee who demonstrates financial hardship and who enters into a formal agreement

1 with the Board to reimburse the Board within that one-year period for the unpaid
2 costs.

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

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

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

11 FACTUAL BACKGROUND

12 Patient A¹:

13 12. On or about June 27, 2011, Patient A, a then fifty-one-year-old female, first presented
14 to Respondent after moving to California. She had been previously treated by another physician
15 who diagnosed her with depression and had prescribed some medications, including Ativan²,
16 which she continued to take. She had an ongoing history of sexual harassment, and a two-year
17 history of alcohol abuse from 2008 to 2010, but had not consumed any alcohol for the preceding
18 six months. At that time, Respondent wanted to determine if the patient suffered from post-
19 traumatic stress disorder (PTSD).³

20 13. On or about June 29, 2011, Respondent spoke with the patient's prior physician, who
21 informed him that the patient was psychotic/paranoid and had actually been sexually abused for
22 years by a high-profile former employer. She believed a device was implanted in her from her
23 years of abuse by her former employer. According to her prior provider, she had tried several

24 ¹ For privacy, the patients in this pleading are identified as Patients A and B. The patients'
25 full names will be disclosed to Respondent upon a timely request for discovery pursuant to
26 Government Code section 11507.6.

27 ² Ativan is the brand name for the generic drug lorazepam, a Schedule IV Controlled
28 Substance that belongs to a group of drugs called benzodiazepines. It works by enhancing the
activity of certain neurotransmitters in the brain and is used to treat anxiety disorders.

³ Post-traumatic stress disorder, abbreviated as PTSD, is a mental health condition that is
triggered by trauma — either experiencing it or witnessing it. Symptoms may include flashbacks,
nightmares, severe anxiety, and uncontrollable thoughts about the event. The symptoms can get
worse, last for months or even years, and interfere with one's day-to-day functioning.

1 antipsychotic medications, including Zyprexa⁴, Seroquel⁵, Risperdal⁶, Abilify⁷, and another one,
2 with no reported success; however, it is not documented why the medications were not
3 successful.

4 14. Respondent continued to treat Patient A until August 2016, when she put her therapy
5 and treatment on hold.

6 **Patient B:**

7 15. On or about August 1, 2014, Patient B, a then forty-three year-old male, first
8 presented to Respondent for depression and attention deficit hyperactivity disorder (ADHD)⁸.

12 ⁴ Zyprexa is the brand name for the generic drug olanzapine, an antipsychotic medication
13 that affects chemicals in the brain. It is used to treat psychotic conditions such as schizophrenia
14 and bipolar disorder in adults and children at least 13 years old. It is not a Controlled Substance,
but requires a prescription to obtain.

15 ⁵ Seroquel is the brand name for the generic drug quetiapine, an antipsychotic medication
16 that affects chemicals in the brain. It is used to treat schizophrenia in adults and children who are
17 at least 13 years old, and bipolar disorder (manic depression) in adults and children who are at
least 10 years old. It is also used together with antidepressant medications to treat major
depressive disorder in adults. It is not a Controlled Substance, but requires a prescription to
obtain.

18 ⁶ Risperdal is the brand name for the generic drug risperidone. This antipsychotic
19 medication affects chemicals in the brain. It is used to treat schizophrenia in adults and children
20 who are at least 13 years old and is used to treat symptoms of bipolar disorder (manic depression)
in adults and children who are at least 10 years old. It is not a Controlled Substance, but requires
a prescription to obtain.

21 ⁷ Abilify is the brand name of the generic drug aripiprazole, an antipsychotic medication
22 that affects chemicals in the brain. It is used to treat the symptoms of schizophrenia in adults and
23 children at least 13 years old, and to treat bipolar I disorder in adults and children at least 10 years
old, and can be used with antidepressant medication to treat major depressive disorder in adults.
It is not a Controlled Substance, but requires a prescription to obtain.

24 ⁸ Attention deficit hyperactivity disorder (ADHD) is one of the most common
25 neurodevelopmental disorders of childhood and often lasts into adulthood. Patients with ADHD
26 may have trouble paying attention, controlling impulsive behaviors (may act without thinking
27 about what the result will be), or be overly active; it is normal for children to have trouble
focusing and behaving at one time or another; however, children with ADHD do not just grow out
of these behaviors. The symptoms continue, can be severe, and cause difficulty at school, at
home, or with friends.

1 At that time, the patient was taking Cymbalta,⁹ Lamictal,¹⁰ and Adderall.¹¹ Respondent continued
2 the medications and added Abilify to the patient's medication regimen, and documented that he
3 thought the patient may suffer from bipolar disorder.

4 16. Respondent continued to treat Patient B.

5 **FIRST CAUSE FOR DISCIPLINE**

6 (Gross Negligence - Patient A)

7 17. Respondent Peter Joshua Weingold, M.D. is subject to disciplinary action under
8 Section 2234, subdivision (b), in that he committed gross negligence in his care and treatment of
9 Patient A. The circumstances are as follows:

10 18. On or about October 4, 2018, Patient A resumed her treatment with Respondent. She
11 was taking no medications at that time, and complained of increased depression. She believed
12 she was the subject of organized stalking and said she had been drugged and gang-raped in the
13 seventh grade. She refused to take an antipsychotic medication but agreed to take Ativan, a
14 medication she had previously taken when treating with him; however, Respondent failed to
15 document why the patient refused to take an antipsychotic medication.

16 19. On or about November 1, 2018, Respondent saw the patient again and noted she was

17
18 ⁹ Cymbalta is the brand name for the generic drug duloxetine, which is a serotonin and
19 norepinephrine reuptake inhibitor antidepressant (SNRI) that affects chemicals in the brain and is
20 used to treat major depressive disorder in adults. It is also used to treat General Anxiety Disorder
21 in adults and children who are at least 7 years old and in adults to treat nerve pain caused by
22 diabetes (diabetic neuropathy), or chronic muscle or joint pain (such as low back pain and
23 osteoarthritis pain) and is also used to treat fibromyalgia (a chronic pain disorder) in adults and
24 children at least 13 years old. It is not a Controlled Substance, but requires a prescription to
25 obtain.

26 ¹⁰ Lamictal is the brand name for the generic drug lamotrigine. It is an anti-epileptic
27 medication, also called an anticonvulsant and is used alone or with other medications to treat
28 epileptic seizures in adults and children, and is used in adults with bipolar disorder. It is not a
Controlled Substance, but requires a prescription to obtain.

¹¹ Adderall is one of the brand names for the generic drugs amphetamine and
dextroamphetamine, a Schedule II Controlled Substance, and has a high potential for abuse,
which may lead to severe psychological or physical dependence, and is known by other brand
names including Adderall XR, and Mydayis, which are central nervous system stimulants.
Adderall contains a combination of amphetamine and dextroamphetamine. Amphetamine and
dextroamphetamine are central nervous system stimulants that affect chemicals in the brain. It is
generally used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy.

1 very paranoid/delusional, including having somatic delusions,¹² and believed she was the subject
2 of a Central Intelligence Agency (CIA)¹³ plot. Respondent noted that she refused antipsychotic
3 medications, but agreed to increase her intake of Ativan; however, he failed to document why she
4 continued to refuse antipsychotic medications necessary to treat her condition and failed to refer
5 her to a higher level of care such as an Intensive Outpatient treatment or day treatment in a
6 clinical setting.

7 20. On or about December 18, 2018, Patient A saw Respondent again, who noted she was
8 increasingly psychotic with somatic delusions that the CIA was torturing her. She was reluctant
9 to take antipsychotics but reported relief from Ativan, which Respondent increased to 1mg three
10 times a day; however, he failed to document why she was reluctant to take antipsychotic
11 medications and failed to refer her to a higher level of care.

12 21. On or about January 17, 2019, the patient saw Respondent again who noted that she
13 complained of being physically tortured by the CIA and "something about JFK."¹⁴ She agreed to
14 a trial of 50mg of Seroquel once a day, a drug she had previously tried with her prior physician;
15 however, Respondent failed to document why the patient refused the antipsychotic medications in
16 a high enough dose (at least 300mg per day) necessary to treat her condition or refer her to a
17 higher level of care. On this visit, Respondent increased her Ativan dosage to 2mg three times a
18 day for a total of 6mg of Ativan a day.

19 22. On or about February 13, 2019, the patient continued to complain about being
20 physically tortured and was agitated and delusional. Respondent continued her medication
21 regimen of 50mg of Seroquel once a day and 2mg of Ativan three times a day; however, he failed
22 to refer her to a higher level of care.

23 23. On or about March 6, 2019, the patient continued to have ongoing psychotic episodes
24

25 ¹² A somatic delusion is a false belief that a person's internal or external bodily functions
are abnormal and may also extend to viewing one's physical appearance as very irregular.

26 ¹³ The Central Intelligence Agency, abbreviated as the CIA, is a principal foreign
27 intelligence and counterintelligence agency of the U.S. government.

28 ¹⁴ John Fitzgerald Kennedy (JFK) was the 35th President of the United States who was
assassinated on November 22, 1963.

1 that the CIA was torturing her; however, he failed to refer her to a higher level of care.

2 Respondent continued her medication regimen.

3 24. On or about April 4, 2019, the patient continued to have ongoing somatic delusions
4 and paranoia and Respondent noted that she had a clear history of abuse that traumatized her.
5 Respondent felt that was probably the cause of her psychotic episodes, and continued her
6 medication regimen; however, he failed to refer her to a higher level of care.

7 25. On or about May 1, 2019, the patient continued to have ongoing somatic delusions,
8 was more paranoid, and reported that she felt alienated and alone. She was still taking 50mg of
9 Seroquel once a day and 2mg of Ativan three times a day for a total of 6mg of Ativan a day.
10 Respondent failed to refer her to a higher level of care or consult with another professional.

11 26. On or about May 29, 2019, the patient continued to have persistent somatic and
12 paranoid delusions and was still taking her medication regimen.

13 27. On or about June 26, 2019, the patient reported that she felt alone and isolated and
14 had discontinued the Seroquel due to weight gain. There was no change in her paranoid
15 delusions. Respondent continued the Ativan prescription of 2mg three times a day and decided to
16 hold off on any other medications at that time; however, he failed to consult with or refer to
17 another professional or refer her to a high level of care.

18 28. On or about July 26, 2019, the patient saw Respondent and reported that she had
19 increased anxiety and ongoing "attacks." He discussed trying another antipsychotic medication,
20 but she was very reluctant; however, Respondent failed to document why the patient was so
21 reluctant to take the antipsychotic medications. He increased her Ativan to 2mg four times a day
22 for a total of 8mg a day in a move of desperation as "there didn't seem to be anything else to do."
23 Respondent, however, failed to consult with or refer the patient to another professional or to refer
24 her to a higher level of care, such as an Intensive Outpatient or day treatment in a clinical setting,
25 to treat her ongoing severe mental illness.

26 29. On or about July 31, 2019, the patient's affect was calmer, but he reported that she
27 was still experiencing physical "attacks." She continued taking 2mg of Ativan four times a day;
28 however, Respondent failed to consult with or refer her to another professional or to a higher

1 level of care.

2 30. On or about August 15, 2019, the patient's affect was calmer, but was still agitated,
3 and had ongoing paranoia and delusions about the CIA and JFK, among other things. Respondent
4 continued her Ativan dosage of 2mg four times a day, and noted that she had been taking 50mg of
5 Seroquel again once a day; however, he failed to consult with or refer her to another professional
6 or refer her to a higher level of care to appropriately treat her ongoing severe mental illness.

7 31. On or about September 5, 2019, the patient continued to have ongoing delusions that
8 the CIA had done things to her, that she was "raped by JFK," and raped in seventh grade, and
9 then by an "AIDS-infected monkey"¹⁵ when she was twenty-two. Respondent continued her
10 medication regimen, but failed to consult with or refer her to another practitioner or to a higher
11 level of care to address her severe mental health issues, which impaired her functioning.

12 32. On or about October 3, 2019, the patient's paranoia was worse and she believed she
13 was the daughter of Marilyn Monroe and was having ongoing somatic delusions. Respondent
14 continued her medication regimen and noted that she refused additional medications; however, he
15 failed to document why she was refusing additional medications and failed to consult with or
16 refer the patient to another practitioner or to a higher level of care. Respondent further failed to
17 document an assessment of the patient's ability to provide informed consent due to her ongoing
18 severe mental illness.

19 33. On or about October 24, 2019, the patient continued to have ongoing paranoia and
20 somatic delusions and refused additional medications. Respondent continued her medication
21 regimen, but failed to refer the patient to a higher level of care for her ongoing paranoia and
22 somatic delusions or consult with or refer her to another professional.

23 34. On or about November 14, 2019, the patient was very agitated and had ongoing
24 severe paranoia and delusions. She was still taking Ativan three to four times a day, and a low
25 dose of Seroquel and had agreed to take a trial sample of another medication. Respondent,

26 ¹⁵ AIDS is the abbreviation for Acquired Immune Deficiency Syndrome, a chronic,
27 potentially life-threatening condition caused by the human immunodeficiency virus (HIV). By
28 damaging the immune system, HIV interferes with the body's ability to fight infection and
disease.

1 however, failed to refer her to a higher level of care for her ongoing severe paranoia and
2 delusions, consult with, or refer her to another practitioner.

3 35. On or about December 5, 2019, the patient reported that she did not take the sample
4 medication he provided her because she was afraid of weight gain; however, she had been
5 prescribed oxandrolone,¹⁶ an anabolic steroid and Controlled Substance, by another provider.
6 Respondent continued her medication regimen of Seroquel and Ativan, but failed to consult with
7 or refer her to another practitioner or refer her to a higher level of care.

8 36. On or about December 23, 2019, the patient still complained of being tortured by the
9 CIA; however, Respondent failed to consult with or refer the patient to another provider or for a
10 higher level of care due to her ongoing severe delusions and paranoia, but instead continued her
11 medication regimen.

12 37. On or about January 13, 2020, the patient reported that she fell while jogging and no
13 one helped her, and while she was jogging, she got very upset and was yelling. She said that the
14 police came and placed her on a 5150 hold¹⁷ at St. John's Hospital. Respondent noted that her
15 psychotic symptoms remained unchanged and continued her medications of Seroquel and Ativan;
16 however, he failed to refer the patient to a higher level of care, consult with or refer her to another
17 provider, or to obtain her records from her involuntary hospitalization at St. John's or any
18 additional information regarding the incident and her hospitalization.

19 38. On or about February 4, 2020, the patient's psychotic symptoms remained unchanged
20 and Respondent discontinued her Seroquel noting it was not a high enough dose to treat her
21 psychosis and she was complaining of not sleeping well and weight gain. He added a prescription
22

23 ¹⁶ Oxandrolone is a Schedule III Controlled Substance and is an "anabolic" steroid that
24 promotes the growth of muscle tissue. It is used to help regain weight lost after surgery, severe
25 trauma, or chronic infections, and in people who cannot gain or maintain a healthy weight for
unknown medical reasons. It is also used to decrease muscle loss caused by using steroid
medicines, and to reduce bone pain in people with osteoporosis.

26 ¹⁷ A 5150 hold refers to section 5150 of the Welfare and Institutions Code, which allows a
27 person with a mental illness to be involuntarily detained or held for a 72-hour psychiatric
hospitalization against their will.

1 of Restoril¹⁸, another benzodiazepine, for her insomnia while she was still taking 6 to 8mg of
2 Ativan. He noted that he wanted to try to convince the patient to try another antipsychotic
3 medication; however, he failed to consult with or refer the patient to another practitioner or to a
4 higher level of care to treat her severe ongoing mental illness.

5 39. On or about February 24, 2020, the patient had ongoing anxiety and paranoia and her
6 somatic delusions were a bit less prominent. She reported that she was still taking 50mg of
7 Seroquel, even though it had been stated to be discontinued on the prior visit, as well as 30mg of
8 Restoril, and 2mg of Ativan "occasionally." She refused any other antipsychotic medication;
9 however, Respondent failed to document why the patient refused to take antipsychotic
10 medications, failed to consult with or refer the patient to another practitioner or to a higher level
11 of care for her severe mental illness.

12 40. On or about March 17, 2020, the patient complained about being attacked by the CIA
13 and what happened to her at her prior job. Respondent continued her medication regimen, but
14 failed to consult with or refer the patient to another practitioner or to a higher level of care to treat
15 her ongoing psychosis.

16 41. On or about April 1, 2020, the patient continued to be paranoid and had physical
17 delusions; however, Respondent failed to refer her to a higher level of care to address her severe
18 mental illness or consult with or refer her to another professional. He continued her current
19 medication regimen of Seroquel, Restoril and Ativan given the "failure of multiple
20 antipsychotics;" however, the patient had only tried one antipsychotic medication, namely
21 Seroquel, during her care and treatment with Respondent, which he indicated was not at a high
22 enough dose to treat her severe mental illness.

23 42. On or about April 15, 2020, the patient continued to have ongoing paranoia and
24 somatic delusions and Respondent noted that she refused to change antipsychotics; however, he
25 failed to document why she refused the medication change and failed to consult with or refer the
26 patient to another professional or to a higher level of care for her ongoing severe mental illness.

27
28 ¹⁸ Restoril is a brand name for the generic drug temazepam, a benzodiazepine that
enhances the activity of certain neurotransmitters in the brain that may be unbalanced.

1 43. On or about April 29, 2020, the patient's ongoing paranoia and physical delusions
2 continued and she believed that the Medical Board's request for her records was part of the CIA
3 conspiracy. She continued to take 50mg of Seroquel, 30mg of Restoril, and occasionally Ativan.
4 They discussed a trial of Vraylar¹⁹ but the patient refused; however, Respondent failed to
5 document why the patient was refusing the medication and failed to consult with or refer her to
6 another provider or to a higher level of care to treat her ongoing severe mental illness.

7 44. Respondent continued to treat Patient A.

8 45. During his interview, Respondent stated that the patient's original diagnosis was
9 depression, and then he diagnosed her with PTSD and subsequently changed her diagnosis to
10 "paranoid psychosis."²⁰ She developed paranoia with agitation and psychotic thinking with
11 somatic delusions and believed she was being physically attacked and things were being stuck
12 into her body in various places, and thought all kinds of paranoid things and had somatic
13 delusions that happened throughout the day. He stated that she "hadn't responded to several
14 antipsychotics"; however, she had only taken one of the antipsychotic medications he prescribed
15 her during his care and treatment of her, which was not at a high enough dose to treat her severe
16 mental illness. Respondent stated that he increased her Ativan to 8mg a day "because she
17 wouldn't take any other antipsychotics and she was so agitated that there didn't seem to be
18 anything else to do." He further stated that the high doses of Ativan were a move of desperation
19 and it was all he could do to keep her from screaming in her apartment.

20 46. Respondent's acts and omissions in his care and treatment of Patient A, separately
21 and collectively, constitute gross negligence when he:

22 A. Inappropriately prescribed high doses of benzodiazepines for an extended
23 period of time; and

24 ¹⁹ Vraylar is the brand name of the generic drug cariprazine, an atypical antipsychotic
25 medication that affects chemicals in the brain and is used to treat schizophrenia in adults, and to
treat manic or mixed episodes in adults with bipolar disorder type I.

26 ²⁰ Paranoid psychosis is not a recognized diagnosis in the Diagnostic and Statistical
27 Manual of Mental Disorders V (DSM-V), the diagnostic manual for psychiatry. Psychosis is a
28 type of serious mental illness in which a person cannot tell what is real from what is imagined.
The main feature of this disorder is the presence of delusions, which are unshakable beliefs in
something untrue.

1 B. Failed to adequately treat the patient's severe mental illness by failing to treat
2 her with the necessary antipsychotics and by failing to consult with or refer the patient to another
3 professional or to a higher level of care such as an Intensive Outpatient treatment or day treatment
4 in a clinical setting.

5 **SECOND CAUSE FOR DISCIPLINE**

6 (Repeated Negligent Acts – Patients A and B)

7 47. Respondent Peter Joshua Weingold, M.D. is subject to disciplinary action under
8 Section 2234, subdivision (c), in that he committed repeated negligent acts in his care and
9 treatment of Patients A and B. The circumstances are as follows:

10 **Patient A:**

11 48. Paragraphs 18 through 45, above are incorporated by reference as if fully set forth
12 herein.

13 **Patient B:**

14 49. From on or about May 29, 2015 through July 17, 2019, Patient B continued to treat
15 with Respondent who continued to adjust his medication regimen. As of the July 17 visit, the
16 patient was taking Cymbalta, Lamictal, Adderall, Abilify and 1mg of Ativan three times a day.

17 50. On or about August 16, 2019, the patient complained of ongoing anxiety and was still
18 taking his medication regimen, but Respondent noted that the Ativan was discontinued; however,
19 the patient had filled a 30-day supply of Ativan the day before and had another refill available.
20 Despite this, Respondent added 1mg of Klonopin²¹, another benzodiazepine, three times a day to
21 the patient's medication regimen. The standard of care is to prescribe one benzodiazepine to a
22 patient at a time.

23 51. On or about September 6, 2019, the patient reported that he fell and hit his head.
24 Respondent noted that the fall was possibly related to Klonopin, but that the patient denied
25 feeling dizzy or light-headed so Respondent continued with his medication regimen. The patient

26 _____
27 ²¹ Klonopin is the brand name for the generic drug clonazepam, a Schedule IV Controlled
28 Substance, a benzodiazepine that is thought to work by enhancing the activity of certain
neurotransmitters in the brain. It is used to treat certain seizure disorders in adults and children,
and is also used to treat panic disorder (including agoraphobia) in adults.

1 told the Board investigator that one night after taking his medication he woke up to use the
2 restroom and lost consciousness while urinating and fell and hit his head on the side of the
3 bathtub. He went to the emergency room (ER) and was diagnosed with a hematoma and reported
4 that he was told by the ER doctors that he was taking “way too much Klonopin.”

5 52. On or about October 2, 2019, the patient filled prescriptions for 90 tablets of 1 mg of
6 Klonopin, with one remaining refill left, and 90 tablets of 1 mg of Ativan, with two remaining
7 refills left.

8 53. On or about January 30, 2020, the patient was noted to be taking Lamictal, Cymbalta
9 and Adderall.

10 54. On or about February 28, 2020, the patient saw Respondent again who noted that the
11 patient had resumed taking Ativan; however, Respondent failed to document the discontinuance
12 of Klonopin and the reasons why the medication was discontinued.

13 55. Respondent continued to treat Patient B.

14 56. Respondent committed repeated negligent acts in his care and treatment of Patients A
15 and B when he:

16 A. Inappropriately prescribed high doses of benzodiazepines to Patient A for an
17 extended period of time;

18 B. Failed to adequately treat Patient A’s severe mental illness by failing to treat
19 her with the necessary antipsychotics and by failing to consult with or refer the patient to another
20 provider or refer her to a higher level of care such as an Intensive Outpatient treatment or day
21 treatments in a clinical setting; and

22 C. Simultaneously prescribed two benzodiazepines to Patient B for several months
23 from August 2019 to November 2019.

24 **THIRD CAUSE FOR DISCIPLINE**

25 (Failure to Maintain Adequate and Accurate Records – Both Patients)

26 57. Respondent Peter Joshua Weingold, M.D. is subject to disciplinary action under
27 Section 2266, in that he failed to maintain adequate and accurate records in his care and treatment
28 of Patients A and B. The circumstances are as follows:

1 58. Paragraphs 18 through 45, and 49 through 55, above are incorporated by reference as
2 if fully set forth herein.

3 **PRAYER**

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


6 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 37195,
7 issued to Respondent, Peter Joshua Weingold, M.D.;

8 2. Revoking, suspending or denying approval of Respondent's authority to supervise
9 physician assistants and advanced practice nurses;

10 3. Ordering him to pay the Board the costs of the investigation and enforcement of this
11 case, after January 1, 2022, and if placed on probation, the costs of probation monitoring; and

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

13
14 DATED: JUN 15 2022



WILLIAM PRASIEKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

17
18 *Complainant*

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