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7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
9 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 03-2013-234248

11 **PERRY R. SEGAL, M.D.**  
12 250 Blossom Hill Road, Suite 101  
13 Los Gatos, CA 95032

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 Physician's and Surgeon's Certificate No.  
15 C39242

16 Respondent.

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 PARTIES

21 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
22 Board of California. She brought this action solely in her official capacity and is represented in  
23 this matter by Kamala D. Harris, Attorney General of the State of California, by Machaela M.  
24 Mingardi, Deputy Attorney General.

25 2. Respondent Perry R. Segal, M.D. ("Respondent") is represented in this proceeding by  
26 attorney Thomas E. Still, Esq., whose address is: 12901 Saratoga Ave, Saratoga, CA 95070.

27 3. On or about June 9, 1980, the Medical Board of California issued Physician's and  
28 Surgeon's Certificate No. C39242 to Perry R. Segal, M.D. (Respondent). The Physician's and

1 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in  
2 Accusation No. 03-2013-234248 and will expire on September 30, 2017, unless renewed.

3 JURISDICTION

4 4. Accusation No. 03-2013-234248 was filed before the Medical Board of California  
5 (Board), Department of Consumer Affairs, and is currently pending against Respondent. The  
6 Accusation and all other statutorily required documents were properly served on Respondent on  
7 July 14, 2015. Respondent timely filed his Notice of Defense contesting the Accusation.

8 5. A copy of Accusation No. 03-2013-234248 is attached as Exhibit A and incorporated  
9 herein by reference.

10 ADVISEMENT AND WAIVERS

11 6. Respondent has carefully read, fully discussed with counsel, and understands the  
12 charges and allegations in Accusation No. 03-2013-234248. Respondent has also carefully read,  
13 fully discussed with counsel, and understands the effects of this Stipulated Settlement and  
14 Disciplinary Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
16 hearing on the charges and allegations in the Accusation; the right to be represented by counsel at  
17 his own expense; the right to confront and cross-examine the witnesses against him; the right to  
18 present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel  
19 the attendance of witnesses and the production of documents; the right to reconsideration and  
20 court review of an adverse decision; and all other rights accorded by the California  
21 Administrative Procedure Act and other applicable laws.

22 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
23 every right set forth above.

24 CULPABILITY

25 9. For the purposes of resolving the charges and allegations in the Accusation No. 03-  
26 2013-234248, without the expense and uncertainty of further proceedings, Respondent agrees that  
27 the charges and allegations in the Accusation No. 03-2013-234248, if proven at hearing,  
28

1 constitute cause for discipline upon his Physician's and Surgeon's Certificate and he agrees to be  
2 bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

3 RESERVATION

4 10. The admissions made by Respondent herein are only for the purposes of this  
5 proceeding, or any other proceedings in which the Medical Board of California or other  
6 professional licensing agency is involved, and shall not be admissible in any other criminal or  
7 civil proceeding.

8 CIRCUMSTANCES IN MITIGATION

9 11. Respondent Perry R. Segal, M.D. has never been the subject of any disciplinary  
10 action. He is admitting responsibility at an early stage in the proceedings.

11 CONTINGENCY

12 12. This Stipulation shall be subject to approval by the Medical Board of California.  
13 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
14 Board of California may communicate directly with the Board regarding this Stipulation and  
15 settlement, without notice to or participation by Respondent or his counsel. By signing the  
16 Stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
17 to rescind the Stipulation prior to the time the Board considers and acts upon it. If the Board fails  
18 to adopt this Stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
19 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
20 action between the parties, and the Board shall not be disqualified from further action by having  
21 considered this matter.

22 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
23 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
24 signatures thereto, shall have the same force and effect as the originals.

25 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
26 the Board may, without further notice or formal proceeding, issue and enter the following  
27 Disciplinary Order:  
28

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C39242 issued  
3 to Respondent Perry R. Segal, M.D. is revoked. However, revocation is stayed and Respondent is  
4 placed on probation for three years upon the following terms and conditions:

5 1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not  
6 prescribe for chronic pain management and will not prescribe opiates during his probationary  
7 term.

8 2. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO  
9 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled  
10 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
11 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
12 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
13 and Safety Code section 11362.5, during probation, showing all the following: 1) the name and  
14 address of patient; 2) the date; 3) the character and quantity of controlled substances involved;  
15 and 4) the indications and diagnosis for which the controlled substances were furnished.

16 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
17 records and any inventories of controlled substances shall be available for immediate inspection  
18 and copying on the premises by the Board or its designee at all times during business hours and  
19 shall be retained for the entire term of probation.

20 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
21 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
22 for its prior approval educational program(s) or course(s) which shall not be less than 20 hours  
23 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
24 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
25 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
26 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
27 completion of each course, the Board or its designee may administer an examination to test  
28 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 45

1 hours of CME of which 20 hours were in satisfaction of this condition.

2 4. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective  
3 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the  
4 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,  
5 University of California, San Diego School of Medicine (Program), approved in advance by the  
6 Board or its designee. Respondent shall provide the program with any information and documents  
7 that the Program may deem pertinent. Respondent shall participate in and successfully complete  
8 the classroom component of the course not later than six (6) months after Respondent's initial  
9 enrollment. Respondent shall successfully complete any other component of the course within  
10 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense  
11 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
12 licensure.

13 A prescribing practices course taken after the acts that gave rise to the charges in the  
14 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
15 or its designee, be accepted towards the fulfillment of this condition if the course would have  
16 been approved by the Board or its designee had the course been taken after the effective date of  
17 this Decision.

18 Respondent shall submit a certification of successful completion to the Board or its  
19 designee not later than 15 calendar days after successfully completing the course, or not later than  
20 15 calendar days after the effective date of the Decision, whichever is later.

21 5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
22 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to  
23 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education  
24 Program, University of California, San Diego School of Medicine (Program), approved in  
25 advance by the Board or its designee. Respondent shall provide the program with any information  
26 and documents that the Program may deem pertinent. Respondent shall participate in and  
27 successfully complete the classroom component of the course not later than six (6) months after  
28 Respondent's initial enrollment. Respondent shall successfully complete any other component of

1 the course within one (1) year of enrollment. The medical record keeping course shall be at  
2 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
3 requirements for renewal of licensure.

4 A medical record keeping course taken after the acts that gave rise to the charges in the  
5 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
6 or its designee, be accepted towards the fulfillment of this condition if the course would have  
7 been approved by the Board or its designee had the course been taken after the effective date of  
8 this Decision.

9 Respondent shall submit a certification of successful completion to the Board or its  
10 designee not later than 15 calendar days after successfully completing the course, or not later than  
11 15 calendar days after the effective date of the Decision, whichever is later.

12 6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
13 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
14 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.  
15 Respondent shall participate in and successfully complete that program. Respondent shall  
16 provide any information and documents that the program may deem pertinent. Respondent shall  
17 successfully complete the classroom component of the program not later than six (6) months after  
18 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
19 time specified by the program, but no later than one (1) year after attending the classroom  
20 component. The professionalism program shall be at Respondent's expense and shall be in  
21 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

22 A professionalism program taken after the acts that gave rise to the charges in the  
23 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
24 or its designee, be accepted towards the fulfillment of this condition if the program would have  
25 been approved by the Board or its designee had the program been taken after the effective date of  
26 this Decision.

27 Respondent shall submit a certification of successful completion to the Board or its  
28 designee not later than 15 calendar days after successfully completing the program or not later

1 than 15 calendar days after the effective date of the Decision, whichever is later.

2 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
3 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
4 Chief Executive Officer at every hospital where privileges or membership are extended to  
5 Respondent, at any other facility where Respondent engages in the practice of medicine,  
6 including all physician and locum tenens registries or other similar agencies, and to the Chief  
7 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
8 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
9 calendar days.

10 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

11 8. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
12 prohibited from supervising physician assistants.

13 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
14 governing the practice of medicine in California and remain in full compliance with any court  
15 ordered criminal probation, payments, and other orders.

16 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
17 under penalty of perjury on forms provided by the Board, stating whether there has been  
18 compliance with all the conditions of probation.

19 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
20 of the preceding quarter.

21 11. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

23 Respondent shall comply with the Board's probation unit and all terms and conditions of  
24 this Decision.

25 Address Changes

26 Respondent shall, at all times, keep the Board informed of Respondent's business and  
27 residence addresses, email address (if available), and telephone number. Changes of such  
28 addresses shall be immediately communicated in writing to the Board or its designee. Under no



1 circumstances shall a post office box serve as an address of record, except as allowed by Business  
2 and Professions Code section 2021(b).

3 Place of Practice

4 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
5 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
6 facility.

7 License Renewal

8 Respondent shall maintain a current and renewed California physician's and surgeon's  
9 license.

10 Travel or Residence Outside California

11 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
12 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
13 (30) calendar days.

14 In the event Respondent should leave the State of California to reside or to practice  
15 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
16 departure and return.

17 12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
18 available in person upon request for interviews either at Respondent's place of business or at the  
19 probation unit office, with or without prior notice throughout the term of probation.

20 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
21 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
22 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
23 defined as any period of time Respondent is not practicing medicine in California as defined in  
24 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month  
25 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
26 time spent in an intensive training program which has been approved by the Board or its designee  
27 shall not be considered non-practice. Practicing medicine in another state of the United States or  
28 Federal jurisdiction while on probation with the medical licensing authority of that state or

1 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
2 not be considered as a period of non-practice.

3 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
4 months, Respondent shall successfully complete a clinical training program that meets the criteria  
5 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
6 Disciplinary Guidelines" prior to resuming the practice of medicine.

7 Respondent's period of non-practice while on probation shall not exceed two (2) years.

8 Periods of non-practice will not apply to the reduction of the probationary term.

9 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
10 probationary terms and conditions with the exception of this condition and the following terms  
11 and conditions of probation: Obey All Laws; and General Probation Requirements.

12 14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
13 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
14 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
15 be fully restored.

16 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
17 of probation is a violation of probation. If Respondent violates probation in any respect, the  
18 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
19 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
20 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
21 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
22 the matter is final.

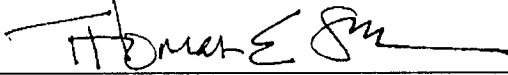
23 16. EARLY TERMINATION OR MODIFICATION. Respondent agrees that if he ever  
24 petitions for early termination or modification of probation, or if an Accusation and/or Petition to  
25 Revoke Probation is filed against him before the Board, all of the charges and allegations  
26 contained in Accusation No. 03-2013-234248 shall be deemed true, correct and fully admitted by  
27 Respondent for purposes of any such proceeding or any other licensing proceeding involving  
28 Respondent in the State of California.



1 I approve its form and content.

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DATED: June 2 2016

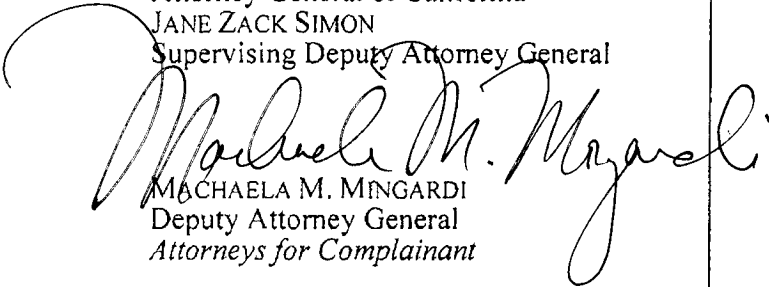
  
Thomas E. Still, Esq.  
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 6/13/2016

Respectfully submitted,  
KAMALA D. HARRIS  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General

  
MACHAELA M. MINGARDI  
Deputy Attorney General  
*Attorneys for Complainant*

SF2015401504  
Segal Stipulated Settlement Draft 3.docx

**Exhibit A**

**Accusation No. 03-2013-234248**

1 KAMALA D. HARRIS  
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2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
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9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:  
11  
12 **Perry Roy Segal, M.D.**  
13 **250 Blossom Hill Road, Suite 101**  
14 **Los Gatos, CA 95032**  
  
15 **Physician's and Surgeon's Certificate**  
16 **No. C39242,**  
  
17 Respondent.

Case No. 03-2013-234248

**A C C U S A T I O N**

17 Complainant alleges:

18 **PARTIES**

- 19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
21 Affairs (Board).  
22 2. On or about June 9, 1980, the Medical Board issued Physician's and Surgeon's  
23 Certificate Number C39242 to Perry Roy Segal, M.D. (Respondent). The Physician's and  
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein  
25 and will expire on September 30, 2015, unless renewed.  
26  
27  
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 unless otherwise indicated.

4 4. Section 2227 of the Code provides that a licensee who is found guilty under the  
5 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
6 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
7 action taken in relation to discipline as the Board deems proper.

8 5. Section 2234 of the Code, states:

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

12 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
13 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 negligent acts or  
16 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
17 the applicable standard of care shall constitute repeated negligent acts.

18 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
19 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 omission that  
21 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
22 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
23 applicable standard of care, each departure constitutes a separate and distinct breach of the  
24 standard of care.

25 "(d) Incompetence.

26 "(e) The commission of any act involving dishonesty or corruption which is substantially  
27 related to the qualifications, functions, or duties of a physician and surgeon.

28 "(f) Any action or conduct which would have warranted the denial of a certificate.





1 prescribing pain medications and performing pain management without conducting proper  
2 physical examinations. Dr. R.W. reported that she tried repeatedly to discuss the situation with  
3 Respondent, who would not contact her. Eventually, Dr. R.W. reached Respondent, who was  
4 uncooperative and evasive, telling her that Patient T.D. was a family friend. Ultimately, the Fox  
5 Army Health Center refused to fill additional prescriptions for Patient T.D.

6 11. Pharmacy and medical records show that during a sample three-year period,  
7 Respondent prescribed Patient T.D. various doses and quantities of Demerol, Percocet, Valium,  
8 Ambien, Dilaudid, Soma, and Xanax<sup>1</sup>. During this time, Patient T.D. also received pain  
9 medications from at least four other doctors.

10 12. During his interview with the Board, Respondent admitted that he had prescribed pain  
11 medications to Patient T.D. for at least a decade, and that he did so as a stop-gap measure to  
12 support her during a time when he believed that she had difficulty receiving pain medications  
13

14  
15 <sup>1</sup> **Demerol** is a trade name for meperidine hydrochloride, a narcotic analgesic. It can produce drug  
16 dependence similar to morphine and has a high potential for abuse. Because of the potential for interaction with other  
17 central nervous system depressants, Demerol should be used with great caution and in reduced dosage in patients who  
18 are concurrently receiving other narcotic analgesics, general anesthetics, sedative-hypnotics, and other central nervous  
19 system depressants. Respiratory depression, hypotension, and profound sedation or coma may result. Demerol is a  
20 dangerous drug as defined in section 4022 and a Schedule II controlled substance and narcotic as defined by section  
21 11055 of the Health and Safety Code.

22 **Percocet** is a trade name for a combination of oxycodone hydrochloride and acetaminophen. It is a narcotic  
23 analgesic with multiple actions similar to morphine. Oxycodone can produce drug dependence of the morphine type  
24 and has the potential to be abused. Repeated administration of Percocet may result in psychic and physical  
25 dependence. Percocet is a dangerous drug as defined in section 4022 and a Schedule II controlled substance and  
26 narcotic as defined by section 11055(b)(1)(N) of the Health and Safety Code.

27 **Valium** is a trade name for diazepam, a psychotropic drug for the management of anxiety disorders or for  
28 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 and narcotic as defined by section 11057 of the Health and Safety Code.

**Ambien** is a trade name for zolpidem tartrate and is a non-benzodiazepine hypnotic of the imidazopyridine  
class. It is a central nervous system depressant and should be used cautiously with patients with signs of depression  
because of the risk of suicide. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled  
substance and narcotic as defined by section 11057 of the Health and Safety Code.

**Dilaudid** is a trade name for hydromorphone hydrochloride and is a hydrogenated ketone of morphine and is  
a narcotic analgesic. Dilaudid is a dangerous drug as defined in section 4022 and a Schedule II controlled substance  
and narcotic as defined by section 11055(d) of the Health and Safety Code.

**Soma** is a trade name for carisoprodol tablets and is a muscle-relaxant and sedative. Soma is a dangerous  
drug as defined in section 4022.

**Xanax** is a trade name for alprazolam tablets. Xanax is a benzodiazepine used for anxiety. Xanax is a  
dangerous drug as defined in section 4022 and a Schedule IV controlled substance and narcotic as defined by section  
11057(d) of the Health and Safety Code.

1 from her other health care providers. He stated that he prescribed several dangerous drugs and  
2 narcotics to Patient T.D. because she asked for them by name.

3 13. For example, prior to prescribing Patient T.D. Percocet, Respondent had been  
4 prescribing her Vicodin. During his interview with the Board, Respondent stated that he switched  
5 from prescribing Patient T.D. Vicodin to prescribing her Percocet because she asked for Percocet  
6 and said it “worked better for her” than Vicodin. Percocet, which contains Oxycodone<sup>2</sup>, is  
7 commonly known as providing a better “buzz” effect than hydrocodone and is often sought after  
8 by patients with addiction issues. During his interview with the Board, Respondent seemed  
9 unaware that Percocet contained Oxycodone.

10 14. Furthermore, for years, Respondent prescribed Patient T.D. Demerol, a very powerful  
11 Schedule II narcotic. During his interview with the Board, Respondent stated that the Demerol  
12 was “not his idea” and that he prescribed it because Patient T.D. asked for it, saying that it was the  
13 “only way” that she could take long plane rides.

14 15. During his interview with the Board, Respondent admitted that in the more than ten  
15 years of prescribing her pain medication, he had never checked with Patient T.D.’s other doctors  
16 to ensure that she was not receiving pain medication from multiple providers. He also admitted  
17 that he had never checked the Controlled Substance Utilization Review and Evaluation System  
18 (CURES) to verify her claims that she could not get pain medication from other providers.  
19 During his interview with the Board, Respondent admitted that he did not know that CURES  
20 existed. Had he checked CURES or with Patient T.D.’s other health care providers, he would  
21 have learned that she was receiving pain medication from at least four other doctors.

22 16. In addition, during his interview with the Board, Respondent admitted that he never  
23 conducted a physical examination of Patient T.D. He admitted that his pain management  
24 treatment of Patient T.D. was based merely on her own reports to him and nothing else.

25  
26 <sup>2</sup> **Oxycodone** is a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic  
27 effects of oxycodone include anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a dangerous drug as  
28 defined in section 4022 and a Schedule II controlled substance and narcotic as defined by section 11055(b)(1) of the  
Health and Safety Code.



1           22. Paragraphs 1 through 20 are incorporated as though fully set forth herein.

2           23. Throughout his treatment of Patient T.D., Respondent failed to keep adequate medical  
3 records as illustrated above. The standard of care requires that the rationale for why opioids and  
4 controlled substances are being prescribed be documented. Respondent failed to document the  
5 reason why he added new pain medications or switched pain medications for Patient T.D., as  
6 required by the standard of care.

7           24. In addition, in his interview with the Board, Respondent stated that he had an  
8 agreement with Patient T.D. that she would not obtain pain medications from other doctors while  
9 he was prescribing them to her. There is no such agreement in Patient T.D.'s medical records.

10          25. Furthermore, Respondent's records reflect no physical examination of Patient T.D.,  
11 and Respondent admitted in his interview with the Board that he had never physically examined  
12 the patient as required by the standard of care.

13          26. Respondent's medical records of Patient T.D.'s treatment were inadequate and  
14 incomplete.

15

16

**PRAYER**

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

19          1. Revoking or suspending Physician's and Surgeon's Certificate Number C39242,  
20 issued to Perry Roy Segal, M.D.;

21          2. Revoking, suspending or denying approval of Perry Roy Segal, M.D.'s authority to  
22 supervise physician assistants, pursuant to section 3527 of the Code;

23          3. Ordering Perry Roy Segal, M.D., if placed on probation, to pay the Board the costs of  
24 probation monitoring; and

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

DATED: July 14, 2015

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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