

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 MACHAELA M. MINGARDI  
Deputy Attorney General  
4 State Bar No. 194400  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-5696  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Apr. 11 20 17  
BY [Signature] ANALYST

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. 800-2014-007866

13 **STANCIL E.D. JOHNSON, M.D.**

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

14 P.O. Box 5396  
Carmel, CA 93921

15 Physician's and Surgeon's Certificate  
No. C28935,

16 Respondent.

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 April 11, 1967, the Medical Board issued Physician's and Surgeon's  
23 Certificate Number C28935 to Stancil E.D. Johnson, 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 May 31, 2017, 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 unless otherwise indicated.

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

5 5. Section 2234 of the Code, states:

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

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

11 “ . . . .”

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

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

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

22 “ . . . .”

23 6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
24 adequate and accurate records relating to the provision of services to their patients constitutes  
25 unprofessional conduct.”

26 **FACTS**

27 7. At all times relevant to this matter, Respondent, a psychiatrist, was licensed and  
28 practicing medicine in California.

**PATIENT P-1**

1  
2       8.     Patient P-1 is a now 52-year-old woman who has been a patient of Respondent for a  
3 number of years covering at least the period from 2008 through 2014. During that time,  
4 Respondent treated P-1 for insomnia, chronic headaches, depression and anxiety, and chronic  
5 sinusitis.

6       9.     Respondent repeatedly prescribed Ambien<sup>2</sup>, a controlled substance, for P-1 for  
7 insomnia over the years of her treatment. He did not maintain records documenting the course of  
8 treatment, whether or not symptoms improved, or consideration of alternative treatments.

9       10.    Respondent prescribed multiple different antibiotics for P-1 for sinusitis over a period  
10 of several years. He did not maintain records documenting a workup or examination supporting  
11 his diagnosis of chronic sinusitis; consultation with a specialist, internist, or general practitioner;  
12 reasons for selecting or changing antibiotics; or consideration of alternative treatments.

13       11.    Respondent treated P-1's chronic pain condition with diclofenac<sup>3</sup>, an anti-  
14 inflammatory drug, over at least a four-year-period without documenting a workup, any  
15 discussions with P-1 of the potential side effects of the medication, consultation with appropriate  
16 pain specialists, or the course of treatment and its effectiveness or lack of effectiveness.

**PATIENT P-2**

17  
18       12.    Patient P-2, Respondent's now 70-year-old wife, was treated by Respondent with  
19 various medications from at least 2005 through April 2015. He did not maintain a patient chart or  
20 other documentation for P-2.

21  
22  
23       <sup>1</sup> The patients are designated in this document as Patients P-1 through P-3 to protect their  
24 privacy. Respondent knows the names of the patients and can confirm their identities through  
25 discovery.

26       <sup>2</sup> Ambien, a trade name for zolpidem tartrate, is a non-benzodiazepine hypnotic. Ambien  
27 is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance. It is  
28 indicated for the short-term treatment of insomnia.

<sup>3</sup> Diclofenac, also known by the trade name Voltaren, is a nonsteroidal anti-inflammatory  
drug (NSAID). It is a dangerous drug as defined in section 4022. Diclofenac is used to treat mild  
to moderate pain, or signs and symptoms of osteoarthritis or rheumatoid arthritis. Diclofenac may  
cause stomach or intestinal bleeding.

1 13. Respondent prescribed diclofenac for P-2 approximately 34 times from 2012 to 2015.  
2 He failed to document the condition for which it was being prescribed—which he has  
3 subsequently identified as osteoarthritis—or the course or results of the treatment.

4 14. Respondent prescribed hydrochlorothiazide<sup>4</sup>, a dangerous drug, for P-2 on multiple  
5 occasions between 2012 and 2015 and, during the same time period, prescribed antibiotics for her  
6 on several occasions. In neither case did he document the condition or conditions he was  
7 treating—which he has subsequently identified as edema and pneumonia, respectively—the  
8 rationale for prescribing the medications, any monitoring for side effects, or the course of the  
9 treatment.

### 10 PATIENT P-3

11 15. Patient P-3 is a now 83-year-old man who has been a patient of Respondent since the  
12 early 1980s. During that time, Respondent has treated P-3 for depression, anxiety, and PTSD.

13 16. Respondent prescribed major psychiatric medications for P-3 including the  
14 antidepressants Zoloft<sup>5</sup> and Paxil<sup>6</sup> and the anti-anxiety medication Xanax<sup>7</sup>.

15 17. Respondent's medical records for P-3 are extremely sparse and include neither an  
16 initial comprehensive psychiatric evaluation nor regular progress notes reflecting details of his  
17 encounters with P-3, the justification for the medications prescribed, informed consent,  
18 medication monitoring, or treatment evaluation and plan.

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22 \_\_\_\_\_  
23 <sup>4</sup> Hydrochlorothiazide is a thiazide diuretic (water pill) used to treat hypertension and fluid  
24 retention (edema) by helping to prevent the absorption of too much salt which can cause fluid  
25 retention. It is a dangerous drug as defined in section 4022. The use of hydrochlorothiazide must  
26 be monitored because, among other things, it can cause an electrolyte imbalance.

25 <sup>5</sup> Zoloft, a trade name for sertraline hydrochloride, is an antidepressant. It is a dangerous  
26 drug as defined in section 4022.

26 <sup>6</sup> Paxil, a trade name for paroxetine hydrochloride, is an antidepressant. It is a dangerous  
27 drug as defined in section 4022.

27 <sup>7</sup> Xanax is a trade name for alprazolam, a benzodiazepine and anxiolytic. Xanax is used  
28 for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety.  
It is a dangerous drug as defined in section 4022, a schedule IV controlled substance.

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts, Failure to Maintain Sufficient Medical Records)**

3 18. Respondent is guilty of unprofessional conduct and subject to disciplinary action  
4 under section 2234, subdivisions (a) (violating the Medical Practice Act) and (c) (repeated  
5 negligent acts), and section 2266 (inadequate records) of the Code in that Respondent engaged in  
6 the conduct described above including, but not limited to, the following:

7 A. Respondent failed to sufficiently document the evaluation and progress of Patient P-  
8 1's ongoing treatment for insomnia and failed to document justification for the treatment  
9 provided.

10 B. Respondent prescribed multiple antibiotics to Patient P-1 over a period of time  
11 without sufficient workup or documentation.

12 C. Respondent treated P-1's chronic pain condition over an extended period of time with  
13 anti-inflammatory medications without sufficient justification or documentation of treatment  
14 progress and without recommending specialist consultation.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Repeated Negligent Acts, Failure to Maintain Sufficient Medical Records)**

17 19. Respondent is guilty of unprofessional conduct and subject to disciplinary action  
18 under section 2234, subdivisions (a) (violating the Medical Practice Act) and (c) (repeated  
19 negligent acts), and section 2266 (inadequate records) of the Code in that Respondent engaged in  
20 the conduct described above including, but not limited to, the following:

21 A. Respondent provided treatment and long-term follow-up for his wife, Patient P-2, for  
22 general medical conditions with medications which do not usually fall under the scope of training  
23 or practice for psychiatrists.

24 B. Respondent failed to maintain treatment records for Patient P-2.

25 **THIRD CAUSE FOR DISCIPLINE**

26 **(Failure to Maintain Sufficient Medical Records)**

27 20. Respondent is guilty of unprofessional conduct and subject to disciplinary action  
28 under section 2234, subdivisions (a) (violating the Medical Practice Act) and (c) (repeated

1 negligent acts), and section 2266 (inadequate records) of the Code in that Respondent engaged in  
2 the conduct described above including, but not limited to, the following:

3 A. Respondent failed to maintain sufficient medical records for Patient P-3 reflecting the  
4 bases for his treatment, justification for the medications prescribed, informed consent, medication  
5 monitoring, or treatment evaluation and plan.

6  
7 **PRAYER**

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

- 10 1. Revoking or suspending Physician's and Surgeon's Certificate Number C28935,  
11 issued to Stancil E.D. Johnson, M.D.;
- 12 2. Revoking, suspending or denying approval of Stancil E.D. Johnson, M.D.'s authority  
13 to supervise physician assistants and advanced practice nurses, pursuant to section 3527 of the  
14 Code;
- 15 3. Ordering Stancil E.D. Johnson, M.D., if placed on probation, to pay the Board the  
16 costs of probation monitoring; and
- 17 4. Taking such other and further action as deemed necessary and proper.

18  
19 DATED: April 11, 2017

  
20 KIMBERLY KIRCHMEYER  
21 Executive Director  
22 Medical Board of California  
23 Department of Consumer Affairs  
24 State of California  
25 Complainant

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