

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

In the Matter of the Accusation Against:)

DAVID ELLIOT ALTMAN, M.D.)

Case No. 800-2013-001826

Physician's and Surgeon's
Certificate No. G 34377)

Respondent)

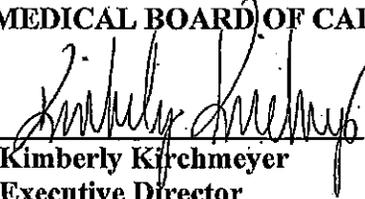
DECISION AND ORDER

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 27, 2017.

IT IS SO ORDERED November 20, 2017.

MEDICAL BOARD OF CALIFORNIA

By: 

Kimberly Kirchmeyer
Executive Director

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 MARA FAUST
Deputy Attorney General
4 State Bar No. 111729
California Department of Justice
5 1300 I Street, Suite 125
P.O. Box 944255
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Attorneys for Complainant

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

11 In the Matter of the Accusation Against:

Case No. 800-2013-001826

12 **DAVID ELLIOTT ALTMAN, M.D.**
13 **20 Constitution Drive, #B**
14 **Chico, CA 95973-4906**

OAH No. 2017030160

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

15 **Physician's and Surgeon's Certificate No. G
34377**

16 Respondent.

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

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
22 of California (Board). She brought this action solely in her official capacity and is represented in
23 this matter by Xavier Becerra, Attorney General of the State of California, by Mara Faust, Deputy
24 Attorney General.

25 2. David Elliott Altman, M.D. (Respondent) is representing himself in this proceeding
26 and has chosen not to exercise his right to be represented by counsel.

27 3. On or about June 25, 1977, the Board issued Physician's and Surgeon's Certificate
28 No. G 34377 to David Elliott Altman, M.D. (Respondent). The Physician's and Surgeon's

1 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
2 No. 800-2013-001826 and will expire on May 31, 2018, unless renewed.

3 JURISDICTION

4 4. Accusation No. 800-2013-001826 was filed before the (Board), and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on December 15, 2016. Respondent timely filed his Notice of
7 Defense contesting the Accusation. A copy of Accusation No. 800-2013-001826 is attached as
8 Exhibit A and incorporated by reference.

9 ADVISEMENT AND WAIVERS

10 5. Respondent has carefully read, and understands the charges and allegations in
11 Accusation No. 800-2013-001826. Respondent also has carefully read, and understands the
12 effects of this Stipulated Surrender of License and Order.

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

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

22 CULPABILITY

23 8. Respondent understands that the charges and allegations in Accusation No. 800-2013-
24 001826, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and
25 Surgeon's Certificate.

26 9. For the purpose of resolving the Accusation without the expense and uncertainty of
27 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
28 basis for the charges in the Accusation and that those charges constitute cause for discipline.

1 Respondent hereby gives up his right to contest that cause for discipline exists based on those
2 charges:

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

6 CONTINGENCY

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

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

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

21 ORDER

22 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 34377, issued
23 to Respondent David Elliott Altman, M.D., is surrendered and accepted by the Medical Board of
24 California.

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

1 Dated: 9/28/2017.
2
3

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

4 *Mara Faust*

5 MARA FAUST
6 Deputy Attorney General
7 *Attorneys for Complainant*
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Exhibit A

Accusation No. 800-2013-001826

1 KAMALA D. HARRIS
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 MARA FAUST
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7

8 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2013-001826

13 **David Elliot Altman, M.D.**
14 **20 Constitution Drive, # B**
Chico, CA 95973-4906

ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. G34377,**

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 (Board).

24 2. On or about June 25, 1977, the Board issued Physician's and Surgeon's Certificate
25 No. G34377 to David Elliot Altman, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges and allegations brought
27 herein and will expire on May 31, 2018, unless renewed.

28 ///

JURISDICTION

1
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
7 of the Medical Quality Hearing Panel as designated in Section 11371 of the
8 Government Code, or whose default has been entered, and who is found guilty, or
9 who has entered into a stipulation for disciplinary action with the board, may, in
10 accordance with the provisions of 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
13 year upon order of the board.

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

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

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

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

27 ///

28 ///

1 5. Section 2234 of the Code, states:

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

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

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

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

20 "..."

21 6. Section 2242 of the Code, states, in pertinent part:

22 "Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
23 without an appropriate prior examination and a medical indication, constitutes
24 unprofessional conduct.

25 "..."

26 7. Section 2266 of the Code states:

27 "The failure of a physician and surgeon to maintain adequate and accurate records
28 relating to the provision of services to their patients constitutes unprofessional conduct."

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 8. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined
4 by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care
5 and treatment of patients D.M., W.M., J.G., and J.K., as more particularly alleged hereinafter:

6 **PATIENT D.M.**

7 9. On or about August 11, 2009, patient D.M., a then thirty-four (34) year old female,
8 began receiving treatment from respondent as her primary care physician. Patient D.M. had a
9 history of alcohol abuse. In this initial visit, patient D.M.'s chart contains a very brief note, and
10 no reference to a history or physical examination being conducted. At the conclusion of this visit,
11 respondent prescribed patient D.M. Librium¹ and ordered blood work.

12 10. On or about August 20, 2009, patient D.M. was seen by respondent for complaints of
13 "back pain." The chart note for this visit contains a very brief note, and no reference to a history
14 or physical examination being conducted. The billing record for this date shows there was an
15 "extended office visit."

16 11. Between on or about August 11, 2009, and on or about March 15, 2011, patient D.M.
17 received treatment from respondent. Throughout that time, respondent repeatedly prescribed and
18 dispensed Xanax² and Vivitrol³ injections to patient D.M.

19 12. Between on or about August 11, 2009, and on or about March 15, 2011, patient
20 D.M.'s chart notes are brief, handwritten, and difficult to decipher. Throughout that time, there

21 ///

22
23 ¹ Librium is the brand name for Chlordiazepoxide, a Schedule IV controlled substance pursuant to
24 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
25 Professions Code section 4022. It is a sedative and hypnotic medication of the benzodiazepine class that
26 is used to treat anxiety disorders, symptoms of anxiety, and withdrawal symptoms of acute alcoholism.

27 ² Xanax is the brand name for Alprazolam, a Schedule IV controlled substance pursuant to Health
28 and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

³ Vivitrol is the brand name for Naltrexone, a medication used to reverse the effects of opioids and
is used primarily in the management of alcohol dependence and opioid dependence.

1 is no reference in the patient's chart to a history or physical examination ever being conducted,
2 and no reference to an assessment or plan being conducted or discussed with the patient.

3 13. Respondent committed gross negligence in his care and treatment of patient D.M.
4 which included, but was not limited to the following:

5 (a) Paragraphs 9 through 12, above, are hereby incorporated by reference as if fully
6 set forth herein;

7 (b) Failing to take or document a complete history and physical exam at any point
8 during the treatment of the patient; and

9 (c) Failing to formulate, document, or discuss an assessment or plan at any point
10 during the treatment of the patient.

11 **PATIENT W.M.**

12 14. On or about August 21, 2007, patient W.M., a then seventy (70) year old male, began
13 receiving treatment from respondent as his primary care physician. In this initial visit, patient
14 W.M.'s chart contains a very brief note, and no reference to a complete history or physical
15 examination being conducted.

16 15. Between on or about August 21, 2007, through in or around March 2011, patient
17 W.M. received treatment from respondent. Throughout that time, there is no reference in the
18 patient's chart to a complete history or physical examination being conducted.

19 16. Between in or around March 2011, through in or about March 24, 2013, patient W.M.
20 did not receive treatment from respondent.

21 17. On or about March 25, 2013, patient W.M. returned for treatment from respondent.
22 Respondent documented that the patient had a history of alcoholism with five (5) years of
23 sobriety, but that three (3) months prior, the patient had undergone a surgery and was prescribed
24 opioids. At this visit, respondent noted that the opioids were "out of control" and the patient had
25 a "terrible craving." Patient W.M.'s chart makes no reference to a complete history or physical
26 examination being conducted. At the completion of this visit, respondent prescribed patient
27 W.M. Xanax. The chart does not reference a plan or reason for this prescription, and does not
28 indicate that respondent discussed the pros and cons of utilizing this medication.

1 18. On or about March 28, 2013, patient W.M. was seen by respondent. Patient W.M.'s
2 chart makes no reference to a complete history or physical examination being conducted. At this
3 visit, respondent documented a plan to start the patient on Suboxone.⁴ There is nothing in the
4 chart to indicate that respondent discussed the pros and cons of utilizing this medication.

5 19. Between on or about March 25, 2013, through on or about January 15, 2014, patient
6 W.M. received treatment from respondent. Throughout that time, there is no reference in patient
7 W.M.'s chart of a complete history or physical examination ever being conducted, or a CURES⁵
8 database check ever being performed by respondent.

9 20. Respondent committed gross negligence in his care and treatment of patient W.M.
10 which included, but was not limited to the following:

11 (a) Paragraphs 14 through 19, above, are hereby incorporated by reference as if
12 fully set forth herein;

13 (b) Failing to take or document a complete history and physical exam at any point
14 during the treatment of the patient;

15 (c) Failing to document the reasons for starting or stopping medications, and
16 failing to discuss with the patient the pros and cons of the medications; and

17 (d) Prescribing benzodiazepines and opioids at the same time without adequate
18 justification.

19 **PATIENT J.G.**

20 21. On or about July 2, 2009, patient J.G., a then twenty-three (23) year old female,
21 began receiving treatment from respondent as her primary care physician. At this initial visit,
22 there is no reference to a history or physical examination being conducted. Patient J.G.'s chart
23

24 ⁴ Suboxone is a brand name for buprenorphine and naloxone, a Schedule III controlled substance
25 pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to
26 Business and Professions Code section 4022. Buprenorphine is an opioid medication. Suboxone is used
27 to treat narcotic (opiate) addiction.

28 ⁵ CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a
database maintained by the Department of Justice of Schedule II, III and IV controlled substance
prescriptions dispensed in California, and serving the public health, regulatory oversight agencies, and law
enforcement.

1 notes, "oxycodone 2 – 80s per wk, snorting – injecting. Heroin at 19 – cocaine, treatment at age
2 20 and relapsed @ 21 – the to methadone treatment. Went to Dr. Stark – has been on Suboxone 6
3 months."

4 22. On or about August 25, 2009, patient J.G. was seen by respondent. Patient J.G.'s
5 chart notes, "Acute CUTTER episode...started age 16."

6 23. On or about October 15, 2009, patient J.G. was seen by respondent. Patient J.G.'s
7 chart notes, "? Lamictal rash."

8 24. On or about January 5, 2010, respondent prescribed patient J.G. Xanax while she was
9 also taking Suboxone.

10 25. Between on or about July 2, 2009, and on or about August 5, 2014, respondent
11 continuously prescribed Suboxone and Xanax to patient J.G. without any record of drug
12 screening.

13 26. On or about February 25, 2010, patient J.G. was seen by respondent. Patient J.G. had
14 recently become pregnant sometime prior to his visit. There is no reference in the patient's chart
15 to a history or physical examination being conducted at this visit.

16 27. On or about April 4, 2012, patient revealed that she occasionally took Norco,⁶ which
17 was not prescribed to her by respondent. The chart notes do not reference a discussion with
18 patient J.G. about her use of this medication.

19 28. Between in or around 2009, through in or around 2012, patient D.M.'s chart notes are
20 brief, handwritten, and difficult to decipher. Throughout that time, there is no reference in the
21 patient's chart to a complete history or physical examination ever being conducted, and no
22 reference to an assessment or plan being conducted or discussed with the patient.

23 29. On or about September 2, 2014, patient J.G.'s chart documents for the first time that a
24 brief physical exam was conducted by respondent.

25 ///

26
27 ⁶ Norco is a brand name for Hydrocodone, a Schedule III controlled substance pursuant to Health
28 and Safety Code section 11056, subdivision (c), and a dangerous drug pursuant to Business and
Professions Code section 4022. This medication is used to treat pain.

1 30. On or about January 8, 2015, patient J.G. was seen by respondent. At this visit, the
2 patient informed respondent that she took more Xanax than prescribed, ran out of the medication,
3 and had a seizure.

4 31. On or about January 8, 2015, patient J.G. submitted to a drug test that revealed
5 positive results for Clonazepam⁷ and Alprazolam. Patient J.G.'s chart notes do not reference a
6 discussion by respondent with patient J.G. about the positive lab result.

7 32. On or about January 8, 2015, respondent obtained a CURES report that revealed
8 patient J.G. had been prescribed Hydrocodone by another physician on or about April 7, 2014.
9 Patient J.G.'s chart notes do not reference a discussion by respondent with patient J.G. about the
10 CURES report finding.

11 33. On or about June 30, 2015, respondent obtained a CURES report that revealed patient
12 J.G. had been prescribed Lorazepam⁸ by a different physician on or about April 8, 2015. The
13 chart notes do not reference a discussion by respondent with patient J.G. about the CURES report
14 finding.

15 34. On or about July 28, 2015, patient J.G. submitted to a drug test that revealed positive
16 results for Clonazepam. Patient J.G.'s chart notes do not reference a discussion by respondent
17 with patient J.G. about the positive lab result.

18 35. On or about January 21, 2016, patient J.G. submitted to a drug test that revealed
19 positive results for alcohol. Patient J.G.'s chart notes do not reference a discussion by respondent
20 with patient J.G. about the positive lab result.

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25 ⁷ Clonazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section
26 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It
is an anti-anxiety medication in the benzodiazepine family.

27 ⁸ Lorazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section
28 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It
is an anti-anxiety medication in the benzodiazepine family.

1 36. On or about February 18, 2016, respondent prescribed patient J.G. Lamictal.⁹ There
2 is no reference in patient J.G.'s chart of a discussion by respondent about the patient's prior
3 "Lamictal rash" prior to providing her the new prescription.

4 37. Respondent committed gross negligence in his care and treatment of patient J.G.
5 which included, but was not limited to the following:

6 (a) Paragraphs 21 through 36, above, are hereby incorporated by reference as if
7 fully set forth herein;

8 (b) Failing to take or document a complete history and physical exam at the
9 initiation of treatment, or following significant events throughout the treatment of the
10 patient;

11 (c) Failing to obtain informed consent or to discuss with the patient the risks of
12 recurrent rash prior to reinitiating Lamictal;

13 (d) Prescribing benzodiazepines and opioids at the same time without adequate
14 justification;

15 (e) Failing to discuss with the patient the fact that she was receiving controlled
16 substances from two different physicians at the same time; and

17 (f) Failing to perform adequate drug testing, and failing to discuss positive results
18 when drug tests were conducted.

19 **PATIENT J.K.**

20 38. On or about June 26, 2009, patient J.K., a then twenty-three (23) year old female,
21 began receiving treatment from respondent for pain and opiate dependence. Patient J.K. had a
22 history of excessive use of hydrocodone she received post-operatively from a spine surgery. At
23 that time, patient J.K. was receiving treatment from another physician as her primary care
24 physician. At this initial visit, patient J.K.'s chart makes no reference to a history or physical
25 examination being conducted.

26 ///

27 _____
28 ⁹ Lamictal is an anticonvulsant drug used in the treatment of epilepsy and bipolar disorder.

1 39. From on or about June 26, 2009, to on or about March 1, 2012, patient J.K. received
2 treatment from respondent. Throughout that time, patient J.K.'s chart notes are brief,
3 handwritten, and difficult to decipher. There is no reference to a complete history or physical
4 examination ever being conducted, and no reference to an assessment or plan being conducted or
5 discussed with the patient.

6 40. On or about May 8, 2012, patient J.K.'s chart documents for the first time that a brief
7 physical exam was conducted by respondent.

8 41. Between on or about June 26, 2009, through on or about March 20, 2014, patient J.K.
9 received treatment from respondent. During that time frame, patient J.K. submitted to only two
10 drug tests.

11 42. On or about June 29, 2009, patient J.K. submitted to a drug test that revealed positive
12 results for THC.¹⁰ The chart notes do not reference a discussion by respondent with patient J.K.
13 about the positive lab result.

14 43. On or about November 3, 2011, respondent obtained a CURES report that revealed
15 patient J.K. had been prescribed controlled substances by other physicians between on or about
16 November 3, 2010 and on or about November 3, 2011. Patient J.K.'s chart notes make no
17 reference to the other prescriptions the patient was receiving, and no reference to a discussion by
18 respondent with patient J.K. about the CURES report finding.

19 44. On or about January 18, 2012, respondent obtained a CURES report that revealed
20 patient J.K. had been prescribed controlled substances by other physicians between on or about
21 January 18, 2011, and on or about January 18, 2012. Patient J.K.'s chart notes make no reference
22 to the other prescriptions the patient was receiving, and no reference to a discussion by
23 respondent with patient J.K. about the CURES report finding.

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27 ¹⁰ Tetrahydrocannabinol (THC), is one of many compounds found in the resin secreted by glands
28 of the marijuana plant, and is a Schedule I controlled substance pursuant to Health and Safety Code
section 11054, subdivision (d).

1 45. On or about November 20, 2012, patient J.K. submitted to a drug test that revealed
2 positive results for THC. The chart notes do not reference a discussion by respondent with
3 patient J.K. about the positive lab result.

4 46. On or about July 22, 2014, respondent obtained a CURES report that revealed patient
5 J.K. had been prescribed controlled substances by other physicians between on or about July 22,
6 2013, and on or about July 22, 2014. Patient J.K.'s chart notes make no reference to the other
7 prescriptions the patient was receiving, and no reference to a discussion by respondent with
8 patient J.K. about the CURES report finding.

9 47. Respondent committed gross negligence in his care and treatment of patient J.K.
10 which included, but was not limited to the following:

11 (a) Paragraphs 38 through 46, above, are hereby incorporated by reference as if
12 fully set forth herein;

13 (b) Failing to take or document a complete history and physical exam at the
14 initiation of treatment, or throughout much of the treatment of the patient;

15 (c) Failing to note in the patient's chart that she was receiving other medications
16 from other prescribers, while respondent prescribed controlled substances to the patient;
17 and

18 (d) Failing to perform adequate drug testing.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Repeated Negligent Acts)**

21 48. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
22 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent
23 acts in his care and treatment of patients D.M., W.M., J.G., and J.K., as more particularly alleged
24 hereinafter:

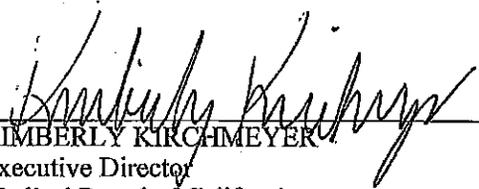
25 (a) Paragraphs 8 through 47, above, are hereby incorporated by reference and re-
26 alleged as if fully set forth herein; and

27 (b) Failing to periodically search the CURES database while prescribing controlled
28 substances to patient W.M.

1 3. Ordering respondent David Elliot Altman, M.D., if placed on probation, to pay the
2 Board the costs of probation monitoring; and

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

4
5 DATED: December 15, 2016


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

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