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

11 In the Matter of the Accusation Against:

Case No. 800-2022-094200

12 **J. Eduardo Guzman, M.D.**
13 **201 S. Miller St., Ste. 103**
Santa Maria, CA 93454-5248

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. A 38124,**

Respondent.

16
17
18 **PARTIES**

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

22 2. On or about March 8, 1982, the Board issued Physician's and Surgeon's Certificate
23 Number A 38124 to J. Eduardo Guzman, M.D. (Respondent). The Physician's and Surgeon's
24 Certificate was in full force and effect at all times relevant to the charges brought herein and will
25 expire on June 30, 2025, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board, under the authority of the following
28 laws. All section references are to the Business and Professions Code (Code) unless otherwise

1 indicated.

2 **STATUTORY PROVISIONS**

3 4. Section 2004 of the Code states:

4 The board shall have the responsibility for the following:

5 (a) The enforcement of the disciplinary and criminal provisions of the Medical
6 Practice Act.

7 (b) The administration and hearing of disciplinary actions.

8 (c) Carrying out disciplinary actions appropriate to findings made by a panel or
an administrative law judge.

9 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion
10 of disciplinary actions.

11 (e) Reviewing the quality of medical practice carried out by physician and
surgeon certificate holders under the jurisdiction of the board.

12 (f) Approving undergraduate and graduate medical education programs.

13 (g) Approving clinical clerkship and special programs and hospitals for the
14 programs in subdivision (f).

15 (h) Issuing licenses and certificates under the board's jurisdiction.

16 (i) Administering the board's continuing medical education program.

17 5. Section 2227 of the Code states:

18 (a) A licensee whose matter has been heard by an administrative law judge of
19 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
20 into a stipulation for disciplinary action with the board, may, in accordance with the
provisions of this chapter:

21 (1) Have his or her license revoked upon order of the board.

22 (2) Have his or her right to practice suspended for a period not to exceed one
23 year upon order of the board.

24 (3) Be placed on probation and be required to pay the costs of probation
monitoring upon order of the board.

25 (4) Be publicly reprimanded by the board. The public reprimand may include a
26 requirement that the licensee complete relevant educational courses approved by the
board.

27 (5) Have any other action taken in relation to discipline as part of an order of
28 probation, as the board or an administrative law judge may deem proper.

1 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
2 medical review or advisory conferences, professional competency examinations,
3 continuing education activities, and cost reimbursement associated therewith that are
4 agreed to with the board and successfully completed by the licensee, or other matters
5 made confidential or privileged by existing law, is deemed public, and shall be made
6 available to the public by the board pursuant to Section 803.1.

7 **STATUTORY PROVISIONS**

8 6. Section 2234 of the Code states:

9 The board shall take action against any licensee who is charged with
10 unprofessional conduct. In addition to other provisions of this article, unprofessional
11 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 (b) Gross negligence.

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
17 separate and distinct departure from the applicable standard of care shall constitute
18 repeated negligent acts.

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

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

27 (d) Incompetence.

28 (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.

1 "Latuda" is a brand name for lurasidone, which is an antipsychotic
medication used to treat schizophrenia and bipolar disorder. It is a dangerous drug
pursuant to Code section 4022.

2 "Luvox" is a brand name for "fluvoxamine" which is an SSRI used to treat
3 OCD) in adults and children. It is a dangerous drug pursuant to Code section 4022.

4 "OCD" means obsessive-compulsive disorder.

5 "Prozac" is a brand name for fluoxetine, a medication used to treat
depression, OCD, bulimia nervosa, and panic disorder. It is also an SSRI. It is
6 dangerous drug as defined in Code section 4022.

7 "SSRI" means selective serotonin reuptake inhibitors.

8 "Vyvanse" is a brand name for lisdexamfetamine, which is a stimulant used
as part of a treatment program to control symptoms of ADHD (e.g., more difficulty
9 focusing, controlling actions, and remaining still or quiet than other people who are
the same age) in adults and children. It is a psychostimulant prodrug of the
10 phenethylamine and amphetamine chemical classes. It is a dangerous drug as
defined in Code section 4022.

11 "Wellbutrin®" is a brand name for bupropion, which is an antidepressant
12 medication used to treat major depression and to assist with smoking cessation. It is
also sold under various brand names including, Zyban, Voxra, Aplenzin and
13 Budeprion, among others. It is a dangerous drug as defined in Code section 4022.
It is also thought to work in the brain and nerves on the chemical messengers
14 norepinephrine and dopamine. Wellbutrin XL is used to treat major depressive
disorder.

15 FIRST CAUSE FOR DISCIPLINE

16 (Gross Negligence)

17 11. Respondent J. Eduardo Guzman, M.D. is subject to disciplinary action under section
18 2234 (b) of the code in that he was grossly negligent in the care and treatment of Patient A¹. The
19 circumstances are as follows:

20 12. On or about June 6, 2018, Patient A, a then 12 -year-old, female, presented to
21 Respondent for a psychiatric evaluation, and for Respondent to assume the management of her
22 psychotropic medications, which had been previously managed by another provider (Doc2).
23 Respondent documented a psychiatric evaluation or "Clinical Assessment" which consisted of a
24 three-page document containing primarily checked boxes. Respondent documented that
25 Patient A was taking Vyvanse and Adderall prescribed by a different physician from Doc2
26

27 ¹ For privacy reasons, the patient in this pleading is identified as Patient A. The patient's
28 full name will be disclosed upon a timely request for discovery pursuant to Government Code
section 11507.6.

1 (Doc3), and that Patient A's last physical examination was a year before this visit and conducted
2 by a physician other than himself. Respondent documented that Patient A was a victim of abuse,
3 specifically that she had been fondled by a friend of her mother. No contact information was
4 documented for any of the previous physician(s) who prescribed medications to Patient A (i.e.,
5 Doc2 and Doc 3) or conducted her physical examination. Respondent's medical records for
6 Patient A did not contain a documented medical history, including any cardiac history or any
7 family medical or psychiatric history. Respondent's medical records for Patient A did not include
8 any rating scale for ADHD, any authorization to disclose and exchange information with the most
9 recent prescribing physician, the primary care provider, or the school, or any collateral history
10 from outside sources. Respondent failed to adequately document Patient A's vital signs.
11 Respondent diagnosed Patient A with ADHD, predominately inattentive presentation, Depressive
12 Disorder not otherwise specified, Post Traumatic Stress Disorder (PTSD), and one medical
13 condition, chronic fatigue. However, he failed to adequately document any rationale
14 substantiating the diagnoses. Respondent failed to obtain any outside records to substantiate
15 these diagnoses. Respondent only documented attention/concentration problems to support his
16 ADHD diagnosis. Additionally, Respondent only documented "hypervigilance" to support his
17 PTSD diagnosis. Respondent's documented treatment plan was to "improve" "poor concentration
18 difficulty" with an intervention of medications and psychotherapy, and improve depressed mood
19 and PTSD by the same intervention. Respondent's evaluation notes for this visit concluded with
20 a statement that the patient is "already in therapy." However, Respondent failed to document the
21 therapist's name, contact information, release of information to speak with the therapist to obtain
22 collateral information and coordinate care, or a stated plan to do so.

23 13. Between 2018, and Patient A's last visit, on or about December 16, 2022, Respondent
24 documented fifty-three visits with Patient A. Patient A's father was present during these visits,
25 with the exceptions of the last six to eight appointments in 2022, and one appointment on or about
26 August 16, 2019. During the time period Respondent treated Patient A, he was responsible for
27 Patient A's medication management. Respondent prescribed the following medications to Patient
28 A during his course of treating Patient A: Adderall, Depakote, Latuda, Luvox, Prozac, Vyvanse,

1 and Wellbutrin.

2 14. Respondent's medical records for Patient A contain lab results dated December 27,
3 2018. They include results from a comprehensive metabolic panel, including liver function tests
4 and valproic acid levels.

5 15. On or about January 30, 2019, Respondent documented that unspecified lab results
6 for Patient A were within normal limits. This note appears to refer to the December 27, 2018
7 labs, which are the only lab results contained in Respondent's medical records for Patient A.
8 However, Respondent did not document the valproic acid level, which was high at 119, based on
9 a range for seizure control, but appropriate for mania control- a symptom of bipolar disorder
10 never elicited or documented in Respondent's medical records for Patient A.

11 16. On or about August 16, 2019, approximately one week before Patient A's fourteenth
12 birthday, Respondent saw Patient A alone. Respondent documented that Patient A came to the
13 visit without her father and noted that Patient A had begun to text and send sexual pictures of
14 herself to strangers.

15 17. On or about June 21, 2019, Respondent increased Patient A's dose of Depakote.

16 18. On or about September 13, 2019, Respondent discontinued Patient A's Depakote,
17 due to weight gain, which Respondent indicated was a known adverse effect. Respondent initiated
18 a trial of lamotrigine at an appropriate initial dose of 25mg/day for four weeks. However,
19 Respondent prescribed 120 tablets, instead of 30 tablets, which indicates an abrupt increase in
20 titration from 25mg to 200mg/day.

21 19. On or about October 11, 2019, Respondent increased Patient A's lamotrigine dose
22 further to 300mg/day.

23 20. On or about October 28, 2022, Patient A presented to Respondent alone; she was not
24 accompanied by an adult. At this visit, Patient A was still a minor. Respondent documented the
25 following at that visit: Patient A was very upset with her diagnosis of bipolar disorder, but her
26 mood and affect was appropriate; Patient A's condition was stable; and Patient A's treatment plan
27 included Latuda 20mg at bedtime, and Vyvanse 36mg in the morning. Respondent failed to
28 document any history for Patient A at this visit. Subsequently, Patient A reported to third parties

1 that during this visit, Respondent asked her if she had ever given a blow job or knew what an
2 orgasm felt like. Patient A also alleged that Respondent asked her if she found him attractive.

3 21. On or about October 28, and November 4, 2022, Respondent prescribed Latuda to
4 Patient A.

5 22. On or about August 25, 2023, as part of the investigation into the care and treatment
6 Respondent provided to Patient A, Respondent was interviewed by Board representatives.
7 During this interview, Respondent explained that Patient A's ADHD was diagnosed by "some
8 other psychologist, I'm assuming." Respondent further reported that according to her father,
9 Patient A was diagnosed at school, and that Respondent relied upon this reported diagnosis and
10 continued her medication. Respondent determined that Patient A looked sluggish and therefore
11 identified Patient A as having chronic fatigue. During Respondent's interview, he also reported
12 that he did not provide psychotherapy to Patient A.

13 23. Respondent committed the following instances of gross negligence in the care and
14 treatment of Patient A in that Respondent:

- 15 A. Completed a psychiatric evaluation of Patient A without taking and/or documenting, an
16 adequate history, or making any attempt to obtain collateral information, including
17 medical records from her previous providers;
- 18 B. Made psychiatric diagnoses without adequately substantiating them, including with
19 criteria outlined in the DSM-5, and based the diagnoses solely on Patient A's
20 appearance on a single visit;
- 21 C. Failed to adequately obtain and/or document, an informed consent for the prescribing of
22 any psychotropic medications to Patient A;
- 23 D. Prescribed the psychostimulant medications, including Vyvanse and Adderall, to
24 Patient A without obtaining any history or objective evidence to ensure Patient A could
25 safely take the medications;
- 26 E. Prescribed antipsychotic medications, including Latuda, to Patient A without
27 following consensus guidelines for safe initiation and monitoring for adverse effects;
- 28 F. Rapidly increased Patient A's lamotrigine, which increases the risk of inducing life-

1 threatening Stevens-Johnson Syndrome, and failed to obtain informed consent for this
2 increase in dosage.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts)**

5 24. Respondent J. Eduardo Guzman, M.D. is subject to disciplinary action under section
6 2234 (c) of the code, in that Respondent was repeatedly negligent in the care and treatment of
7 Patient A. The circumstances are as follows:

8 25. The facts and allegations set forth in the First Cause for Discipline are incorporated
9 by reference as if fully set forth.

10 26. The standard of care applicable to the initiation of psychiatric services with Patient A
11 begins with a psychiatric evaluation that may take place over several appointments and a
12 sufficient, yet appropriate, period of time. The purpose of the psychiatric evaluation is to make a
13 working diagnosis of the patient, formulate the case, and develop a recommended treatment plan
14 to be discussed with the patient and agreed to by the patient. Diagnoses may be added or
15 discontinued over the course of treatment with adequate formulation and explanation reviewed
16 with the patient and documented in the medical record. Respondent committed negligence when
17 he failed to perform and/or document a substantive formulation in connection with his psychiatric
18 evaluation for Patient A.

19 27. Respondent committed negligence when he documented a treatment plan for Patient
20 A on or about June 6, 2018 that included psychotherapy, but subsequently failed to provide
21 psychotherapy to Patient A or coordinate a treatment plan with a concurrent treating
22 psychotherapist.

23 28. Respondent committed negligence when he failed to obtain and/or document, a
24 developmentally-appropriate medical, personal, and social sexual history for Patient A relevant to
25 the diagnosis, formulation, and treatment planning, including psychotropic medication while
26 including only a trauma/sexual abuse history for Patient A.

27 29. Respondent also negligently failed to adequately document an elicited menstrual
28 history from Patient A when prescribing psychotropic medications that could adversely affect a

1 pregnancy.

2 30. Respondent's acts and/or omissions constitute repeated negligent acts under the Code,
3 and therefore subject Respondent's medical license to discipline.

4 **THIRD CAUSE FOR DISCIPLINE**

5 **(Failure to Maintain Adequate and Accurate Records)**

6 31. Respondent J. Eduardo Guzman, M.D. is subject to disciplinary action under section
7 2266 of the code in that Respondent failed to maintain adequate and accurate records related to
8 the care and treatment of Patient A. The circumstances are as follows:

9 32. The facts and allegations set forth in the First and Second Causes for Discipline are
10 incorporated by reference as if fully set forth.

11 **DISCIPLINARY CONSIDERATIONS**

12 33. To determine the degree of discipline, if any, to be imposed on Respondent J.
13 Eduardo Guzman, M.D., Complainant alleges that on or about May 17, 2019, in a prior
14 disciplinary action titled *In the Matter of the Accusation Against J. Eduardo Guzman, M.D.*
15 before the Medical Board of California, in Case Number 800-2016-027559, Respondent's license
16 was revoked, revocation stayed, and placed on probation for three years, with various terms and
17 conditions for the below standard of care treatment he rendered to two patients in regards to the
18 prescribing of medications. That decision is now final and is incorporated by reference as if fully
19 set forth herein.

20 **PRAYER**

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

23 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 38124,
24 issued to Respondent J. Eduardo Guzman, M.D.;

25 2. Revoking, suspending or denying approval of Respondent J. Eduardo Guzman,
26 M.D.'s authority to supervise physician assistants and advanced practice nurses;


27 3. Ordering Respondent J. Eduardo Guzman, M.D., to pay the Board the costs of the
28 investigation and enforcement of this case, and if placed on probation, the costs of probation

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monitoring; and

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

DATED: DEC 06 2024


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

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