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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO *October 19 20 16*  
BY: *[Signature]* 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:  
12 Daniel Headrick, M.D.  
119 Blue Lagoon  
13 Laguna Beach, CA 92651  
14 Physician's and Surgeon's Certificate  
No. G45144,  
15  
16 Respondent.

Case No. 800-2013-000822

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

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18 Complainant alleges:

19 **PARTIES**

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

23 2. On or about July 1, 1981, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number G45144 to Daniel Headrick, M.D. (Respondent). The Physician's and  
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
26 herein and will expire on June 30, 2017, unless renewed.  
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**JURISDICTION**

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

4. The Medical Practice Act (“Act”) is codified at sections 2000-2521 of the Business and Professions Code.

5. Pursuant to Code section 2001.1, the Board’s highest priority is public protection.

6. Section 2004 of the Code states:

“The board shall have the responsibility for the following:

“(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

“(b) The administration and hearing of disciplinary actions.

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

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

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

“ . . . ”

7. Code section 2227, subdivision (a), provides as follows:

“(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.

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

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

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

11           8. Section 2234 of the Code, states:

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

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

17           “(b) Gross negligence.

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

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

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

28           “(d) Incompetence.



1 disorder, and then transferred to Pacific Hospital, Long Beach under the care of Dr. R.J. While  
2 under the care of Dr. R.J., he was prescribed Alprazolam (Xanax).

3 12. A.S. was discharged from Pacific Hospital on February 22, 2012, at about 2:00 p.m.  
4 and transported by ambulance to Respondent's care at MPCRC, arriving at approximately 3:30  
5 p.m.

6 13. Respondent is the only physician, as well as being the Chief Executive Officer of  
7 MPCRC. Respondent diagnosed A.S. as being dependent on Opiates, Cannabis and  
8 Benzodiazepines with Major Depression and suicidal ideation. A.S. was also diagnosed with  
9 Axis III disorders of lumbar disc disease, T12 compression fracture and leukocytosis, mild.  
10 Respondent's written notes at 5:15 p.m., on February 22, 2012, did not record any laboratory tests  
11 and he seems to have added "leukocytosis" later with a different pen.

12 14. In his note dictated February 23, 2012 (subsequent to A.S.'s death), Respondent noted  
13 that A.S. had a positive toxicology screen for Cannabinoids and Opiates.

14 15. Respondent wrote orders at 5:30 p.m. for A.S.'s inpatient detoxification and inpatient  
15 rehabilitation. Vital signs were ordered, and orders were left that Respondent was to be notified  
16 if there were alterations in A.S.'s vital signs. "Detoxification medications" were ordered including  
17 Phenobarbital<sup>4</sup> 30 mg every 3 hours for moderate withdrawal symptoms and Buprenorphine<sup>5</sup> 2  
18 mg every 3 hours as needed for withdrawal symptoms to start "now". In addition, "as needed"  
19 medications were ordered including Quetiapine (Seroquel)<sup>6</sup> 25 mg every 3 hours as needed for  
20 agitation and Ondansetron (Zofran)<sup>7</sup> 4 mg as needed for nausea and vomiting. Respondent also  
21 wrote medication orders for Lyrica<sup>8</sup> 25 mg three-four times daily; Elavil<sup>9</sup> 25 mg at bedtime;

22  
23 <sup>4</sup> Phenobarbital is a long-acting barbiturate used as a sedative.

24 <sup>5</sup> Buprenorphine is a semisynthetic opioid drug used in its hydrochloride form in  
25 combination with naloxone for long-term treatment of addiction to opioids such as heroin.

26 <sup>6</sup> Quetiapine is an antipsychotic drug that acts as an antagonist of multiple  
27 neurotransmitters, including serotonin and norepinephrine, and is used in its fumarate form to  
28 treat schizophrenia and bipolar disorder.

<sup>7</sup> Ondansetron is used to relieve vomiting.

<sup>8</sup> Lyrica is an anti-convulsant.

<sup>9</sup> Elavil is a tricyclic antidepressant that inhibits serotonin and noradrenaline reuptake,  
which is used for major depression and depression in the elderly, less commonly for chronic  
migraines and insomnia, and as an adjunct for patients with chronic pain.

1 Zoloft<sup>10</sup> 50 mg at bedtime; Lidoderm patch<sup>11</sup> at 6 pm; Toradol<sup>12</sup> 60 mg IM ("now") then 30 mg  
2 IM four times daily; Robaxin<sup>13</sup> 1,500 mg four times daily; Catapres<sup>14</sup> 0.1 mg four times daily if  
3 his systolic pressure was above 100, and; Librium<sup>15</sup> 10 mg twice a day.

4 16. Respondent also requested an EKG and laboratory tests, including a complete blood  
5 count, chemistry metabolic panel, urine drug screen and Breathalyzer.

6 17. A.S. was interviewed by the admitting nurse at 5:00 p.m., who documented his  
7 explanation of his earlier overdose. The nurse reported that A.S. stated: "I did not try to kill  
8 myself. I was in so much pain that I took too many pills." He reported to the nurse that his  
9 overdose was 10 tablets of 2 mg Xanax and 40 tablets of MS Contin. He reported that he had  
10 used Xanax 3 tabs daily for two years.

11 18. The nurse listed A.S.'s many drugs of abuse at his initial evaluation. His mood was  
12 recorded as neutral and the nursing check-list of mental status dimensions were unremarkable.  
13 His vital signs were within normal ranges and he was allowed to keep his regular clothes and  
14 luggage. There is no notation of his clothes and luggage being searched.

15 19. The laboratory test ordered by Respondent showed a slightly elevated white blood  
16 cell count of 12.5 thousand. The metabolic panel was normal. The urinalysis was normal. The  
17 urine toxicology screen was positive for Cannabis and Opiates, but surprisingly negative for  
18 benzodiazepines. The EKG was normal.

19 20. A.S.'s vital signs were taken at 9:00 p.m. and again at 11:00 p.m. on February 22,  
20 2012. The record reflects that he received his evening medications and that he reported his back  
21 pain as improved.

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24 <sup>10</sup> Zoloft is a selective-serotonin reuptake inhibitor commonly prescribed as an anti-  
25 depressant.

26 <sup>11</sup> Lidoderm suppresses automaticity of ventricular cells, decreasing diastolic  
depolarization and increasing the ventricular fibrillation threshold.

27 <sup>12</sup> Toradol is a pain medication.

28 <sup>13</sup> Robaxin is a skeletal muscle relaxant.

<sup>14</sup> Catapres is used to treat hypertension and high blood pressure.

<sup>15</sup> Librium is an antianxiety medication.

1           21. A.S.'s ordered, night-time medications were recorded as given, included Lyrica at  
2 5:00 p.m., and 10:00 p.m., Librium at 5:00 p.m., Elavil at 9:00 p.m., Phenobarbital at 9:00 p.m.,  
3 Sertraline at 9:00 p.m. and Buprenorphine at 11:00 p.m.

4           22. The records note that A.S. was able to go to sleep with no further distress. At the  
5 bottom of this page in the medical records the time is written as 3:30 (a.m. is presumed) and the  
6 hours slept is noted as "8" and "slept through the night." In light of the fact that A.S. was  
7 discovered dead at 6:20 a.m., it is difficult to see how this record could be accurate.

8           23. Further troubling is the fact that Lyrica, Robaxin, Clonidine, and Librium were noted  
9 as having been administered at 7:00 a.m. on February 23, 2012, after A.S. was found dead.

10           24. Nurses discovered A.S. lying "supine" in his bed with rigor mortis about 6:20 a.m.,  
11 according to the records. However, the dictated record of Dr. G.M., who came from the  
12 Emergency Department of Mission Hospital to assist in resuscitation efforts, observed that A.S.  
13 had "obvious lividity with pooling of the blood in the anterior aspect of the body . . ." Dr. G.M.  
14 also noted that: "The sheets were wet indicated [sic] that there was fluid there, which may have  
15 been either vomitus from which he aspirated and the fluid was noted on his face and eyes." This  
16 evidence indicates a seizure.

17           25. The sheriff's records indicate that A.S. was found in a supine position with evidence  
18 that he had been turned from the prone position. No evidence of extra pills was found in A.S.'s  
19 room, nor signs of trauma. According to the Orange County Sheriff-Coroner the cause of death  
20 was "[a]cute poly drug intoxication due to combined effects of buprenorphine, sertraline,  
21 norsesertraline, bupropion, anitriptyline, lidocaine chlordiazepoxide, methocarbamol and  
22 tetrahydrocannabinol." It was noted that none of the substances were at toxic levels.  
23 Furthermore, examination of A.S.'s heart revealed left ventricular enlargement but no evidence of  
24 atherosclerosis.

25           26. Notably absent in the coroner's toxicology report were metabolites of Lorazepam,  
26 Flurazepam, Alprazolam and Phenobarbital, some of which A.S. had reportedly received within  
27 the prior 24-36 hours.

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**FIRST CAUSE FOR DISCIPLINE**  
**(Unprofessional conduct –repeated negligent acts)**

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3       27. By reason of the matters set forth above in paragraphs 14 through 26 , incorporated  
4 herein by this reference, Respondent, Daniel Headrick, M.D., is subject to disciplinary action  
5 under section 2234, subdivision (c), in that he engaged in unprofessional conduct constituting  
6 repeated negligent acts. The circumstances are as follows:

7       28. Respondent's use of multiple medications was unsupported by the medical records  
8 since withdrawal from Opiates or Benzodiazepines was not demonstrated, nor was insomnia or  
9 pain consistently proven. There was no indication for prescribing Zoloft since a diagnosis of  
10 Major Depression was excluded due to drug abuse. Elavil is an obsolete medication with many  
11 problematic adverse effects. Phenobarbital is similarly a medication belonging to an earlier  
12 generation of physicians due to its risks. The interacting side effects of these many medications  
13 are unpredictable. Thus, Respondent's use of multiple medications with unpredictable  
14 consequences constitutes negligence.

15       29. Respondent's simultaneous administration of sedatives such as Phenobarbital, Lyrica  
16 and Librium with the opiate Buprenorphine is contraindicated due to the risk of respiratory arrest  
17 and constitutes negligence.

18       30. Respondent's simultaneous ordering of 10 medications without a record of symptoms  
19 supporting a diagnosis, together with the high risk of adverse effects for these medications  
20 constitutes negligence.

21       31. Respondent ordered vital signs for A.S. only when he was awake, although he was a  
22 new patient. This failure to order vital signs every two hours constitutes negligence, and taken  
23 together with other negligent acts as set forth above, constitutes repeated negligent acts.

**SECOND CAUSE FOR DISCIPLINE**  
**(Failure to Maintain Adequate and Accurate Records)**

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25       32. By reason of the matters set forth above in paragraphs 14 through 31, incorporated  
26 herein by this reference, Respondent is subject to disciplinary action under section 2266 in that he  
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1 failed to maintain adequate and accurate medical records for patient A.S. The circumstances are  
2 as follows:

3 33. Respondent is the Chief Operating Officer, owner and only physician at MPCRC and  
4 bears responsibility for system deficiencies and individual documentation errors of the nursing  
5 staff, as well as his own lack of appropriate documentation.

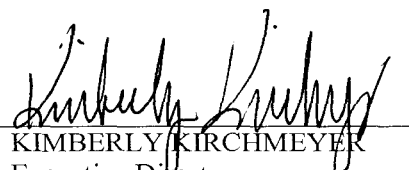
6 34. Respondent failed to maintain adequate and accurate medical records for A.S., which  
7 constitutes a violation of section 2266.

8 **PRAYER**

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

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate Number G45144,  
12 issued to Daniel Headrick, M.D.;
- 13 2. Revoking, suspending or denying approval of his authority to supervise physician  
14 assistants, pursuant to section 3527 of the Code;
- 15 3. Ordering Daniel Headrick, M.D., if placed on probation, to pay the Board the costs of  
16 probation monitoring; and
- 17 4. Taking such other and further action as deemed necessary and proper.

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19 DATED: October 19, 2016

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

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