1	ROB BONTA	
2	Attorney General of California GREG W. CHAMBERS Supervising Deputy Attorney General State Bar No. 237509 455 Golden Gate Avenue, Suite 11000 San Francisco, CA 94102-7004	
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5	Telephone: (415) 510-3382 Facsimile: (415) 703-5480	•
6	Attorneys for Complainant	
7	BEFORE THE	
8	MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS	
9	STATE OF CALIFORNIA	
10		,
11	In the Matter of the Corrected Accusation	Case No. 800-2021-081126
12	Against:	CORRECTED ACCUSATION
13	DAVID BRODY, M.D. 859 Washington Street, #203	·
14	Red Bluff, CA 96080	
15	Physician's and Surgeon's Certificate No. G 56780,	۵
16	Respondent.	
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19	<u>PARTIES</u>	
20	1. Reji Varghese (Complainant) brings this Corrected Accusation solely in his official	
21	capacity as the Executive Director of the Medical Board of California, Department of Consumer	
22	Affairs (Board).	
23	2. On or about February 24, 1986, the Medical Board issued Physician's and Surgeon's	
24	Certificate Number G 56780 to David Brody, M.D. (Respondent). The Physician's and Surgeon's	
25 '	Certificate was in full force and effect at all times relevant to the charges brought herein and will	
26	expire on November 30, 2025, unless renewed.	
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(DAVID BRODY, M.D.) CORRECTED ACCUSATION NO. 800-2021-081126

## **JURISDICTION**

- 3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.
- 4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.
  - 5. 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 no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.
- (h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.
- (i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.
- 6. 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

7. 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**

8. Alprazolam, known by the trade name Xanax, is a psychotropic triazolo analogue of the 1,4 benzodiazepine class of central nervous system-active compounds. Xanax is used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in section 4022 of the Code and a Schedule IV controlled substance and narcotic as defined by section 11057, subdivision (d), of the Health and Safety Code.

- 9. Amitriptyline, known by the trade name Elavil, is a dangerous drug as defined in section 4022 of the Code. It is an antidepressant with sedative effects. Lower dosages of amitriptyline are recommended for elderly patients.
- 10. Aripiprazole, known by the trade name Abilify, is an antipsychotic medication. It works by changing the actions of chemicals in the brain. Aripiprazole is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder (manic depression).
- 11. Carisoprodol, known by the trade name SOMA, is a muscle-relaxant and sedative. It is a dangerous drug as defined in section 4022 of the Code, and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code.
- 12. Clonazepam, known by the trade name Klonopin, is an anticonvulsant of the benzodiazepine class of drugs. It is a dangerous drug as defined in section 4022 of the Code, and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. It produces central nervous system depression and should be used with caution with other central nervous system depressant drugs.
- 13. Diazepam, known by the trade name Valium, is a psychotropic drug for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. Diazepam can produce psychological and physical dependence and it should be prescribed with caution particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to habituation and dependence.
- 14. Fluoxetine, known by the trade name Prozac, is an antidepressant, and a dangerous drug within the meaning of Business and Professions code section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. Prozac is an antidepressant agent chemically unrelated to tricyclic, tetracyclic, or other available antidepressant agents.
- 15. Olanzapine, known by the trade name Zyprexa, is a psychotropic agent that belongs to the thienobenzodiazepine class. It is a dangerous drug as defined by section 4022 of the Code.

Olanzapine is indicated for the management of the manifestations of psychotic disorders, the treatment of schizophrenia, and the short term treatment of the acute manic episodes associated with Bipolar I disorder.

16. Ziprasidone, known by the trade name Geodon, is a Schedule I atypical antipsychotic, approved for the treatment of schizophrenia, bipolar mania, and acute agitation in individuals with schizophrenia. It is a dangerous drug as defined in section 4022 of the Business and Professions Code.

## FACTUAL ALLEGATIONS

- 17. On or about May 7, 2015, Respondent commenced treating Patient 1, 1 a then 39-year-old female, through the Contra Costa County health services. Patient 1 allegedly had complaints of depression, was at significant risk of suicide or self-harm, and had possible psychotic or dissociative symptoms.
- 18. In or about August 2017, Respondent subsequently left his position with the county medical system and went into private practice. Respondent continued to treat Patient 1 in his private practice. Respondent has no medical records of his treatment of Patient 1 from August 2017 through July 2022. Medical records from a pharmacy show that Respondent prescribed controlled substances to Patient 1 beginning in 2015.
- 19. While in private practice, Respondent began prescribing carisoprodol after another treatment provider told Patient 1 that the physician could not continue prescribing the drug to her for Patient 1's complaints of chronic pain related to lupus, rheumatoid arthritis, and/or fibromyalgia.
- 20. From August 2017 through July 2022, there were no records that Respondent consulted with any other physicians, such as rheumatology specialists, or referred to contemporary information about the treatment of rheumatological conditions for Patient 1. There was also no evidence that Respondent supplemented the history provided by Patient 1 about her condition by review of previous treatment records.

<sup>&</sup>lt;sup>1</sup> The patient is identified by a number to protect their privacy. The patient's name will be disclosed in discovery.

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- 21. In fact, there was no record of a history of Patient 1's rheumatological conditions, such as rheumatoid arthritis, lupus, and fibromyalgia. There were no records of any physical examination findings in connection with Respondent's treatment of Patient 1's rheumatological conditions.
- 22. Prescription records show that from August 2017 through June 2022, Respondent prescribed to Patient 1 the antidepressants amitriptyline and fluoxetine; the benzodiazepine anxiolytics alprazolam, clonazepam, and diazepam; and the antipsychotic medications aripiprazole, olanzapine, and ziprasidone. No documentation evidences that Respondent completed an adequate psychiatric evaluation to determine the indication for these psychiatric medications, or completed adequate psychiatric evaluations at follow up visits to determine whether the medications were safe, effective, and continued to be medically indicated.
- 23. As of November 21, 2022, Patient 1 had been diagnosed with severe recurrent major depression with psychotic features, post-traumatic stress disorder, seizure disorder, atypical dissociative disorder, and is status post multiple head traumas and memory loss.
- 24. Respondent's materials include no medical records prior to June 2022 establishing a history of the patient's symptoms, documentation of objective findings of a psychiatric disorder, a recorded assessment of the patient, and an adequate description of how the symptoms and objective findings led to a particular diagnosis. The decision to prescribe the controlled substances while in private practice does not appear to be based on an adequate history and examination to establish an appropriate medical indication for their use.
- 25. Respondent's records for his care and treatment of Patient 1 from July 2022 forward do not contain sufficient information about Patient 1's treatment to be considered complete and adequate. They do not contain information about objective observations regarding mental status examinations or physical examinations, and do not contain sufficient information about Respondent's impressions to understand the medical decision-making process regarding the care and treatment of Patient 1.

Taking such other and further action as deemed necessary and proper. 4. JUN 2 8 2024 DATED: \_ **Executive Director** Medical Board of California Department of Consumer Affairs State of California Complainant