

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

|  |   |                                |
|--|---|--------------------------------|
| <b>In the Matter of the Accusation</b> | ) |                                |
| <b>Against:</b>                        | ) |                                |
|  | ) |                                |
|  | ) |                                |
| <b>JAMES ROGER GLOVER, M.D.</b>        | ) | <b>Case No. 20-2010-211133</b> |
|  | ) |                                |
| <b>Physician's and Surgeon's</b>       | ) |                                |
| <b>Certificate No. A23886</b>          | ) |                                |
|  | ) |                                |
| <b>Respondent</b>                      | ) |                                |
| _____                                  | ) |                                |

**DECISION**

**The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on September 22, 2016**

**IT IS SO ORDERED September 15, 2016**

**MEDICAL BOARD OF CALIFORNIA**

By:   
\_\_\_\_\_  
**Kimberly Kirchmeyer**  
**Executive Director**

1 KAMALA D. HARRIS  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 BRENDA P. REYES  
Deputy Attorney General  
4 State Bar No. 129718  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
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6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*  
7

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

12 In the Matter of the Accusation Against:

Case No. 20-2010-211133

13 **JAMES ROGER GLOVER, M.D.**  
14 **3235 Jaylee Drive**  
15 **Santa Rosa, CA 95404**

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

16 Physician's and Surgeon's Certificate  
No. A 23886

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 Board  
22 of California. She brought this action solely in her official capacity and is represented in this  
23 matter by Kamala D. Harris, Attorney General of the State of California, by Brenda P. Reyes,  
24 Deputy Attorney General.

25 2. James Roger Glover, M.D. (Respondent) is represented in this proceeding by attorney  
26 Paul Chan, Esq., whose address is 2311 Capitol Avenue, Sacramento, CA 95816.

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1 3. On or about March 3, 1970, the Medical Board of California issued Physician's and  
2 Surgeon's Certificate No. A23886 to James Roger Glover, M.D. (Respondent). The Physician's  
3 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
4 in Accusation No. 20-2010-211133 and will expire on August 31, 2017, unless renewed.

5 JURISDICTION

6 4. Accusation No. 20-2010-211133 was filed before the Medical Board of California  
7 (Board), Department of Consumer Affairs, and is currently pending against Respondent. The  
8 Accusation and all other statutorily required documents were properly served on Respondent on  
9 November 13, 2013. Respondent timely filed his Notice of Defense contesting the Accusation.  
10 A copy of Accusation No. 20-2010-211133 is attached as Exhibit A and incorporated by  
11 reference.

12 ADVISEMENT AND WAIVERS

13 5. Respondent has carefully read, fully discussed with counsel, and understands the  
14 charges and allegations in Accusation No. 20-2010-211133. Respondent also has carefully read,  
15 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License  
16 and Order.

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

24 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
25 every right set forth above.

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1 CULPABILITY

2 8. Respondent understands that the charges and allegations in Accusation No. 20-2010-  
3 211133, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and  
4 Surgeon's Certificate.

5 9. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual  
7 basis for the charges in the Accusation and that those charges constitute cause for discipline.  
8 Respondent hereby gives up his right to contest that cause for discipline exists based on those  
9 charges.

10 10. Respondent understands that by signing this stipulation he enables the Board to issue  
11 an order accepting the surrender of his Physician's and Surgeon's Certificate without further  
12 process.

13 CONTINGENCY

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

24 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
25 copies of this Stipulated Surrender of License and Order, including Portable Document Format  
26 (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

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

**ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A23886, issued to Respondent James Roger Glover, M.D., is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 20-2010-211133 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 20-2010-211133 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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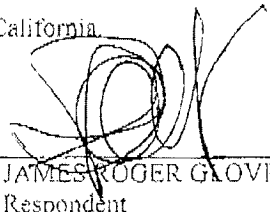
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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Paul Chan, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

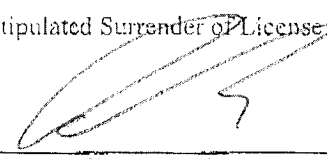
DATED: 8-12-16



JAMES ROGER GLOVER, M.D.  
Respondent

I have read and fully discussed with Respondent James Roger Glover, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 8-15-16



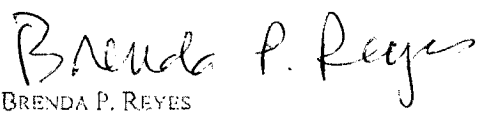
PAUL CHAN, ESQ.  
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: August 22, 2016

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



BRENDA P. REYES  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 20-2010-211133**

1 KAMALA D. HARRIS  
Attorney General of California  
2 JOSE R. GUERRERO  
Supervising Deputy Attorney General  
3 BRENDA P. REYES  
Deputy Attorney General  
4 State Bar No. 129718  
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*Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO November 13, 2013  
BY D. M. Schaeffer ANALYST

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

11 In the Matter of the Accusation Against:  
12 **JAMES ROGER GLOVER, M.D.**  
13 **3235 Jaylee Drive**  
**Santa Rosa, CA 95404**  
14 **Physician's and Surgeon's Certificate**  
15 **No. A 23886**  
16 Respondent.

Case No. 20-2010-211133

ACCUSATION

18 Complainant alleges:

19 PARTIES

20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
21 capacity as the Interim Executive Director of the Medical Board of California, Department of  
22 Consumer Affairs.

23 2. On or about August 3, 1970, the Medical Board of California issued Physician's and  
24 Surgeon's Certificate Number A 23886 to James Roger Glover, M.D. (Respondent). Unless  
25 renewed, the certificate will expire on August 31, 2015.

26 3. Prior disciplinary action was taken against this certificate as follows: On January 23,  
27 1985 an Accusation was filed against Respondent and on November 22, 1985, a Decision became  
28 effective which read: Revoked, stayed, Five Years Probation with terms and conditions and 30



1 days actual suspension. On May 9, 1986, an Accusation and Petition to Revoke Probation was  
2 filed and on February 8, 1988, a Decision became effective which read: Two years added to prior  
3 probation with additional terms and conditions. On June 29, 1988, an Accusation and Petition to  
4 Revoke Probation was filed and on March 11, 1990, a Decision became effective which read:  
5 Revoked. On September 5, 1991, a Petition for Reinstatement of Revoked Certificate was filed  
6 and on September 9, 1992, a Decision became effective which read; Petition for Reinstatement of  
7 Medical License is Granted, Revoked, stayed, Ten Years Probation with terms and conditions.  
8 On September 9, 2002, probation was completed and Respondent's certificate was fully restored.

#### 9 JURISDICTION

10 4. This Accusation is brought before the Medical Board of California (Board),<sup>1</sup>  
11 Department of Consumer Affairs, under the authority of the following laws. All section  
12 references are to the Business and Professions Code unless otherwise indicated.

13 5. Section 2004 of the Code states, in relevant part:

14 "The board shall have the responsibility for the following:

15 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice  
16 Act.

17 "(b) The administration and hearing of disciplinary actions.

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

20 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of  
21 disciplinary actions.

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

24 6. Section 2227 of the Code provides that a licensee who is found guilty under the  
25 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
26

27 <sup>1</sup> The term "board" means the Medical Board of California. "Division of Medical  
28 Quality" shall also be deemed to refer to the Medical Board. (Bus. & Prof. Code, § 2002.)

1 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
2 action taken in relation to discipline as the Board deems proper.

3 7. Section 2234 of the Code states, in relevant part:

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

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

9 "(b) Gross negligence.

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

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

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

20 8. Section 2266 of the Code states: AThe failure of a physician and surgeon to maintain  
21 adequate and accurate records relating to the provision of services to their patients constitutes  
22 unprofessional conduct.@

### 23 PERTINENT DRUGS

24 9. The following controlled substances and/or dangerous drugs are involved in this  
25 proceeding:

26 A. **Adderall** is a trade name for amphetamine and dextroamphetamine, a central  
27 nervous system stimulant. Amphetamine is a dangerous drug as defined in section 4022 of the  
28 Code, and a Schedule II controlled substance as defined by section 11055, subdivision (d) (1) of

1 the Health and Safety Code and a Schedule II controlled substance as defined by section 1308.12  
2 (d) of Title 21 of the Code of Federal Regulations. Adderall is used in the treatment of Attention  
3 Deficit Hyperactivity Disorder (ADHD). Like all amphetamines, it has a high potential for abuse.  
4 If used in large doses over long periods of time, it can cause dependence and addiction.

5 B. **Ambien** is a non-benzodiazepine hypnotic of the imidasopyridine class. It is a  
6 dangerous drug as defined in section 4022 of the Code, a Schedule IV controlled substance as  
7 defined by section 11057 of the Health and Safety Code, and a Schedule IV controlled substance  
8 as defined by Section 1308.14 of Title 21 of the Code of Federal Regulations. It is indicated for  
9 the short-term treatment of insomnia. It is a central nervous system depressant and should be  
10 used cautiously in combination with other central nervous system depressants. Any central  
11 nervous system depressant could potentially enhance the CNS depressive effects of Ambien. It  
12 should be administered cautiously to patients exhibiting signs or symptoms of depression because  
13 of the risk of suicide. Because of the risk of habituation and dependence, individuals with a  
14 history of addiction to or abuse of drugs or alcohol should be carefully monitored while receiving  
15 Ambien.

16 C. **Ativan**, a trade name for lorazepam, is used for anxiety and sedation in the  
17 management of anxiety disorder for short-term relief from the symptoms of anxiety or anxiety  
18 associated with depressive symptoms. It is a dangerous drug within the meaning of section 4022  
19 of the Code, a Schedule IV controlled substance as defined by section 11057 of the Health and  
20 Safety Code, and a Schedule IV controlled substance as defined by Section 1308.14 of Title 21 of  
21 the Code of Federal Regulations.

22 D. **Depakote**, a trade name for divalproex sodium, is used to treat various types of  
23 seizure disorders. It is sometimes used together with other seizure medications. Depakote is also  
24 used to treat manic episodes related to bipolar disorder (manic depression), and to prevent  
25 migraine headaches. It is a dangerous drug within the meaning of section 4022 of the Code.

26 E. **Methadone** is a synthetic narcotic analgesic with multiple actions quantitatively  
27 similar to those of morphine. It is a dangerous drug as defined in section 4022 of the Code, a  
28 Schedule II controlled substance and narcotic as defined by section 11055, subdivision (c) of the

1 Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (c)  
2 of Title 21 of the Code of Federal Regulations. Methadone can produce drug dependence of the  
3 morphine type and, therefore, has the potential for being abused.

4 F. **Neurontin**, a trade name for gabapentin, is indicated as adjunctive therapy in the  
5 treatment of partial seizures with and without secondary generalization in adults with epilepsy. It  
6 is a dangerous drug within the meaning of section 4022 of the Code.

7 G. **OxyContin** is a trade name for oxycodone hydrochloride controlled-release tablets.  
8 Oxycodone is a white odorless crystalline powder derived from the opium alkaloid, thebaine. It is  
9 a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of  
10 oxycodone include anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a dangerous  
11 drug as defined in section 4022 of the Code, a Schedule II controlled substance and narcotic as  
12 defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II  
13 controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the Code of Federal  
14 Regulations.

15 H. **Primidone** is an anticonvulsant of the pyrimidinedione class, the active metabolites  
16 of which include phenobarbital. It is a dangerous drug within the meaning of section 4022 of the  
17 Code. Primidone, used alone or concomitantly with other anticonvulsants, is indicated in the  
18 control of grand mal, psychomotor, and focal epileptic seizures. Antiepileptic drugs, including  
19 Primidone, increase the risk of suicidal thoughts or behavior in patients taking these drugs for any  
20 indication.

21 I. **Prozac**, a trade name for fluoxetine, is an antidepressant used to treat multiple  
22 conditions including major depressive disorder. Prozac is sometimes used together with  
23 olanzapine (Zyprexa) to treat depression caused by bipolar disorder (manic depression). Prozac is  
24 a dangerous drug within the meaning of section 4022 of the Code.

25 J. **Remeron**, a trade name for mirtazapine, is a tetracyclic antidepressant. It affects  
26 chemicals in the brain that may become unbalanced and cause depression. It is thought to  
27 increase the activity of norepinephrine and serotonin which help elevate mood. Remeron is used  
28

1 to treat major depressive disorder. It is a dangerous drug within the meaning of section 4022 of  
2 the Code.

3 K. **Seroquel**, a trade name for quetiapine, is an antipsychotic medication used to treat  
4 schizophrenia and to treat bipolar disorder (manic depression). It is also used together with  
5 antidepressant medications to treat major depressive disorder in adults. Seroquel is a dangerous  
6 drug within the meaning of section 4022 of the Code.

7 L. **Trazadone** hydrochloride, a triazolopyridine derivative antidepressant, sometimes  
8 marketed under the trade name Desyrel, is used to treat major depressive disorder. Trazadone is a  
9 dangerous drug within the meaning of section 4022 of the Code.

10 M. **Wellbutrin**, a trade name for bupropion, is an antidepressant medication. It is used to  
11 treat major depressive disorder and seasonal affective disorder. Wellbutrin is a dangerous drug  
12 within the meaning of section 4022 of the Code.

13 N. **Zyprexa**, a trade name for olanzapine, is an atypical antipsychotic medication. It is  
14 used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder  
15 (manic depression). Zyprexa is sometimes used together with other antipsychotic medications or  
16 antidepressants. It is a dangerous drug within the meaning of section 4022 of the Code.

### 17 **FIRST CAUSE FOR DISCIPLINE**

18 (Gross Negligence/Repeated Negligent Acts)

19 10. Respondent's certificate to practice medicine is subject to disciplinary action for  
20 unprofessional conduct under section 2234, subdivision (b) and/or 2234, subdivision (c), of the  
21 Code in that Respondent was grossly negligent and/or repeatedly negligent in his care and  
22 treatment of Patient NB.<sup>2</sup> The circumstances are as follows:

23 11. In or about July 2007 Patient NB, a 26-year-old man, sought drug treatment services  
24 from the Butte County Department of Behavioral Health (BCDBH). NB reported taking opiate  
25 medications due to back and neck pain. NB reported that his most recent drug problem was with  
26 Methadone. NB also reported that his mental health diagnoses included depression and ADD

27 <sup>2</sup> The patient's identify is kept confidential to protect his right of privacy but will be  
28 revealed to Respondent in discovery.

1 (Attention Deficit Disorder) and that his prescribed medications included Wellbutrin XL,  
2 Adderall, Remeron and Trazadone. NB came under the care of a psychiatrist, not Respondent, at  
3 BCDBH and he began individual and group therapy. The BCDBH records document that NB  
4 repeatedly missed scheduled appointments. In December 2007, NB was sent written notification  
5 that his chart would be closed if he did not make an appointment. NB failed to schedule an  
6 appointment and on or about January 11, 2008 his chart was closed. NB's medications at the time  
7 he discontinued care with BCDBH included Seroquel, Ambien, Depakote, and Prozac.

8 12. On or about April 18, 2008, NB returned to BCDBH for care, reporting that he had  
9 relapsed on opiates and that he was experiencing mood swings, irritability, and intense  
10 depression. He also reported experiencing suicidal ideation days before. NB was seen by a  
11 psychiatrist, not Respondent, whose diagnoses of NB included mood disorder and opioid  
12 addiction. NB was prescribed Wellbutrin and an appointment was made for him at a methadone  
13 clinic for detoxification. BCDBH records indicate that on or about August 21, 2008, Wellbutrin  
14 was discontinued and that NB's medications included Seroquel, Depakote for migraines, and  
15 that a trial of Prozac was begun. NB was also noted to be taking methadone. BCDBH records  
16 document that NB's case was closed on or about September 29, 2008, due to his failure to appear  
17 for scheduled appointments.

18 13. On or about November 14, 2008, NB was seen by a Family Nurse Practitioner (FNP)  
19 at BCDBH in order to re-establish care. A history and physical was performed. NB reported  
20 depression for at least seven years, compulsive behaviors, opiate addiction, and that he was using  
21 marijuana at least five days a week. NB reported being dishonorably discharged from the Navy in  
22 or about 2004 for using and dealing cocaine and methamphetamines. NB reported suicidal  
23 ideation within the last two days, with no plan or access. The FNP diagnosed NB with major  
24 depressive disorder and she prescribed Zyprexa and Prozac. On or about December 16, 2008, the  
25 FNP saw NB and prescribed Prozac, Wellbutrin, and Zyprexa, and a trial of Ativan daily for  
26 anxiety.

27 14. NB filled his prescriptions and on December 17, 2008, overdosed on a combination of  
28 approximately 40 Adderall tablets, 16 Ativan tablets, and a half bottle of Ambien (number and

1 dosage uncertain). NB was admitted to the intensive care unit (ICU) at Enloe Medical Center.  
2 NB stated that he was not suicidal but simply wanted to “get high I guess.” NB’s admitting  
3 diagnoses included a history of bipolar disorder, attention deficit disorder, and chronic pain. On  
4 December 18, 2008, NB was discharged from Enloe Medical Center and transferred for care to  
5 the BCDBH pursuant to a Welfare and Institutions Code section 5150 hold due to NB being a  
6 danger to himself. The discharging physician noted in the Discharge Summary that both the  
7 number and different types of pills and the uncertain quantities ingested by NB suggested a  
8 serious overdose attempt rather than a casual attempt to get some recreational benefit from the  
9 medications.

10 15. Respondent admitted NB to the BCDBH Psychiatric Health Facility (PHF) on  
11 December 18, 2008. Respondent completed an “Initial Assessment Summary,” noting that NB  
12 had “No issues (with) alcohol or street drugs.” No mention was made in the Summary of the  
13 patient’s substance abuse history. Respondent’s provisional diagnoses for NB were Bipolar II  
14 Disorder and Panic Disorder with Agoraphobia. The BCDBH records for Patient NB contain an  
15 “Informed Consent for Specified Medication” form, dated December 18, 2008, signed by NB and  
16 Respondent. No medications are listed on the form. Respondent continued NB’s prior  
17 medications – Depakote, Wellbutrin, and Ambien – and he doubled NB’s prescription for Ativan  
18 from 1 mg. twice daily to 2 mg. twice daily. Respondent did not document in the patient record  
19 an explanation for the increase in Ativan.

20 16. The BCDBH records for NB contain a note of December 18, 2008 from the FNP who  
21 began treating NB on November 14, 2008 to NB’s primary care physician, advising that on  
22 December 16, 2008 NB had overdosed on prescription drugs, that he was under treatment for  
23 depression and addiction, and requesting that NB not be prescribed any psychiatric, ADD, or pain  
24 medications in order to help his treatment.

25 17. On December 22, 2008, NB was discharged from the PHF. At discharge, Respondent  
26 prescribed Depakote, Wellbutrin, and a one-month supply - 60 tablets - of Ativan 2 mg.  
27 Respondent’s notes are difficult to decipher and portions are illegible.

28 ///

1           18. The following day, December 23, 2008, NB again appeared at Enloe Medical Center  
2 due to a drug overdose. NB reported that he took only 4 tablets of Ativan. However, his clinical  
3 presentation was not consistent with this report and NB was suspected to have overdosed on  
4 methadone and Ativan. NB's urine toxicology screen was positive for opioids, cannabinoids, and  
5 Tricyclics. NB was admitted to the ICU and after treatment was again transferred, on December  
6 24, 2008, to the PHF pursuant to a Welfare and Institutions Code section 5150 hold due to NB  
7 being a danger to himself. The Enloe Medical Center Discharge Summary noted that NB was not  
8 reliable with taking pain medications, Benzodiazepines, or sedatives and strongly urged that NB  
9 be taken off these medications.

10           19. On December 24, 2008, Respondent admitted NB to the PHF. Respondent completed  
11 an Initial Assessment Summary, noting that NB was very dependent on prescription medications,  
12 including methadone, OxyContin, and benzodiazepines. Respondent's provisional diagnoses for  
13 NB included polysubstance dependence. Respondent's prescriptions for NB included Depakote,  
14 Wellbutrin, Seroquel, Ativan, and Neurontin. On December 26, 2008, a different physician  
15 discontinued Ativan. On or about December 27, 2008, NB signed in to the PHF on a voluntary  
16 basis and remained in treatment until he was stabilized and discharged on January 9, 2009 to a  
17 clean and sober group home. At the time of discharge, Respondent's prescribed medications for  
18 NB included Remeron, Wellbutrin, and Depakote.

19           20. On January 12, 2009, NB was again seen at Enloe Medical Center for a drug  
20 overdose. NB admitted taking Ativan, Adderall, Zyprexa, and Depakote in an attempt to get high.  
21 NB was held pursuant to Welfare and Institutions Code section 5150 due to being a danger to  
22 himself. On January 13, 2009, NB was assessed by Respondent and the 5150 hold was rescinded.  
23 On February 9, 2009, NB appeared voluntarily at the BCDBH in crisis due to depression arising  
24 from being homeless. He was admitted to the PHF on a Welfare and Institutions Code section  
25 5150 hold due to being a danger to himself and assessed by Respondent on February 10, 2009.  
26 NB was treated, stabilized, and discharged from the PHF on or about February 19, 2009.  
27 Respondent's prescriptions for NB at the time of discharge included Depakote, Wellbutrin, and  
28 Zyprexa. Throughout the remainder of 2009, NB continued to receive crisis intervention services



1 and mental health treatment through BCDBH due to, among other things, homelessness and  
2 substance abuse issues.

3 21. On or about March 24, 2010, NB was admitted to Oroville Hospital ICU in a coma  
4 from a suspected drug overdose on prescription medications. BCDBH records document that on  
5 March 29, 2010, NB was assessed for a possible Welfare and Institutions Code section 5150 hold.  
6 NB stated that he had no memory of misusing his medications, but denied that he was trying to  
7 kill himself. NB reported being depressed and anxious about his finances and housing situation.  
8 NB stated that he was not mentally stable to return home and that he needed help.

9 22. On March 29, 2010, NB was admitted to the PHF on a Welfare and Institutions Code  
10 section 5150 hold. On the date of admission, NB reported tremors among his medical problems,  
11 which he reported was a condition that runs in his family. On March 30, 2010, Respondent  
12 completed an Initial Assessment Summary regarding NB's admission, noting that Zyprexa and  
13 Depakote were only partly helping NB's depression and that Seroquel had caused restless arm  
14 syndrome. Respondent noted NB's prior discharges from the PHF in 2008 and 2009. Respondent  
15 noted that NB was dependent on prescription narcotics and benzodiazepines, that NB had been  
16 clean and sober for 6 months, and that a urine toxicology screen was positive for marijuana.  
17 Respondent discontinued Zyprexa and Prozac, and he prescribed Depakote, Effexor, and  
18 Primadone 250 mg. at bedtime for tremors. Respondent's notes are difficult to decipher.

19 23. On April 3, 2010, NB was discharged from the PHF to a clean and sober group home.  
20 Respondent prescribed Depakote, Prozac, Clonidine, and ibuprofen at the time of discharge, and  
21 he increased Primidone from 250 mg. to 375 mg. at bedtime. No explanation for the increased  
22 dosage of Primidone is noted in the record.

23 24. On or about April 27, 2010, NB's mother wrote a letter to NB's treating psychiatrist  
24 (not Respondent) at BCDBH advising that she had been filling NB's medication box since his  
25 most recent discharge from the PHF. NB's mother reported that she looked in the box recently,  
26 two days after she had filled it for a full week, and discovered that all of the Primidone tablets  
27 were missing, but that NB's other medications for the week were still in the box. On or about  
28

1 April 29, 2010, the treating psychiatrist saw NB and discontinued the prescription for Primidone,  
2 noting that it was “too dangerous for an addict who OD’s [overdoses] impulsively.”

3 25. On or about March 12, 2012, NB was found dead in his bedroom from an accidental  
4 overdose from a combination of his medications.

5 26. Respondent’s notes for Patient NB are difficult to decipher and portions are  
6 completely illegible. Respondent’s progress notes are missing critical information, such as a  
7 mental status examination and explanation for his choice of certain medications over others that  
8 were prescribed to Patient NB.

9 27. Respondent’s conduct, acts and/or omissions, with regard to Patient NB constitute  
10 unprofessional conduct through gross negligence and/or repeated negligence, pursuant to section  
11 2234, subdivision (b) and/or subdivision (c) of the Code, and Respondent is therefor subject to  
12 disciplinary action. More specifically, Respondent is guilty of unprofessional conduct with regard  
13 to Patient NB as follows:

14 a. At the time of NB’s admission to the PHF on December 18, 2008 Respondent failed  
15 to document or to comment on the patient’s significant history of substance abuse.

16 b. Respondent failed to document a rationale on December 18, 2008, for continuing  
17 NB’s prescription for Ativan after the patient had overdosed on a combination of prescribed  
18 medications, including Ativan, the day before.

19 c. Respondent failed to document an explanation on December 18, 2008, for doubling  
20 NB’s Ativan prescription from 1mg. twice daily to 2 mg. twice daily.

21 d. On March 30, 2010, Respondent prescribed Primadone to Patient NB for tremors.  
22 Primadone is an anticonvulsant that has phenobarbital as an active metabolite. Phenobarbital is a  
23 barbiturate that can be addictive and lethal in overdose. Respondent failed to clearly document  
24 his rationale for prescribing Primadone to NB who had a history of substance abuse and multiple  
25 overdose attempts.

26 e. Respondent failed to obtain and document NB’s informed consent for psychotropic  
27 medications on December 18, 2008.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 (Failure to Maintain Adequate and Accurate Records)

3 28. Respondent's certificate to practice medicine is subject to disciplinary action for  
4 unprofessional conduct under section 2266 of the Code for failure to maintain adequate and  
5 accurate records relating to the provision of services to Patient NB, as alleged in Paragraphs 11  
6 through 26, above, which are incorporated herein by reference as if fully set forth.

7 **DISCIPLINE CONSIDERATIONS**

8 29. To determine the degree of discipline, if any, to be imposed on Respondent,  
9 Complainant alleges that on or about January 23, 1985, an Accusation was filed against  
10 Respondent in Medical Board of California Case No. D-3303. The Accusation alleged violations  
11 of sections 2234 (b), (c), and (d) [gross negligence, repeated negligent acts, incompetence], and  
12 section 725 [excessive prescribing] of the Code with respect to Respondent's care and treatment  
13 of 14 psychiatric patients to whom he excessively prescribed addicting medications. Accusation  
14 No. D-3303 further alleged violations of Health and Safety Code sections 11154 (a) and 11156  
15 [prescribing to an addict] and section 2237 of the Code [drug related conviction]. Respondent  
16 entered into a stipulation in Case No. D-3303 and in a Board Decision effective November 22,  
17 1985, Respondent's license was revoked, the revocation was stayed, and Respondent's license  
18 was placed on five (5) years probation with terms and conditions, including 30 days suspension  
19 from the practice of medicine, oral clinical examination, controlled substance prescribing  
20 restrictions and surrender of his DEA permit, educational course work in Medical Therapeutics of  
21 Controlled Substances and Pain Management, and supervised practice. That decision is now final  
22 and is incorporated by reference as if fully set forth.

23 30. To determine the degree of discipline, if any, to be imposed on Respondent,  
24 Complainant alleges that on or about May 9, 1986, an Accusation and Petition to Revoke  
25 Probation was filed in Medical Board Case No. D-3495. The Accusation and Petition to Revoke  
26 Probation alleged violations of sections 2234 [unprofessional conduct] and 2238 [violation of  
27 statutes regulating drugs] of the Code arising from, among other things, Respondent's possession  
28 of controlled substances at a time when he was to be suspended from the practice of medicine,

1 and self-prescribing or self-administering controlled substances. In a Decision following hearing  
2 in Case No. D-3495, effective February 8, 1988, Respondent's probation was extended by two (2)  
3 years with terms and conditions, including controlled substances prescribing prohibition,  
4 maintenance of dangerous drug prescribing logs, prohibition from personal use or possession of  
5 controlled substances and dangerous drugs, physician monitor, oral clinical examination in  
6 psychopharmacology, and biological fluid testing. That decision is now final and is incorporated  
7 by reference as if fully set forth.

8 31. To determine the degree of discipline, if any, to be imposed on Respondent,  
9 Complainant alleges that on or about June 29, 1988, an Accusation and Petition to Revoke  
10 Probation was filed in Medical Board Case No. D-3818. The Accusation and Petition to Revoke  
11 Probation alleged violations of sections 2234 (b) [gross negligence] and 725 [excessive  
12 prescribing] of the Code arising from Respondent's repeated prescribing of large doses of  
13 dangerous drugs to a patient with a history of repeated suicide attempts with dangerous drugs. In  
14 a Decision following hearing in Case No. D-3818, effective March 11, 1990, Respondent's  
15 license to practice medicine was revoked. That decision is now final and is incorporated by  
16 reference as if fully set forth.

17 32. To determine the degree of discipline, if any, to be imposed on Respondent,  
18 Complainant alleges that on or about September 5, 1991, Respondent filed a Petition for  
19 Reinstatement of Revoked Certificate. In a Decision following hearing in Medical Board Case  
20 No. N-40414, effective September 9, 1992, the Petition was granted and Respondent's certificate  
21 was reinstated, revoked, the revocation was stayed and Respondent's license was placed on  
22 probation for 10 years with terms and conditions, including controlled substance prescribing  
23 restrictions, maintenance of controlled substance prescribing log, prohibition from solo practice,  
24 psychiatric evaluation, prohibition from personal use or possession of controlled substances and  
25 dangerous drugs, and biological fluid testing.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 23886, issued to James Roger Glover, M.D.
2. Revoking, suspending or denying approval of James Roger Glover, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering James Roger Glover, M.D. if placed on probation, to pay the Medical Board of California the costs of probation monitoring; and,
4. Taking such other and further action as deemed necessary and proper.

DATED: November 13, 2013

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

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