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

12 In the Matter of the Accusation Against:

Case No. 800-2022-086824

13 **Helen Louise Krell, M.D.**
14 **PO Box 145**
15 **Davis, CA 95617-0145**

ACCUSATION

16 **Physician's and Surgeon's Certificate**
17 **No. G 26399,**

18 Respondent.

19
20 **PARTIES**

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

24 2. On or about February 14, 1974, the Medical Board issued Physician's and Surgeon's
25 Certificate Number G 26399 to Helen Louise Krell, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on November 30, 2026, 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 the discipline as the Board deems proper.

9 **STATUTORY PROVISIONS**

10 5. Section 2234 of the Code states:

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

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

15 (b) Gross negligence.

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

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

20 (2) When the standard of care requires a change in the diagnosis, act, or
21 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
22 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

23 [¶] . . . [¶]

24 **COST RECOVERY**

25 6. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
26 administrative law judge to direct a licensee found to have committed a violation or violations of
27 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
28 enforcement of the case, with failure of the licensee to comply subjecting the license to not being

1 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
2 included in a stipulated settlement.

3 DEFINITIONS

4 7. "Benzodiazepines" are a class of drugs that produce central nervous system (CNS)
5 depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and
6 muscle spasms, and to prevent seizures. In general, benzodiazepines act as hypnotics in high
7 doses, anxiolytics in moderate doses, and sedatives in low doses, and are used for a limited time
8 period. Benzodiazepines are commonly misused and taken in combination with other drugs of
9 abuse. Commonly prescribed benzodiazepines include alprazolam (Xanax®), lorazepam
10 (Ativan®), clonazepam (Klonopin®), diazepam (Valium®), and temazepam (Restoril®). Risks
11 associated with use of benzodiazepines include: 1) tolerance and dependence, 2) potential
12 interactions with alcohol and pain medications, and 3) possible impairment of driving.
13 Benzodiazepines can cause dangerous deep unconsciousness. When combined with other CNS
14 depressants such as alcoholic drinks and opioids, the potential for toxicity and fatal overdose
15 increases. Before initiating a course of treatment, patients should be explicitly advised about the
16 following: the goal and duration of benzodiazepine use; its risks and side effects, including risk of
17 dependence and respiratory depression; and alternative treatment options. In general,
18 benzodiazepines are considered high-risk medications in the elderly and are identified in the
19 Beers Criteria as potentially inappropriate medications to be avoided in patients sixty-five (65)
20 years and older due to risk of abuse, misuse, physical dependence, and addiction, as well as risks
21 of impaired cognition, delirium, falls, fractures, and motor vehicle accidents with benzodiazepine
22 use.

23 FACTUAL ALLEGATIONS

24 8. On or about March 18, 2022, the Board received an online complaint from Patient
25 A's¹ ex-girlfriend alleging that Respondent provided negligent care to Patient A, excessively
26 prescribed benzodiazepines, over-billed for services, and that Respondent appeared to "nod off"
27

28 ¹ The patient's name is redacted for privacy and confidentiality purposes.

1 during online sessions and had slow speech. Patient A's ex-girlfriend made this complaint
2 approximately ten days after Patient A's suicide.

3 9. Respondent began treating Patient A in September of 2003. He sought assistance
4 with work stress and wanting to find a stable, healthy, romantic relationship with a woman. He
5 was a successful attorney working at a large law firm, but would go into crisis due to work
6 pressure or when a relationship ended.

7 10. Patient A was prescribed Valium for help with sleep and occasional use during the
8 day for anxiety by his primary care physician prior to working with Respondent. He was taking a
9 5mg dosage, up to 20 mg per day. Respondent decreased his dosage to 2mg. Patient A reported
10 that he felt better on the lower dose, and he did not always fill his Valium prescriptions.
11 Respondent monitored Patient A's medication usage at every visit.

12 11. At the end of January 2022, Patient A was not sleeping well, and Respondent changed
13 his Valium to Klonopin .5mg. Patient A called the next day stating that it did not work, and
14 Respondent changed the medication to Trazadone 50 mg, which also did not work so they
15 switched back to Valium. Respondent prescribed Cymbalta to help with sleep; however, Patient
16 A had a bad reaction, including mania, so the medication was stopped.

17 12. On or about February 11, 2022, Patient A sought care at an Emergency Room
18 because he felt overwhelmed and was not coping well due to the side effects of the Cymbalta.
19 Patient A was admitted overnight for observation and was placed in a padded room. Respondent
20 spoke to Patient A on the phone and Patient A stated that he was concerned a mental commitment
21 would hurt his legal career. Patient A was released the following morning.

22 13. Patient A's legal firm was financially struggling, and he was having continued issues
23 with his ex-girlfriend.

24 14. On February 27, 2022, Patient A decided to take a 5-week leave of absence with the
25 hopes of retiring soon. Respondent wrote a medical excuse note for Patient A. Patient A planned
26 to go to the office and prepare for retirement. No suicidal thoughts or ideation were expressed.
27 Respondent reported that at no point was Patient A suicidal.

28 15. Patient A committed suicide on March 8, 2022.

1 SECOND CAUSE FOR DISCIPLINE

2 (Repeated Negligent Acts)

3 21. Respondent Helen Louise Krell, M.D. is subject to disciplinary action under section
4 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in the manner in
5 which she treated Patient A. The circumstances are set forth in paragraphs 8 through 18 above,
6 which are incorporated here by reference. Further circumstances are as follows:

7 22. Respondent's repeated prescribing of benzodiazepines to a patient who was
8 noncompliant with prescription instructions constituted repeated negligence.

9 PRAYER

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

- 12 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 26399,
13 issued to Respondent Helen Louise Krell, M.D.;
- 14 2. Revoking, suspending or denying approval of Respondent Helen Louise Krell, M.D.'s
15 authority to supervise physician assistants and advanced practice nurses;
- 16 3. Ordering Respondent Helen Louise Krell, M.D., to pay the Board the costs of the
17 investigation and enforcement of this case, and if placed on probation, the costs of probation
18 monitoring; and
- 19 4. Taking such other and further action as deemed necessary and proper.

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21 DATED: JAN 30 2025


REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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