

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

In the Matter of the Accusation)
Against:)
)
)
FREDERICK JOSEPH DUMAS, M.D.)
)
Physician's and Surgeon's)
Certificate No. A32054)
)
Respondent)
_____)

Case No. 12-2013-231136

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 November 30, 2016.

IT IS SO ORDERED September 13, 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 LYNNE K. DOMBROWSKI
Deputy Attorney General
4 State Bar No. 128080
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7 *Attorneys for Complainant*

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:

13 **FREDERICK JOSEPH DUMAS, M.D.**
940 Ukiah Street
14 Mendocino, CA 95460
Physician's and Surgeon's Certificate No.
15 A32054

16 Respondent.

Case No. 12-2013-231136
OAH No. 2016040539

17 **STIPULATED SURRENDER OF**
18 **LICENSE AND ORDER**

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

21 PARTIES

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

25 2. Frederick Joseph Dumas, M.D. (Respondent) is represented in this proceeding by
26 attorney Robert Hodges, whose address is Robert Hodges, Esq., McNamara, Ney, Beatty,
27 Slattery, Borges & Ambacher LLP, 1211 Newell Avenue, Walnut Creek, CA 94596.

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1 CULPABILITY

2 8. Respondent understands that the charges and allegations in Accusation No. 12-2013-
3 231136, 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.

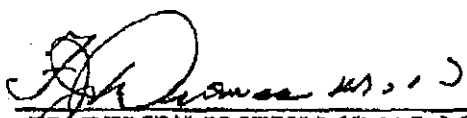
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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Robert Hodges. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I understand that, after the effective date of November 30, 2016, I will lose all rights and privileges to practice as a physician and surgeon in California. 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: 8-26-16 
FREDERICK JOSEPH DUMAS, M.D.
Respondent

I have read and fully discussed with Respondent Frederick Joseph Dumas, 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: 8-29-16 
ROBERT HODGES,
Attorney for Respondent

RH

1 ENDORSEMENT

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

4
5 DATED: August 29, 2016

Respectfully submitted,

6 KAMALA D. HARRIS
7 Attorney General of California
8 JANE ZACK SIMON
9 Supervising Deputy Attorney General

10 *Lynne K. Dombrowski*
11 LYNNE K. DOMBROWSKI
12 Deputy Attorney General
13 *Attorneys for Complainant*

14 SF2014408012

Exhibit A

Accusation No. 12-2013-231136

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
3 LYNNE K. DOMBROWSKI
Deputy Attorney General
4 State Bar No. 128080
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Attorneys for Complainant
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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 29 20 14
BY Web ANALYST

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

11 In the Matter of the Accusation Against:

Case No. 12-2013-231136

12 **FREDERICK JOSEPH DUMAS, M.D.**

ACCUSATION

13 940 Ukiah Street
14 Mendocino, CA 95460

15 Physician's and Surgeon's Certificate
16 No. A32054

17 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.

24 2. On or about March 20, 1978, the Medical Board of California issued Physician's and
25 Surgeon's Certificate Number A32054 to Frederick Joseph Dumas, M.D. (Respondent). The
26 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
27 charges brought herein and will expire on December 31, 2015, unless renewed.
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JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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1 5. Section 2234 of the Code, states:

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

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

7 "(b) Gross negligence.

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

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

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

18 "(d) Incompetence.

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

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

22 "(g) The practice of medicine from this state into another state or country without
23 meeting the legal requirements of that state or country for the practice of medicine. Section
24 2314 shall not apply to this subdivision. This subdivision shall become operative upon the
25 implementation of the proposed registration program described in Section 2052.5.

26 "(h) The repeated failure by a certificate holder, in the absence of good cause, to
27 attend and participate in an interview scheduled by the mutual agreement of the certificate
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1 holder and the board. This subdivision shall only apply to a certificate holder who is the
2 subject of an investigation by the board."

3 6. Section 2228 of the Code states:

4 "The authority of the board or a division of the board or the California Board of
5 Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but
6 is not limited to, the following:

7 "(a) Requiring the licensee to obtain additional professional training and to pass an
8 examination upon the completion of the training. The examination may be written or oral,
9 or both, and may be a practical or clinical examination, or both, at the option of the board or
10 division or the administrative law judge.

11 "(b) Requiring the licensee to submit to a complete diagnostic examination by one or
12 more physicians and surgeons appointed by the division. If an examination is ordered, the
13 board or division shall receive and consider any other report of a complete diagnostic
14 examination given by one or more physicians and surgeons of the licensee's choice.

15 "(c) Restricting or limiting the extent, scope, or type of practice of the licensee,
16 including requiring notice to applicable patients that the licensee is unable to perform the
17 indicated treatment, where appropriate.

18 "(d) Providing the option of alternative community service in cases other than
19 violations relating to quality of care, as defined by the Division of Medical Quality.¹

20 7. Section 2266 of the Code states: "The 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."

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27 ¹ Pursuant to Business and Professions Code section 2002, "Division of Medical Quality"
28 or "Division" shall be deemed to refer to the Medical Board of California.

1 PERTINENT DRUGS/CONTROLLED SUBSTANCES

2 8. Ambien, a trade name for zolpidem tartrate, is a non-benzodiazepine hypnotic of the
3 imidasopyridine class. It is a Schedule IV controlled substance under Health and Safety Code
4 section 11057(d)(32) and is a dangerous drug as defined in Business and Professions Code
5 section 4022. It is indicated for the short-term treatment of insomnia. It is a central nervous
6 system (CNS) depressant and should be used cautiously in combination with other CNS
7 depressants. Any CNS depressant could potentially enhance the CNS depressive effects of
8 Ambien. It should be administered cautiously to patients exhibiting signs or symptoms of
9 depression because of the risk of suicide. Because of the risk of habituation and dependence,
10 individuals with a history of addiction to or abuse of drugs or alcohol should be carefully
11 monitored while receiving Ambien.

12 9. Ativan, a trade name for lorazepam, is a benzodiazepine and central nervous system
13 (CNS) depressant used for anxiety and sedation in the management of anxiety disorder for short-
14 term relief from the symptoms of anxiety or anxiety associated with depressive symptoms. It is a
15 Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code and
16 by Section 1308.14 of Title 21 of the Code of Federal Regulations, and is a dangerous drug as
17 defined in Business and Professions Code section 4022. Long-term or excessive use of Ativan
18 can cause dependency. Concomitant use of alcohol or other CNS depressants may have an
19 additive effect.

20 10. Effexor, a trade name for venlafaxine, is an antidepressant of the group of drugs
21 called selective serotonin and norepinephrine reuptake inhibitors (SSNRIs). It is indicated for the
22 treatment of major depressive disorder, anxiety, and panic disorder. It is a dangerous drug as
23 defined in Business and Professions Code section 4022.

24 11. Elavil, a trade name for amitriptyline HCL, is in a group of drugs called tricyclic
25 antidepressants and is used to treat symptoms of depression. It is a dangerous drug as defined in
26 Business and Professions Code section 4022. Dangerous side effects may occur when taken
27 together with alcohol.

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1 12. Klonopin, a trade name for clonazepam, is an anticonvulsant of the benzodiazepine
2 class of drugs. It is a Schedule IV controlled substance under Health and Safety Code section
3 11057(d)(7) and is a dangerous drug as defined in Business and Professions Code section 4022.
4 It produces CNS depression and should be used with caution with other CNS depressant drugs.
5 Like other benzodiazepines, it can produce psychological and physical dependence. Withdrawal
6 symptoms similar to those noted with barbiturates and alcohol have been noted upon abrupt
7 discontinuance of Klonopin.

8 13. Prozac, a trade name for fluoxetine, is an antidepressant in the group of drugs called
9 selective serotonin reuptake inhibitors (SSRI). It is indicated for the treatment of major
10 depressive disorder and other psychiatric disorders, such as bulimia nervosa, obsessive-
11 compulsive disorder, panic disorder, and premenstrual dysphoric disorder. It is a dangerous drug
12 as defined in Business and Professions Code section 4022. Drinking alcohol may increase certain
13 side effects of Prozac.

14 14. Seroquel, a trade name for quetiapine, is an antipsychotic drug. It is indicated for the
15 management of the manifestations of psychotic disorders such as schizophrenia and bipolar
16 disorder and may be used in conjunction with antidepressant medications to treat major
17 depressive disorder. It is a dangerous drug as defined in Business and Professions Code section
18 4022.

19 15. Temazepam, known by the trade name Restoril, is a benzodiazepine hypnotic agent
20 indicated for the short-term treatment of insomnia. It is a Schedule IV controlled substance under
21 Health and Safety Code section 11057(d)(29) and is a dangerous drug as defined in Business and
22 Professions Code section 4022. Patients using Restoril should be warned about the possible
23 combined effects if taken concomitantly with alcohol and other CNS depressants.

24 16. Trazodone hydrochloride, known by the trade name Desyrel, is a triazolopyridine
25 derivative antidepressant medicine. It is indicated for treatment of major depressive disorder. It
26 is a dangerous drug as defined in Business and Professions Code section 4022. Trazodone can
27 increase the effects of alcohol or other anti-depressant medications.

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3 FIRST CAUSE FOR DISCIPLINE

4 (Unprofessional Conduct: Gross Negligence and/or Incompetence and/or
5 Repeated Negligent Acts)

6 17. Respondent is subject to disciplinary action for unprofessional conduct under section
7 2234, subdivision (b) for gross negligence and/or section 2234, subdivision(c) for repeated
8 negligent acts and/or section 2234(d) for incompetence with regard to his care and treatment of
9 patient CC as described in more detail herein below.

10 18. Respondent is a licensed physician trained in internal medicine but not board-
11 certified. Respondent has no formal residency training in psychiatry. At all times relevant to the
12 charges brought herein, Respondent's practice was primarily doing psychopharmacology, treating
13 psychiatric conditions with prescription drugs. From about 1993 until 2009, Respondent worked
14 in a primary care clinic, the Mendocino Coast Clinic in Fort Bragg. Starting in about 2009,
15 Respondent worked as a solo private practitioner doing psychopharmacology.

16 19. On or about July 27, 2007, patient CC first saw Respondent at the Mendocino Coast
17 Clinic for treatment of a depressive disorder and insomnia. The patient had a history of several
18 hospitalizations for substance abuse and overdose. Respondent prescribed Effexor and
19 Trazodone.

20 20. At the next visit, on or about November 21, 2007, Respondent saw patient CC and
21 noted the patient was having disturbed sleep and irrational fears of spirits and goblins.
22 Respondent's diagnosis was shift-work sleep disorder and delusions. Respondent's plan was to
23 discontinue the antidepressant Trazodone and try Modafinil 100 mg in the morning, increase
24 Effexor to 225 mg daily, and add Ativan 1 mg, an antianxiety agent, three times daily.

25 21. Sometime on or before November 30, 2007, patient CC was taken to a hospital
26 emergency room after an attempted suicide with an overdose of Ativan and Tylenol and with
27 cuttings on her arms. Respondent's chart notes dated November 30, 2007 and December 10,
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1 2007 both mention this hospitalization, but there are no hospital records or more detailed
2 information in Respondent's chart.

3 22. On or about December 10, 2007, Respondent saw patient CC who was described as
4 depressed and fatigued. Respondent's assessment was dysthymia, a milder form of depression,
5 and major depressive disorder, recurrent, severe. Respondent re-started the patient with a one
6 week supply of Ativan, increased the Effexor to 300 mg. and increased the Buspar to 20 mg.
7 twice daily. Respondent noted a referral to a therapist.

8 23. Respondent next saw patient CC on or about April 15, 2008. Respondent noted that
9 the patient was anxious, fatigued and stressed. The patient reported that she had stopped all
10 medications two months prior to the visit because she didn't feel that she needed them. Her
11 husband went to jail for two-and-one-half months and she is working more shifts. Respondent's
12 plan was to re-start the Effexor XR, gradually tapering to 300 mg and to prescribe Elavil 25 mg to
13 75 mg for sleep.

14 24. On or about May 15, 2008, patient CC saw Respondent. Although she was taking
15 Temazepam, in place of Elavil, the patient reported still having sleeping problems, due to her job
16 hours. The patient reported that she never started the Effexor. Respondent noted that the patient
17 was not feeling connected to her therapist and had discussed issues regarding her daughters and
18 alcohol. Respondent's assessment was depressive disease in remission and the plan was to refer
19 the patient to a different therapist.

20 25. On or about June 12, 2008, patient CC saw Respondent and reported that her husband
21 came home from jail the day before. Respondent's assessment was depressive disorder in
22 remission and insomnia, treated. The patient was continued on Temazepam. There is a note that
23 finding another therapist was discussed.

24 26. On or about August 13, 2008, patient CC saw Respondent and reported that
25 depressive feelings were returning. Respondent resumed the antidepressant Effexor XR 225 mg
26 and continued the Temazepam.

27 27. The patient did not appear for her scheduled appointments with Respondent on
28 October 14, 2008 and on October 28, 2008.

1 28. Patient CC next saw Respondent on or about December 12, 2008. The patient
2 reported that she never started the Effexor and had been feeling well, noting one anxiety episode a
3 week. She wanted to avoid medications except for sleep medications. The patient claimed that
4 the Temazepam had stopped working for sleep. Respondent noted that the patient had not
5 consumed alcohol since March 2008. Respondent's assessment was generalized anxiety disorder
6 and insomnia, probably shift work disorder. Respondent prescribed Ambien CR 12.5 mg and
7 Ativan 1 mg, as needed.

8 29. On or about March 2, 2009, patient CC saw Respondent and reported being off from
9 work because of recent knee surgery. The patient reported getting only two hours of sleep at
10 night. The patient stated that the Ativan is not effective unless the dose is quadrupled. She
11 reported that on February 27, 2009, she presented to a clinic with an anxiety attack and was given
12 Risperdal that was not effective. Respondent's assessment was generalized anxiety disorder,
13 insomnia, and depressive disorder, not otherwise specified. Respondent's plan was to add
14 Seroquel and Effexor.

15 30. On or about March 6, 2009, patient CC saw Respondent. Respondent noted a history
16 of alcohol problems and legal problems related to alcohol. The patient stated that both she and
17 her husband stopped drinking one year ago but that she does not attend AA meetings.
18 Respondent's assessment was mood disorder, possible bipolar spectrum, and insomnia.
19 Respondent's plan was to increase the antipsychotic Seroquel and to continue and increase the
20 Effexor.

21 31. On or about April 30, 2009, patient CC saw Respondent and reported doing well,
22 both at home and at work. Respondent's assessment was mood disorder in remission.
23 Respondent continued to prescribe for the patient Seroquel 600 mg and Effexor 150 mg.

24 32. On or about May 11, 2009, patient CC called Respondent to report that she was
25 pregnant and had questions about whether to continue with her medications.

26 33. On or about May 15, 2009, patient CC spoke by telephone with Respondent who
27 noted a discussion of medications during pregnancy, ongoing monitoring, and tapering.

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1 34. A chart note dated August 20, 2009 documents that patient CC was aware that
2 Respondent was now in practice in Mendocino.

3 35. On or about January 22, 2010, patient CC first saw Respondent in his private practice
4 in Mendocino. The patient was three and one-half weeks post-partum. She reported that she had
5 stopped the antidepressant in the second trimester and that her obstetrician had prescribed
6 Ambien. The patient stated that she was depressed and having sleep problems. Respondent's
7 assessment was depressive disorder and insomnia. Respondent prescribed Seroquel and Effexor
8 XR.

9 36. On or about January 28, 2010, patient CC spoke by telephone with Respondent and
10 said that she wanted to stop the Seroquel and to try to control her sleep with only Ambien, and
11 Respondent agreed.

12 37. On or about February 13, 2010, patient CC saw Respondent and was doing well. Her
13 insurance would not cover Effexor, so Respondent initiated Prozac and continued to prescribe
14 Ambien for sleep.

15 38. On or about April 15, 2010, patient CC saw Respondent and reported that she went
16 back to using Seroquel 100 mg with Ambien for sleep because the Ambien by itself was not
17 working. The patient reported seeing a therapist. Respondent's assessment was depressive
18 disorder, not otherwise specified, in remission and insomnia with medication.

19 39. A Sleep Study Report dated October 25, 2010, in Respondent's chart for patient CC,
20 documented under the social history that patient CC drinks one bottle of wine per day and works
21 as a restaurant manager.

22 40. On or about April 7, 2011, patient CC saw Respondent and reported that she lost her
23 job, finalized her divorce, and started drinking. The patient reported going to AA and AA-related
24 activities. Respondent noted in the chart "beginning to drink - not out of control, yet."
25 Respondent's assessment was major depressive disorder, recurrent, in remission; generalized
26 anxiety disorder, recurrent, in remission; insomnia; and obstructive sleep apnea. Respondent
27 continued to prescribe Seroquel 150 mg, Ambien 10 mg, and Prozac 60 mg with a follow-up in
28 six months.

1 41. On or about September 10, 2011, patient CC saw Respondent and reported being
2 stressed, depressed and having difficulty sleeping. She said that she was having anxiety and
3 panic episodes. Her father was in the hospital for lung cancer and she purchased a car the day
4 before she was fired from her job. Respondent's assessment was adjustment reaction and
5 insomnia. Respondent increased the Seroquel to 300 mg at night, refilled the Prozac 60 mg, and
6 added Klonopin 0.5 mg twice daily.

7 42. On or about December 28, 2011, patient CC saw Respondent and reported having a
8 recent back surgery and not being happy with her recent living arrangements with her sister. The
9 patient's father died in September and she stated that she began to drink and then stopped.
10 Respondent noted that the patient was working as a restaurant manager where she had to taste the
11 wines and that she recognized that, as an alcoholic, that she should not do that. Respondent's
12 assessment was depressive disorder, not otherwise specified, in remission; generalized anxiety
13 disorder, improved; insomnia, improved; and obstructive sleep apnea. Respondent prescribed:
14 Seroquel 300 mg; Prozac 60 mg; Ambien 10 mg, and Klonopin 5 mg bid. Respondent noted a
15 follow-up in six months.

16 43. Respondent's chart note dated June 16, 2012 indicates that the patient called at the
17 time of the scheduled appointment to cancel because she was drunk. Respondent went to the
18 patient's home and brought her and her two-year-old daughter to his home "to monitor the
19 wellbeing of the child and detox [the patient], who had consumed three bottles of wine by noon."
20 The patient reported that she had been drinking up to five bottles of wine daily "for a long while."
21 Respondent noted "Over the course of the day she has gone from unable to stand to clear and
22 coherent and able to appropriately provide child care." The patient and her daughter spent the
23 night in the guest room at Respondent's home. The next day, June 17, 2012, Respondent took the
24 patient and her daughter home.

25 44. Respondent's chart note dated June 18, 2012 documented that he called the patient
26 who said that she had consumed a bottle of wine. Respondent noted that the patient may be
27 driving under the influence and that the patient said that she plans to enroll in a recovery program
28 to start in two weeks. Respondent noted an assessment of alcohol dependence; depressive

1 disorder, not otherwise specified; and obstructive sleep apnea. Respondent's plan was to
2 prescribe Depakote, a mood stabilizer, and then Naltrexone, an anti-alcohol drug.

3 45. On or about June 22, 2012, patient CC saw Respondent and reported that she
4 consumed one bottle of wine that day and that, since her last visit, she had consumed between two
5 and four bottles of wine per day. The patient said that she would enter a treatment program on
6 July 11, 2012. The patient told Respondent that she planned to continue drinking at her current
7 pace until she started her program and admitted that she drives under the influence with her child
8 in the car. Respondent noted that they discussed medications, the need to discontinue the
9 Klonopin, and that they discussed alternative medications for moods and alcohol. Respondent's
10 note included the patient's report of a history of back problems since 2010, that she had back
11 surgery on December 14, 2011, that she last saw her surgeon the day before and had four more
12 weeks of recovery. Respondent's assessment was borderline personality disorder; obstructive
13 sleep apnea; insomnia; alcohol addiction; and mood disorder, not otherwise specified, possibly
14 alcohol-related. Respondent's plan was to taper and discontinue the Klonopin and Ambien, to
15 begin Naltrexone, and to order lab tests, with a follow-up in one week.

16 46. Respondent's chart notes dated June 23, 2012 document that he received a telephone
17 call on or about June 22, 2012 informing him that the patient had been evicted from her living
18 situation. Respondent noted that the patient consumed at least one bottle of wine that day and
19 was "angry, hostile, resentful toward landlord." Respondent noted that patient CC and her
20 daughter stayed overnight at his home, in the guest room. Respondent further noted that, when
21 he awoke in the morning on June 23, 2012, the patient and her child were with him in his bed.
22 Respondent noted that he advised the patient that it was inappropriate, asked that she and the
23 child leave, and that the patient "seemingly not completely understanding breach of boundaries."

24 47. Respondent's chart note dated June 24, 2012 documents a mid-day telephone call
25 during which he observed that the patient had already been drinking, had slurred words, and
26 noted "obstinance, resistance, impaired insight and judgment."

27 48. Respondent's chart note dated June 25, 2012 documents a telephone call with the
28 patient whose speech was thick, slurred and who had impaired reasoning, impaired judgment and

1 was self-destructive. Respondent noted that the patient wanted to experience a "last hurrah" of
2 drinking before she must stop. The patient reported that her family knew about her alcohol
3 problem and her intent to enter a treatment program. Respondent noted that the patient will not
4 address the issue of drinking and driving, especially with the child, and that he had discussed
5 Child Protective Services with the patient on several occasions with the patient getting angry.
6 Respondent noted that the patient did not get the Naltraxone that he had previously prescribed for
7 her.

8 49. Respondent's chart note dated June 26, 2012 documents a telephone call with the
9 patient crying and being upset, anxious, angry, and inebriated. Patient CC reported that the
10 alcohol treatment program wanted her to start "detox" on July 1, 2012 and then spend three to
11 four months in a recovery program. Respondent further noted that the patient has been
12 intoxicated at each encounter and that she abruptly terminated the conversation.

13 50. In an interview with the Medical Board on February 10, 2014, Respondent stated that,
14 about two weeks after June 23, 2012, he visited the patient while she was staying with a relative
15 in Fort Bragg. Respondent recalled that the patient was still drinking and that she was scheduled
16 to enter a treatment program in a few weeks. Respondent described it as a professional visit but
17 did not document anything in the patient's chart about the visit.

18 51. Respondent's overall conduct, acts and/or omissions, as set forth herein with regard to
19 patient CC constitutes unprofessional conduct pursuant to Business and Professions Code section
20 2234 subdivision (b), and/or subdivision (c), and/or subdivision (d) and is therefore subject to
21 discipline. More specifically, Respondent committed the following acts or omissions,
22 constituting gross negligence and/or repeated negligent acts and/or incompetence with regard to
23 patient CC:

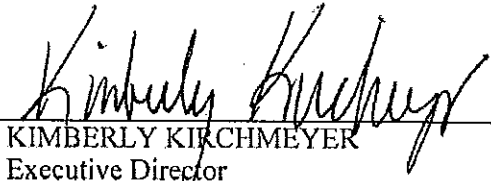
24 a. With knowledge of the patient's history of alcoholism and substance abuse,
25 Respondent failed to periodically assess and follow-up on the patient's alcohol consumption and
26 substance abuse, particularly regarding potential symptoms of alcohol abuse;

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- 3. Ordering Frederick Joseph Dumas, M.D., if placed on probation, to pay the Medical Board of California the costs of probation monitoring;
- 4. Taking such other and further action as deemed necessary and proper.

DATED: May 29, 2014



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

SF2014408012