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

13 In the Matter of the Accusation Against:

Case No. 800-2015-012993

14 **LEONARD M. RODIN, M.D.**  
15 **3420 Kenyon Street**  
**San Diego, CA 92110**

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

16 **Physician's and Surgeon's Certificate**  
17 **No. G17051,**

Respondent.

18  
19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about September 4, 1969, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. G17051 to Leonard M. Rodin, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on November 30, 2018, unless renewed.

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**JURISDICTION**

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

5       4.    Section 2227 of the Code states:

6           “(a) A licensee whose matter has been heard by an administrative law judge of the  
7 Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or  
8 whose default has been entered, and who is found guilty, or who has entered into a  
9 stipulation for disciplinary action with the board, may, in accordance with the provisions of  
10 this chapter:

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

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

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

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

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

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

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1 Patient A further reported a familial history of bipolar disorder and alcoholism. Patient A further  
2 reported a prior suicide attempt two years earlier when he had been drinking all day and took a  
3 whole bottle of Seroquel.<sup>2</sup> Patient A further reported current feelings of helplessness, a sense of  
4 hopelessness, stress at work, and acute distress over his pending divorce. M.G. documented  
5 Patient A's mood as "anxious and depressed."

6 10. On or about March 1, 2012, Patient A presented to the Kaiser Psychiatry Department  
7 and was seen by Y.C., M.D. (Dr. Y.C.). During that appointment, Patient A reported a history of  
8 depression, anxiety, panic attacks, and binge drinking to the point of passing out. Patient A  
9 further reported a familial history of bipolar disorder and alcoholism. Patient A reported two  
10 prior suicide attempts by medication overdose when he was intoxicated from alcohol, both of  
11 which resulted in hospitalizations, but claimed to be sober since December 2011. He reported  
12 current feelings of depression and occasional hopelessness, but denied current suicidal ideation.  
13 At that time, Patient A reported taking Xanax,<sup>3</sup> Seroquel, and Prozac.<sup>4</sup> Dr. Y.C. diagnosed the  
14 patient with, among other things, Major Depression, Recurrent, Moderate. Dr. Y.C.  
15 recommended Patient A obtain basic lab work<sup>5</sup>, and prescribed him 30 tabs of Prozac 40 mg,  
16 recommended he continue taking Seroquel and decrease his Xanax use.

17 11. On or about April 5, 2012, Dr. Y.C. refilled Patient A's Seroquel 100 mg prescription  
18 for 30 tabs.

19 12. On or about April 9, 2012, Dr. Y.C. refilled Patient A's Xanax .5 mg prescription for  
20 30 tabs.

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22 <sup>2</sup> Seroquel, brand name for Quetiapine, is a dangerous drug pursuant to Business and Professions  
23 Code section 4022. It is an antipsychotic medication used to treat schizophrenia, bipolar disorder, and  
depression.

24 <sup>3</sup> Xanax, brand name for Alprazolam, is a Schedule IV controlled substance pursuant to Health and  
25 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions  
26 Code section 4022. It is a sedative in the benzodiazepine class of drugs, used to treat anxiety and panic  
disorder.

27 <sup>4</sup> Prozac, brand name for Fluoxetine, is a dangerous drug pursuant to Business and Professions  
28 Code section 4022. It is a selective serotonin reuptake inhibitor used to treat depression and panic disorder.

<sup>5</sup> The order for labs was subsequently cancelled after the patient failed to present.

1           13. On or about April 16, 2012, Patient A contacted Kaiser by phone to request help with  
2 his drinking. During this discussion, Patient A informed the call-taker that he had been  
3 consuming twelve to eighteen beers per day, and a prior history of convulsions, blackouts, and  
4 delirium tremens (DT).<sup>6</sup>

5           14. On or about April 17, 2012, Patient A presented to Kaiser and was seen by R.A.,  
6 Psy.D. (Dr. R.A.). During this approximate forty-five-minute alcohol abuse initial intake visit,  
7 Patient A reported he was living alone, drinking six to eight beers per day, and having withdrawal  
8 symptoms that included shakiness, difficulty speaking, sweats, and anxiety. Patient A further  
9 reported a familial history of alcoholism, and a prior suicide attempt two years earlier by taking a  
10 bottle of Seroquel when he was drunk. Patient A denied current suicidal ideation. Dr. R.A.  
11 recommended the patient maintain sobriety for two weeks before being referred to a residential  
12 recovery treatment program, but to attend groups and meetings in the interim, and referred him to  
13 see Respondent for medical alcohol detoxification.

14           15. On or about April 17, 2012, after meeting with Dr. R.A., Patient A was seen by  
15 Respondent. During this visit, Patient A admitted to drinking ten to twelve beers per day, and that  
16 his last use of alcohol was approximately eighteen hours earlier. Patient A reported two prior  
17 suicide attempts by medication overdose when he had been drinking, but denied any current  
18 suicidal ideation. Respondent did not use the Clinical Institute Withdrawal Assessment for  
19 Alcohol (CIWA), but noted Patient A to be in "mild withdrawal," with symptoms of internal  
20 agitation and shakes. Respondent made no attempt to speak with Patient A's treating psychiatrist,  
21 primary care physician, or any collateral informants. Respondent diagnosed the patient with  
22 Alcohol Dependence; Major Depression, Recurrent, Moderate; and Panic Disorder with  
23 Agoraphobia. Respondent recommended the patient undergo self-detoxification for which he  
24 prescribed forty Librium<sup>7</sup> 25 mg tablets, with instructions to take the medication every six hours

25           <sup>6</sup> Delirium tremens (DT) is a central nervous system symptom of alcohol withdrawal that is seen in  
26 chronic alcoholism. Symptoms include uncontrollable trembling, hallucinations, severe anxiety, sweating,  
and sudden feelings of terror.

27           <sup>7</sup> Librium, brand name for Chlordiazepoxide, is a Schedule IV controlled substance pursuant to  
28 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and  
(continued...)

1 for two days, and then to taper the dose each day until complete. Respondent further  
2 recommended the patient attend therapy groups at Kaiser and in the community, to have regular  
3 follow-up with a therapist at Kaiser, and to return or go to the emergency department if his  
4 symptoms worsen despite medication.

5 16. Respondent spent approximately thirty (30) minutes with Patient A on or about April  
6 17, 2012, and made no effort to contact the patient at any time after that initial visit. The chart  
7 notes for this visit do not include a review of systems, or detailed information regarding the  
8 patient's prior alcohol or substance abuse history, prior detoxification treatment, prior psychiatric  
9 treatment, or prior substance abuse treatment. The patient chart contains no lab results, but the  
10 chart note for this visit indicates, "Labs ordered – not back yet," and, "labs were reviewed." The  
11 chart notes fail to include any discussion with the patient regarding inpatient versus outpatient  
12 detoxification treatment, a detailed suicide risk assessment, or instructions to discontinue use of  
13 Xanax during the detoxification period.

14 17. On or about April 24, 2012, Patient A's wife spoke with Dr. R.A. by phone and  
15 expressed concern that Patient A "may not make it if someone doesn't put him somewhere safe."

16 18. On or about April 24, 2012, Patient A was found dead in his hotel room. The manner  
17 of death was determined to be an intentional overdose of alcohol, Quetiapine, Chlordiazepoxide,  
18 and Alprazolam.

19 19. Respondent committed gross negligence in his care and treatment of Patient A, which  
20 included, but was not limited to, failing to adequately manage the patient's alcohol detoxification  
21 and subsequent follow-up care.

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27 (...continued)

28 Professions Code section 4022. It is a sedative in the benzodiazepine class of drugs, used to treat alcohol withdrawal symptoms.

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**SECOND CAUSE FOR DISCIPLINE**

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

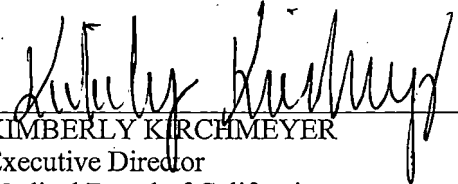
20. Respondent has further subjected his Physician's and Surgeon's Certificate No. G17051 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 7 through 19, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

**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 No. G17051, issued to Respondent, Leonard M. Rodin, M.D.;
- 2. Revoking, suspending or denying approval of Respondent, Leonard M. Rodin, M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 3. Ordering Respondent, Leonard M. Rodin, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
- 4. Taking such other and further action as deemed necessary and proper.

DATED: March 14, 2018

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

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