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

12 In the Matter of the Accusation and Petition to
13 Revoke Probation Against:

Case Nos. **D1-2006-175931 and**
19-2010-207355

14 **MICHAEL E. PLATT, M.D.**
15 **72-785 Frank Sinatra Drive, #100**
Rancho Mirage, CA 92270

OAH Case No. 2010070834

**FIRST AMENDED ACCUSATION AND
PETITION TO REVOKE PROBATION**

16 **Physician's and Surgeon's Certificate**
17 **No. G-23729**

18 Respondent.

19
20 Complainant alleges:

21 **PARTIES**

- 22 1. Linda K. Whitney (Complainant) brings this Accusation and Petition to Revoke
23 Probation solely in her official capacity as the Executive Director of the Medical Board of
24 California.
- 25 2. On or about November 24, 1972, the Medical Board of California issued Physician's
26 and Surgeon's Certificate Number G23729 to Michael E. Platt, M.D. (Respondent). The
27 Physician's and Surgeon's Certificate has been in full force and effect until August 20, 2010,
28 when the Office of Administrative Hearings issued an Interim Order of Suspension against

1 respondent's medical license, temporarily suspending his license to practice medicine pending
2 resolution of the above-entitled matter. Respondent's Physician's and Surgeon's Certificate
3 Number G23729 will expire on November 30, 2011, unless renewed.

4 **DISCIPLINARY HISTORY**

5 3. On or about May 2, 2008, the Executive Director of the Medical Board filed an
6 Accusation against respondent in the matter entitled: "*In the Matter of the Accusation Against*
7 *Michael Edward Platt, M.D.*," Medical Board Case No. 09-2006-175931.

8 4. On or about October 17, 2008, respondent signed a Stipulated Settlement and
9 Disciplinary Order to resolve the Accusation. He did not contest the truth of the factual
10 allegations in Accusation 09-2006-175931.

11 5. By Decision dated February 5, 2009, and effective March 9, 2009, regarding "*In the*
12 *Matter of the Accusation Against Michael E. Platt,*" Case No. 09-2006-175931, the Medical
13 Board of California issued a Decision, revoking respondent's Physician's and Surgeon's
14 certificate to practice medicine. The revocation was stayed and Respondent's certificate was
15 placed on probation for a period of five (5) years with certain terms and conditions. A true and
16 correct copy of the Decision is attached hereto as Exhibit A and is incorporated by reference.

17 6. On or about July 19, 2010, Complainant filed a noticed Petition for Interim
18 Suspension Order against respondent. The noticed hearing on the petition was held on August 6,
19 2010.

20 7. On or about August 19, 2010, Complainant filed an Accusation and Petition to
21 Revoke Probation against respondent in Case Nos. D1-2006-175931 and 19-2010-207355; OAH
22 Case No. 2010070834.

23 8. On or about August 20, 2010, Administrative Law Judge Valera Johnson issued a
24 Decision and Order for Interim Suspension of Medical License against respondent Michael Platt,
25 M.D. The Interim Order of Suspension was personally served on respondent on August 25, 2010.

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JURISDICTION

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2 9. This First Amended Accusation and Petition to Revoke Probation is brought before
3 the Medical Board of California, under the authority of the following sections of the Business and
4 Professions Code (“Code”):

5 10. Section 2220 of the Code states:

6 “Except as otherwise provided by law, the Division of Medical Quality¹ may take
7 action against all persons guilty of violating this chapter [Chapter 5, the Medical
8 Practice Act]. The division shall enforce and administer this article as to physician
9 and surgeon certificate holders, and the division shall have all the powers granted in
10 this chapter”

11 11. Section 2227 of the Code provides that a licensee who is found guilty under the
12 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
13 one year, placed on probation and required to pay the costs of probation monitoring, be publicly
14 reprimanded, or have such other action taken in relation to discipline as the Division deems
15 proper.

16 12. Section 2052 of the Code prohibits individuals from attempting to engage in the
17 practice of medicine or engaging in the practice of medicine without a valid, unrevoked or
18 unsuspended certificate, or aiding and abetting the unlicensed practice of medicine, and provides:

19 “(a) Notwithstanding Section 146, any person who practices or attempts to
20 practice, or who advertises or holds himself or herself out as practicing, any system or
21 mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates
22 for, or prescribes for any ailment, blemish, deformity, disease, disfigurement,
23 disorder, injury, or other physical or mental condition of any person, without having
24 at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in
25 this chapter or without being authorized to perform the act pursuant to a certificate

26 ¹ California Business and Professions Code section 2002, as amended effective January 1,
27 2008, provides in part that the term “board” as used in the State Medical Practice Act (Business
28 and Professions Code, section 2000, et seq.) means the “Medical Board of California,” and that
references to the “Division of Medical Quality” and “Division of Licensing” in the Act or any
other provision of law shall be deemed to refer to the Board.

1 obtained in accordance with some other provision of law is guilty of a public offense,
2 punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment
3 in the state prison, by imprisonment in a county jail not exceeding one year, or by
4 both the fine and either imprisonment.

5 “(b) Any person who conspires with or aids or abets another to commit any act
6 described in subdivision (a) is guilty of a public offense, subject to the punishment
7 described in that subdivision.

8 “(c) The remedy provided in this section shall not preclude any other remedy
9 provided by law.”

10 13. Section 2234 of the Code states:

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

14 “(a) Violating or attempting to violate, directly or indirectly, assisting in or
15 abetting the violation of, or conspiring to violate any provision of this chapter
16 [Chapter 5, the Medical Practice Act].

17 “(b) Gross negligence.

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

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

25 “(2) When the standard of care requires a change in the diagnosis, act,
26 or omission that constitutes the negligent act described in paragraph (1),
27 including, but not limited to, a reevaluation of the diagnosis or a change in
28 treatment, and the licensee’s conduct departs from the applicable standard of

1 care, each departure constitutes a separate and distinct breach of the standard
2 of care. “(d) Incompetence.

3 “(e) The commission of any act involving dishonesty or corruption which is
4 substantially related to the qualifications, functions, or duties of a physician and
5 surgeon.

6 “(f) Any action or conduct which would have warranted the denial of a
7 certificate.”

8 14. Unprofessional conduct under Business and Professions Code section 2234 is conduct
9 which breaches the rules or ethical code of the medical profession, or conduct which is
10 unbecoming to a member in good standing of the medical profession, and which demonstrates an
11 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
12 575.)

13 15. Business and Professions Code section 2234.1 provides in pertinent part:

14 “(a) A physician and surgeon shall not be subject to discipline pursuant to
15 subdivision (b), (c), or (d) of Section 2234 solely on the basis that the treatment or
16 advice he or she rendered to a patient is alternative or complementary medicine,
17 including the treatment of persistent Lyme Disease, if that treatment or advice meets
18 all of the following requirements:

19 “(1) It is provided after informed consent and a good-faith
20 prior examination of the patient, and medical indication exists for the
21 treatment or advice, or it is provided for health or well-being.

22 “(2) It is provided after the physician and surgeon has given
23 the patient information concerning conventional treatment and describing
24 the education, experience, and credentials of the physician and surgeon
25 related to the alternative or complementary medicine that he or she
26 practices.

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1 “(3) In the case of alternative or complementary medicine, it
2 does not cause a delay in, or discourage traditional diagnosis of, a
3 condition of the patient.

4 “(4) It does not cause death or serious bodily injury to the
5 patient.

6 “(b) For purposes of this section, ‘alternative or complementary medicine,’
7 means those health care methods of diagnosis, treatment, or healing that are not
8 generally used but that provide a reasonable potential for therapeutic gain in a
9 patient's medical condition that is not outweighed by the risk of the health care
10 method. . . .”

11 16. Section 2242 of the Code provides in pertinent part that “prescribing . . . dangerous
12 drugs as defined in Section 4022 without an appropriate prior examination and medical indication
13 constitutes unprofessional conduct.”

14 17. Section 2263 of the Code provides that the “willful, unauthorized violation of
15 professional confidence constitutes unprofessional conduct.”

16 18. Section 2266 of the Code states:
17 “The failure of a physician and surgeon to maintain adequate and accurate
18 records relating to the provision of services to their patients constitutes unprofessional
19 conduct.”

20 19. Section 2306 of the Code states:
21 “If a licensee’s right to practice medicine is suspended, he or she shall not
22 engage in the practice of medicine during the term of such suspension. Upon the
23 expiration of the term of suspension, the certificate shall be reinstated by the [Board],
24 unless the licensee during the term of suspension is found to have engaged in the
25 practice of medicine in this state. In that event, the [Board] shall revoke the
26 licensee’s certificate to engage in the practice of medicine.”

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1 **FIRST CAUSE TO REVOKE PROBATION**

2 **(Failure to Successfully Complete the PACE Program)**

3 20. At all times after the effective date of Respondent's probation in Case No. 09-2006-
4 175931, Condition 3 stated in pertinent part:

5 "3. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the
6 effective date of this Decision, Respondent shall enroll in a clinical training or
7 educational program equivalent to the Physician Assessment and Clinical Education
8 Program (PACE) offered at the University of California - San Diego School of
9 Medicine ("Program.")

10 "The Program shall consist of a Comprehensive Assessment program
11 comprised of a two-day assessment of Respondent's physical and mental health; basic
12 clinical and communication skills common to all clinicians; and medical knowledge,
13 skill and judgment pertaining to Respondent's specialty or sub-specialty, and at
14 minimum, a 40 hour program of clinical education in the area of practice in which
15 Respondent was alleged to be deficient and which takes into account data obtained
16 from the assessment, Accusation, and any other information that the Board or its
17 designee deems relevant. Respondent shall pay all expenses associated with the
18 clinical training program.

19 "Based on Respondent's performance and test results in the assessment and
20 clinical education, the Program will advise the Board or its designee of its
21 recommendations for the scope and length of any additional educational or clinical
22 training, treatment for any medical condition, treatment for any psychological
23 condition, or anything else affecting Respondent's practice of medicine. Respondent
24 shall comply with Program recommendations.

25 "At the completion of any additional educational or clinical training,
26 Respondent shall submit to and pass an examination. The Program's determination
27 as to whether Respondent passed the examination or successfully completed the
28 Program shall be binding.

1 “Respondent shall complete the Program not later than six months after
2 Respondent’s initial enrollment unless the Board or its designee agrees in writing to a
3 later time for completion.

4 “Failure to participate in and complete successfully all phases of the clinical
5 training program outlined above is a violation of probation.

6 “If Respondent fails to complete the clinical training program within the
7 designated time period, Respondent shall cease the practice of medicine within 72
8 hours after being notified by the Board or its designee that Respondent failed to
9 complete the clinical training program.”

10 21. Respondent’s probation is subject to revocation because he failed to comply with
11 Condition 3, referenced above, by failing to successfully complete the PACE program, as
12 follows:

13 A. On or about September 29, 2009, respondent began his participation in
14 the full PACE program. His seven day program concluded in March, 2010.

15 B. Respondent’s performance in the PACE program was evaluated by PACE
16 faculty and directors. Both respondent’s Phase I and Phase II assessments were
17 deemed unsatisfactory.

18 C. PACE concluded that respondent showed consistent deficiencies in
19 several clinical competencies, including (1) inadequate clinical judgment in general
20 medicine; (2) inadequate knowledge in conducting a complete physical examination;
21 (3) poor demonstration of professional boundaries; (4) inadequate knowledge of his
22 own clinical limitations; and (5) lack of insight into his own skills and knowledge, a
23 deficiency which called into question his own professionalism and concern for patient
24 well being.

25 D. During PACE, respondent recommended many treatments outside the
26 standard of care, including, but not limited to, taking diabetics off their diabetic
27 medication (and instead, prescribing progesterone); refusing to use beta blockers;
28 prescribing testosterone for female incontinence; recommending progesterone for a

1 patient with fibromyalgia (without taking a pain history, conducting a physical, or
2 reviewing prior records); telling a lactose intolerant female patient already on a low
3 dairy diet she did not need to take her calcium pills; and recommending testosterone
4 for a perimenopausal woman with dysfunctional uterine bleeding.

5 E. During his oral clinical examination, respondent was presented with six
6 patient scenarios, including headache, thyroiditis, erectile dysfunction,
7 perimenopause with dysfunctional uterine bleeding, postmenopause/osteoporosis, and
8 fibromyalgia. Respondent did not recommend conducting a physical examination for
9 any of the hypothetical patients. When asked about his failure to recommend a
10 physical in any of the cases, respondent explained his belief that physicals are not
11 needed because he can get all the information he needs from a thorough history.

12 F. Respondent failed the oral clinical examination.

13 G. As part of PACE, respondent submitted seven of his randomly selected
14 charts for review by PACE. On or about October 11, 2009, his seven charts were
15 evaluated by a Board Certified physician who is a member of the PACE faculty. At
16 this point in time, respondent had already successfully completed the PACE medical
17 record keeping course as required by his terms and conditions of probation. Each of
18 respondent's seven charts had elements that were deficient, unacceptable, and failed
19 to meet the standard of care, including, but not limited to the following:

- 20 1. Respondent's records were not clear;
- 21 2. The records were incomplete, in that there was insufficient
22 information provided to determine the appropriateness of care or plans;
- 23 3. The patient's name and gender was often missing from the
24 progress notes;
- 25 4. Respondent failed to use the SOAP format and failed to
26 include objective symptoms or references to any physical examination;
- 27 5. Respondent did not always document an assessment, give a
28 diagnosis, or include a treatment plan;

1 6. Occasionally, respondent had a diagnosis, but no explanation
2 for how he arrived at it. For example, on one occasion a patient was seen
3 with the main concern of acne. Respondent's chart identified a diagnosis
4 of "Creative ADHD" without any explanation for how he arrived at that
5 diagnosis;

6 7. Some entries were sparse and inadequate; and

7 8. The records did not include follow-up plans for monitoring.

8 H. Respondent told different PACE faculty members that he does not
9 examine his patients or conduct physical examinations in his practice.

10 I. Respondent told different faculty members that he takes his diabetics off
11 their medicine and instead prescribes progesterone. While at PACE, on or about
12 March 8, 2010, respondent also told a sports medicine patient who happened to be
13 diabetic that the patient should stop taking his medicine and take a type of
14 progesterone.

15 J. Respondent admitted that he does not follow the standard of care. He
16 stated that he is the only medical practitioner who truly understands the disease
17 process, and as such, he had no intention of following the standard of care identified
18 by PACE or the Medical Board.

19 K. Respondent was asked to prepare a research paper demonstrating a
20 scientific basis (evidence based medicine) for his recommended treatment protocols
21 using progesterone. Respondent could not support his theories with scientific
22 evidence. He failed the evidence based medicine project.

23 L. Following respondent's participation in Phase II of PACE, the clinical
24 education portion, some faculty concluded that respondent is a dangerous practitioner
25 who is not competent to safely practice medicine.

26 M. Upon review of the entirety of respondent's participation in PACE, PACE
27 directors concluded that respondent failed the PACE Program and that he is not safe

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1 to practice medicine. The Medical Board received notice of this conclusion on or
2 about June 1, 2010.

3 22. Respondent's failure to successfully complete PACE is a violation of the terms and
4 conditions of his probation.

5 **SECOND CAUSE TO REVOKE PROBATION**

6 **(Failure to Obey All Laws & Rules Related to the Practice of Medicine - Incompetence)**

7 23. At all times after the effective date of Respondent's probation in Case No. 09-2006-
8 175931, Condition 7 stated:

9 "7. Obey All Laws. Respondent shall obey all federal, state and local laws,
10 all rules governing the practice of medicine in California and remain in full
11 compliance with any court ordered criminal probation, payments and other orders."

12 24. Respondent's probation is additionally subject to revocation because he failed to
13 comply with Probation Condition 7, referenced above in paragraph 22, by violating Code section
14 2234, subdivision (c), incompetence, as follows:

15 A. Paragraph 20 and its subsections are incorporated herein by reference.

16 B. Respondent showed a lack of medical knowledge and skill during his
17 participation in PACE, and thus demonstrated incompetence, in violation of Code
18 section 2234, subdivision (d), as described in paragraph 20, above.

19 **THIRD CAUSE TO REVOKE PROBATION**

20 **(Failure to Obey All Laws & Rules Related to the Practice of Medicine - Records)**

21 25. Respondent's probation is further subject to revocation because he failed to comply
22 with Probation Condition 7, referenced above in paragraph 22, by violating Code section 2266,
23 through his failure to maintain adequate and accurate medical records, as follows:

24 A. Paragraph 20 and its subsections are incorporated herein by reference.

25 B. Respondent failed to maintain adequate and accurate patient records with
26 respect to the seven random charts he submitted to PACE for its review. The
27 inadequate charts violated the Medical Practice Act, section 2266, as described in
28 paragraph 20 (G), above.

1 **FOURTH CAUSE TO REVOKE PROBATION**

2 **(Failure to Obey All Laws & Rules Related to the Practice of Medicine –**
3 **Prescribing without an Appropriate Examination)**

4 **Patient C.K.**²

5 26. Respondent's probation is further subject to revocation because he failed to comply
6 with Probation Condition 7, referenced above in paragraph 23, in that he violated section 2242,
7 subdivision (e), by prescribing dangerous drugs to patient C.K. without an appropriate prior
8 examination and medical indication. The circumstances are as follows:

9 A. On or about February 15, 2010, C.K., a 42 year old woman who then
10 resided in Nebraska, sought care and treatment from respondent at his medical office
11 in Rancho Mirage, California. C.K. reported that her major concerns were
12 depression, ovarian cysts, clots with her period, fatigue and gaining weight.

13 B. Respondent's office staff took her weight and blood pressure.

14 C. Respondent met with C.K. in his office. Though they spoke, respondent
15 did not touch C.K. and did not perform any physical examination.

16 D. Respondent diagnosed C.K. with a variety of conditions, including
17 "mixed ADHD," depression, hyperadrenalism, and hyperthyroidism. Though he
18 never met or examined C.K.'s children or parents, respondent also told C.K. that her
19 children and parents had ADHD.

20 E. Respondent directed C.K.'s attention to a container of progesterone cream
21 in his office and told her to rub it on the inside of her forearm. While rubbing the
22 cream, C.K. asked respondent what it would do. Respondent told her it would "make
23 her feel good." He did not explain any of the risks or benefits of the drug before
24 instructing her to apply the progesterone cream to her body.

25 F. Before the end of the appointment, respondent prescribed numerous drugs
26 for C.K., including Levoxyl, Progesterone, thyroid medication and estradiol.

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² To protect patient privacy, patient names are identified by initials only.

1 **Patient R.R.**

2 27. Respondent's probation is further subject to revocation because he failed to comply
3 with Probation Condition 7, referenced above in paragraph 23, in that he violated section 2242,
4 subdivision (e), by prescribing dangerous drugs to patient R.R. without an appropriate prior
5 examination and medical indication. The circumstances are as follows:

6 A. On or about May 6, 2010, R.R., a 61 year old woman who resided in
7 North Carolina, sought care and treatment from respondent at his medical office in
8 Rancho Mirage, California. She reported that she was a neonatal ICU nurse and
9 suffered from many medical conditions, including, but not limited to, fibromyalgia,
10 chronic fatigue, diabetes, stress incontinence, hypertension, and a thyroid condition.

11 B. Respondent's office staff took her weight and blood pressure.

12 C. Respondent met with R.R. in his office, not an examination room.

13 Though they spoke, respondent did not touch R.R. and did not perform any physical
14 examination. R.R. reported she was on approximately 10 medications.

15 D. Respondent kept all of R.R.'s reported diagnoses, but added a diagnosis
16 of "mixed ADHD."

17 E. Respondent told R.R. to stop taking all of her current medications,
18 including her diabetes and blood pressure medications, and wrote R.R. prescriptions
19 for Progesterone, Testosterone, Estriol and thyroid medication.

20 F. At first, R.R.'s pain syndrome improved, but then R.R. felt worse. She
21 developed trouble swallowing, insomnia, high blood sugar, vaginal swelling and
22 soreness, nausea and vomiting. When she telephoned respondent in June and July,
23 2010, to complain about her increased symptoms, respondent told her to take more
24 progesterone and thyroid medication. In late July, R.R. stopped taking the drugs and
25 supplements prescribed and recommended by respondent, and did not begin to feel
26 better until October 2010.

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1 **Patient E. S.**

2 28. Respondent's probation is further subject to revocation because he failed to comply
3 with Probation Condition 7, referenced above in paragraph 23, in that he violated section 2242,
4 subdivision (e), by prescribing dangerous drugs to patient E.S. without an appropriate prior
5 examination and medical indication. The circumstances are as follows:

6 A. Paragraph 27, above, is incorporated herein by reference.

7 B. During patient R.R.'s appointment with respondent on or about May 10,
8 2010, R.R. told respondent about her adult children, E.S. and D.S., both of whom had
9 serious medical conditions and lived in North Carolina in different long term
10 facilities.

11 C. R.R. told respondent that her daughter E.S. was disabled with spina
12 bifida, paraplegia, and diabetes, that she had a colostomy, and was on anti-convulsive
13 medications.

14 D. Respondent did not meet E.S., conduct any physical examination of E.S.,
15 speak with E.S., ask R.R. for the name of E.S.'s physician, speak with any of E.S.'s
16 physicians, or review any of E.S.'s medical records.

17 E. Respondent advised R.R. to take E.S. off her anti-convulsive medications
18 and to give E.S. progesterone he would prescribe.

19 F. Respondent prescribed progesterone for E.S., and forwarded the
20 prescription to a local (Rancho Mirage) pharmacy for R.R. to fill before returning to
21 North Carolina.

22 **Patient D.S.**

23 29. Respondent's probation is further subject to revocation because he failed to comply
24 with Probation Condition 7, referenced above in paragraph 23, in that he violated section 2242,
25 subdivision (e), by prescribing dangerous drugs to patient D.S. without an appropriate prior
26 examination and medical indication. The circumstances are as follows:

27 A. Paragraphs 27 and 28, above, are incorporated herein by reference.

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1 B. During patient R.R.'s medical appointment with respondent at his
2 medical office on May 6, 2010, R.R. discussed her adult son, D.S. R.R. explained
3 that he lived in a long term care facility in North Carolina, was bi-polar and was
4 taking anti-psychotic medication for his debilitating mental illness.

5 C. Respondent made chart entries for D.S. indicating he was a 40 year old
6 male with a history of schizo-affective disorder, that many of his symptoms appeared
7 to be related to an "overproduction of adrenaline" and that he is on toxic medications.

8 D. Respondent told R.R. to take D.S. off the anti-psychotic medication and
9 to give D.S. progesterone that respondent would prescribe for D.S.

10 E. Respondent did not ask for the name of D.S.'s physician and R.R. did not
11 know the name of her son's physician. Respondent made a chart entry stating he was
12 giving R.R. a prescription for D.S. because D.S. is "unable to travel" and "it is
13 extremely unlikely that his doctor would be willing to prescribe progesterone for
14 him."

15 F. Respondent did not meet D.S., conduct any physical examination of D.S.,
16 speak with D.S., speak with any of D.S.' physicians or review any medical records
17 for D.S.

18 G. Respondent prescribed progesterone for D.S., and forwarded the
19 prescription to a local (Rancho Mirage) pharmacy for R.R. to fill before returning to
20 North Carolina.

21 **FIFTH CAUSE TO REVOKE PROBATION**

22 **(Failure to Obey All Laws & Rules Related to the Practice of Medicine –**
23 **Engaging in the Practice of Medicine While Suspended)**

24 30. Respondent's probation is further subject to revocation because he failed to comply
25 with Probation Condition 7, referenced above in paragraph 23, in that he violated sections 2052
26 and 2306, by engaging in the practice of medicine, attempting to engage in the practice of
27 medicine, advertising as being able to engage in the practice of medicine, or holding himself out
28 as practicing medicine while suspended, as follows:

1 A. On or about August 20, 2010, Administrative Law Judge Valera Johnson
2 issued a Decision and Order for Interim Suspension of Medical License against
3 respondent which was personally served on him on August 25, 2010.

4 B. The Decision on the Petition for Interim Suspension Order (ISO) found,
5 among other findings, that respondent had engaged in violations of the Medical
6 Practice Act, that if an ISO was not issued, respondent would continue to engage in
7 violations of the Medical Practice Act, and that the likelihood of injury to the public
8 in not issuing an ISO outweighed the likelihood of injury to respondent in issuing
9 such an order. The Interim Order of Suspension was issued and provided in part:

10 “1. Physician’s and Surgeon’s Certificate No. G 23729, issued to
11 respondent Michael Edward Platt, M.D., is suspended pending a full
12 administrative determination of respondent’s fitness to practice medicine.

13 “2. Until the decision of the Medical Board of California
14 following a full administrative hearing, respondent shall not:

15 “A. Practice or attempt to practice any aspect of
16 medicine in the State of California.

17 “B. Advertise, by any means, or hold himself out as
18 practicing or available to practice medicine or to supervise
19 assistants.

20 “C. Be present in any location or office which is
21 maintained for the practice of medicine, or at which medicine is
22 practiced, for any purpose except as a patient or as a visitor of
23 family or friends, and

24 “D. Possess, order, purchase, receive, prescribe,
25 furnish, administer, or otherwise distribute controlled substances
26 or dangerous drugs as defined by federal or state law.”

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1 C. Despite the issuance of the Interim Order of Suspension and its personal
2 service on respondent on August 25, 2010, respondent continued to engage in the
3 practice of medicine, as follows:

4 1. On or about September 24, 2010, respondent practiced
5 medicine by interpreting the laboratory results of his patient, C.K.,
6 referred to in paragraph 26, above, and conveying to C.K. his medical
7 opinions about the laboratory results, including how they related to her
8 health and treatment, and his recommendations regarding her continued
9 treatment.

10 2. On or about October 25, 2010, respondent sent an email to
11 numerous individuals, including those who had been his patients prior to
12 the issuance of the Interim Suspension Order, emphasizing that his office,
13 now called Platt Wellness, was "fully operational," still able to provide
14 prescriptions and order lab tests through a naturopath he now had "on
15 board," that he was still able to consult with people, and that he was still
16 able to provide the same "quality of care" that existed before his license
17 was suspended. It stated, in part:

18 "Platt Wellness is now fully operational. We are back to
19 providing the same level of service you have come to expect. A
20 naturopath is on board who can prescribe bio-identical hormones
21 and who can write for lab tests. I am still able to consult with
22 each one of my clients; you will be getting the same quality of
23 care that you have always received."

24 3. Respondent maintained a large sign with the words "Platt
25 Medical Center" outside of his place of business at 72-785 Frank Sinatra
26 Drive, in Rancho Mirage, until at least January 13, 2011.

27 4. Respondent continued to maintain a web site of
28 www.palmspringsbioidenticalhormones.com where he advertised as a

1 licensed physician and invited members of the public to make
2 appointments with him.

3 5. Respondent's primary web site, which he changed to be
4 called www.plattwellness.com stated that "we practice preventative
5 medicine" and included testimonials about his skills as a physician.

6 6. Respondent continued to engage in the practice of medicine
7 by diagnosing and treating patients in his office while suspended from the
8 practice of medicine.

9 **Patient P.P. (Undercover)**

10 a. On or about November 28, 2010, Medical Board
11 supervising investigator C.A.M., acting in an undercover capacity,
12 posed as patient P.P., and made an appointment to see respondent at
13 respondent's place of business at 72-785 Frank Sinatra Drive, in
14 Rancho Mirage, California. The appointment was scheduled for
15 December 2, 2010, at 9:00 a.m. Respondent's staff sent forms to P.P.
16 for her to complete before her appointment, including a medical
17 history form.

18 b. P.P. arrived for her appointment with respondent on
19 December 2, 2010. The receptionist made a call and said, "Doctor,
20 your first patient is here." Within five to ten minutes, respondent
21 walked into the lobby and called P.P.'s name. He escorted her to his
22 office.

23 c. On the history form she completed, P.P. reported that she
24 had a history of hypertension and urinary incontinence, and was
25 concerned with migraines, weight gain and possibly depression.
26 Respondent and P.P. spoke at length. Respondent told P.P. she could
27 not sleep because she had too much adrenaline and not enough
28 progesterone. He told the patient she might be bi-polar.

1 d. Respondent told P.P. to remove her jacket and extend her
2 arm. He placed a white cream on her arm. When P.P. asked what it
3 was, respondent told her not to worry, but to rub the cream in. When
4 she asked him again, respondent told P.P. it was Progesterone and it
5 would make her feel relaxed.

6 e. Respondent diagnosed P.P. with numerous medical
7 conditions, including, but not limited to hyperadrenalism,
8 fibromyalgia, estrogen dominant, hypothyroid, stress incontinence,
9 and also told her she had two forms of ADHD.

10 f. Respondent told P.P. she should change her type of IUD
11 from Mirena to a Copper 7 because Mirena contains estrogen and
12 Copper 7 does not.

13 g. Respondent told P.P. she needed testosterone for her
14 incontinence and low libido and that she needed Progesterone for her
15 migraines. He gave her handouts on her incontinence protocol and
16 “Platt Protocol for Progesterone.”

17 h. P.P. did not have any laboratory tests taken nor did she
18 provide any test results to respondent. Respondent told P.P. that he
19 knew she was low on progesterone and high on estrogen, so she
20 would not need to take these lab tests.

21 i. Respondent escorted P.P. to a naturopath working with
22 respondent, N.G. Respondent told the naturopath about P.P.’s
23 symptoms and that he recommended Progesterone and Testosterone.
24 The naturopath wrote out the prescriptions, and as she did, she stated,
25 “Dr. Platt wants you to take Progesterone and Testosterone.”

26 j. P.P. was given a follow-up appointment with respondent for
27 January 13, 2011. She was charged \$1300 for her appointments with
28 respondent, the naturopath, and a nutritionist.

1 k. P.P. picked up and paid for the prescriptions at a nearby
2 pharmacy recommended by respondent's office.

3 l. On or about January 13, 2011, P.P. arrived for her next
4 appointment with respondent. The appointment was audio and video
5 recorded. Respondent asked P.P. about her incontinence, cramps,
6 irritability, sleepiness, and weight issues she had reported during
7 their first appointment and asked if there had been any changes since
8 beginning the treatment he recommended. He again diagnosed P.P.
9 with fibromyalgia, reiterated his diagnosis that P.P. had "typical" and
10 "creative" ADHD, and told P.P. that her husband and children were
11 probably ADHD, too. He advised P.P. that her children should be on
12 Progesterone and told her that she could give her children over-the-
13 counter Progesterone he sells or give them some of her prescription
14 Progesterone at a lower dosage, and explained that he sells a
15 compounded prescription strength Progesterone at his office for \$85
16 a jar, and this would last her son several months.

17 m. Respondent made recommendations about how P.P. should
18 use the Progesterone if she still wanted to get pregnant.

19 n. At one point, respondent told P.P. that he was "in trouble"
20 with the "Medical Review Board" for "taking people off drugs." He
21 said, in part, "Anybody who walks in who is on drugs, I get rid of
22 them and that includes like anti-depressants, and diabetics off
23 insulin." He added: "I get people off drugs. I treat the underlying
24 reason people are on drugs." When P.P. asked if she should be
25 concerned, respondent told her that she had come "to the only place
26 in this country who could get rid of your irritability, gotten rid of
27 your incontinence." Respondent added, "I get people well again."
28 "But in order to do that, I can't practice traditional medicine. Even if

1 they take away my license, I could still practice doing what I'm
2 doing because I have a naturopath."

3 o. After speaking with P.P. about her symptoms and course of
4 treatment, respondent escorted P.P. to the naturopath, told the
5 naturopath that P.P.'s symptoms had improved, that she wanted to
6 purchase one jar of Progesterone from the office and to take a
7 prescription for Progesterone for her compounding pharmacy in Los
8 Angeles. Respondent told P.P. the Progesterone was a controlled
9 drug and that she would have to return in 6 months if she wanted a
10 refill.

11 **Patient M.F. (Undercover)**

12 p. On or about January 13, 2011, Medical Board senior
13 investigator M.I., acting in an undercover capacity, posed as patient
14 M.F., and came for an appointment to see respondent at his office in
15 Rancho Mirage. The appointment was audio and video recorded.

16 q. Respondent spoke with M.F. in respondent's office. M.F.
17 told respondent that her main complaints were weight gain and
18 headaches. She also reported irritability and low blood sugar.
19 Though he did not conduct any physical examination and had no lab
20 results to review, Respondent diagnosed M.F. with having too much
21 adrenaline and being hypoglycemic, and told her that her problems
22 could be solved with Progesterone.

23 r. Respondent wanted M.F. to try his Progesterone cream in
24 his office. M.F. declined and explained she was concerned because
25 she is highly allergic to many products and did not want to put it on
26 her arm. Respondent kept pushing M.F. to use the cream until M.F.
27 finally allowed respondent to put the Progesterone cream on her
28 arm. Respondent told her that if she developed a rash, she could

1 sell the Progesterone cream that would be prescribed for her to a
2 friend.

3 s. At the conclusion of the appointment, respondent escorted
4 M.F. to the naturopath, N.G., in his office. As he did so, respondent
5 told M.F. she would need to be on Progesterone for the rest of her
6 life. Respondent spoke with N.G., the naturopath. N.G. stated the
7 medical symptoms respondent had written in M.F.'s chart, and N.G.
8 wrote M.F. a prescription for Progesterone.

9 **SIXTH CAUSE TO REVOKE PROBATION**

10 **(Failure to Obey All Laws & Rules Related to the Practice of Medicine –**
11 **Violating Patient Confidentiality)**

12 31. Respondent's probation is further subject to revocation because he failed to comply
13 with Probation Condition 7, referenced above in paragraph 23, in that he violated section 2263,
14 by his unauthorized violation of professional confidence related to patient R.R. The
15 circumstances are as follows:

16 A. Paragraphs 27 through 29, above, are incorporated herein by reference.

17 B. On or about September 13, 2010, patient R.R., referred to in paragraphs
18 26 through 28, above, wrote a review of respondent's book, *The Miracle of*
19 *Bioidentical Hormones*, and posted it on the Internet, through the link to respondent's
20 book at www.Amazon.com. In the review, R.R. complained about her care and
21 treatment by respondent and about his prescribing medication for her children whom
22 he never saw. On September 15, 2010, at a time when respondent was both on
23 probation and under an Interim Order of Suspension, respondent wrote an Internet
24 "comment" in response to R.R.'s review and posted it on the public website for public
25 viewing. Respondent's Internet posting willfully disclosed, without authorization,
26 R.R.'s diagnoses, the medication he prescribed for R.R., the strength of those
27 medications, the patient's communications and correspondence with him and his
28 staff, and other confidential information.

1 C. On or about September 24, 2010, respondent modified his Amazon.com
2 response to patient R.R.'s Internet posting, but still willfully disclosed, without
3 authorization, confidential information concerning the patient's communications with
4 him. In addition, respondent denied having written prescriptions for her children and
5 denied giving R.R. the prescriptions for them.

6 D. On or about October 19, 2010, respondent again modified his response to
7 R.R. on Amazon.com. Though he now acknowledged he had written prescriptions
8 for R.R.'s adult children, he continued to willfully disclose, without authorization,
9 some of R.R.'s professional confidences with respondent.

10 **SEVENTH CAUSE TO REVOKE PROBATION**

11 **(Failure to Obey All Laws & Rules Related to the Practice of Medicine - Dishonesty)**

12 32. Respondent's probation is further subject to revocation because he failed to comply
13 with Probation Condition 7, referenced above in paragraph 23, by violating section 2234,
14 subdivision (e), by engaging in dishonesty, as follows:

15 A. Paragraphs 20, 21, 25 through 30, above, are incorporated herein by
16 reference.

17 B. On or about August 6, 2010, in response to Complainant's filing of a
18 Petition for Interim Order of Suspension, respondent signed a Declaration under
19 penalty of perjury, which he filed with the Office of Administrative Hearings in
20 support of his opposition to the Petition. Respondent's Declaration contained
21 statements that respondent knew were false, misleading, and dishonest, including, but
22 not limited to the following statements:

23 1. Respondent declared: "I always advise my patients to check
24 with their primary care doctor before following the treatment."

25 2. Respondent declared: "I believe in physical examinations. I
26 routinely do appropriate physical exams, which usually includes checking
27 the vital signs, I listen to the heart and lungs, I palpate the thyroid, and I
28 palpate pressure points."

1 the lab work showed the following: J.J.'s triglycerides were dangerously out of
2 range, at 541. (Normal reference range is under 150 MG/DL.) Her glucose was also
3 extremely elevated, at 251. (Normal reference range is 65-99.) J.J.'s insulin level
4 was high at 20. (Normal range is less than 17.) Her ALT level was elevated at 53.
5 (Normal ALT range is between 2 and 40 U.L.) Patient J.J.'s DHEA sulfate level was
6 elevated at 178. (Normal is 15-170.) Her testosterone, progesterone, and thyroid
7 levels were all in the normal range.

8 C. Though respondent spoke at length with J.J., respondent did not conduct a
9 physical examination of the patient or review her medical records from any other
10 medical provider.

11 D. J.J. purchased a one year "plan" from respondent.

12 E. Respondent diagnosed J.J. with hypertension, hypothyroidism, diabetes
13 mellitus, hypoadrenalism, fibromyalgia and menopausal syndrome.

14 F. Respondent failed to document relevant patient history (or results of a
15 physical examination or test) to show how he arrived at the diagnoses of
16 hypothyroidism, hypoadrenalism, fibromyalgia, or menopausal syndrome.

17 G. Respondent failed to appropriately address J.J.'s elevated laboratory
18 levels.

19 H. Without medical indication, respondent instructed the patient to abruptly
20 discontinue all medications she had been taking, including her diabetic and anti-
21 hypertensive medications.

22 I. Respondent prescribed numerous drugs to J.J., including progesterone
23 cream, testosterone cream, DHEA, and thyroid medications, all without medical
24 indication.

25 J. Respondent also instructed the patient to take supplements and follow his
26 low/no carbohydrate diet closely.

27 K. Respondent failed to counsel his patient about the risks of abruptly
28 stopping her medications and following his treatment plan.

1 L. Respondent failed to obtain informed consent before commencing his
2 treatment plan.

3 M. Respondent told J.J. she did not need to monitor her blood sugars at
4 home.

5 N. Respondent did not advise J.J. to discuss his recommended treatment with
6 her primary care or regular physician before following his recommendations.

7 O. Respondent failed to schedule a follow-up appointment and failed to
8 adequately or appropriately follow the patient's response to his treatment.

9 P. About a week later, J.J. telephoned respondent. She reported her blood
10 sugar was elevated to 344 and she was throwing up. Respondent charted that he
11 spoke to the patient at the end of the day, and her blood sugar was "down" to 214.
12 Within two weeks of starting respondent's regimen, J.J. became very ill. She had
13 diarrhea, developed fatigue, was still vomiting, had an elevated heart rate, and then
14 was constipated. Respondent did not advise the patient to come in for an evaluation,
15 but told her to stop the thyroid medication. She felt terrible, could not keep food or
16 water down, and had lost 17 pounds. When J.J.'s husband called respondent's office,
17 the dietician told Mr. J. the patient was just "detoxing" and to give her low carb fruits
18 and a laxative. It did not help. On June 8, 2005, J.J.'s husband spoke with
19 respondent. Respondent prescribed suppositories for nausea. Within less than a
20 month, J.J.'s husband had called respondent's office 22 times concerning his wife's
21 deteriorating condition. On respondent's advice, J.J. had colonics. Her condition did
22 not improve. Respondent did not have her come back to the office for an evaluation.

23 Q. On or about June 20, 2005, J.J.'s husband again spoke with respondent.
24 He conveyed that J.J. was still nauseated and could not keep food or water down.
25 Respondent thought she was possibly impacted and recommended J.J. go to the
26 Emergency Room.

27 R. J.J. went to her local emergency room at the Inland Valley Medical
28 Center. She was weak, in pain, nauseous, and by this point in time, had lost 30

1 pounds. She was admitted to the ICU, where she was started on IV fluids, IV insulin
2 and IV antibiotics. J.J. was diagnosed with several serious conditions: acute
3 metabolic acidosis, diabetic ketoacidosis, uncontrolled diabetes mellitus, hepatopathy,
4 acute renal insufficiency, hypokalemia, acute pancreatitis and hyponatremia.

5 S. J.J. was discharged on June 26, 2005, advised to follow with her primary
6 care physician and continue her insulin.

7 T. Respondent failed to maintain an adequate and accurate medical chart on
8 patient J.J. His chart entries lack critical information. They contained virtually no
9 history, no assessment or plan. His telephone calls with the patient or her husband
10 were poorly documented, if they were documented at all.

11 **Patient M.P.**

12 34. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
13 defined by section 2234, subdivision (b), in that respondent was grossly negligent in his care,
14 treatment and management of patient M.P. The circumstances are as follows:

15 A. Patient M.P., a 53 year old man, first sought treatment from respondent's
16 office on December 8, 2006. He completed a form indicating he had diabetes,
17 hypertension, a possible auto immune disease, and that he was hypothyroid. He listed
18 a number of medications that he was taking, including medication for high blood
19 pressure (Diovan), medications for his diabetes (Actos, Glucophage and Lantus), and
20 thyroid medication (Synthroid). Labs were ordered.

21 B. M.P.'s first patient encounter with respondent was on January 4, 2007, at
22 respondent's medical office. They spoke at length. Respondent did not conduct an
23 appropriate or adequate physical examination of the patient, or any physical
24 examination of the patient.

25 C. During the visit on January 4, 2007, respondent had the results of the lab
26 work he ordered. In part, the results showed the following: M.P.'s triglycerides, total
27 cholesterol, LDL cholesterol and cholesterol to HDLC ratio were high and out of
28 normal reference ranges. M.P.'s glucose was also high, at 199 (Normal reference

1 range is 65-99.) His ALT level was elevated at 92. (Normal ALT range is between 2
2 and 40 U.L.) Patient M.P.'s DHEA sulfate level was low, at less than 15. (Normal
3 reference range was 25-240.) His testosterone, progesterone, and thyroid levels were
4 all in the normal range.

5 D. Respondent charted that the patient had "diabetes (recent onset)", and on
6 the next line, wrote "ADHD/severe fibromyalgia/RBS." Below that, respondent
7 wrote his "plan", which was to "d/c [discontinue] diabetic meds." Respondent also
8 had the patient speak with the office dietician about a meal plan and supplements.

9 E. Respondent failed to document any relevant patient history, or results of
10 any physical examination or testing to show how he arrived at the diagnoses of
11 ADHD, fibromyalgia, or RBS (restless body syndrome.)

12 F. Respondent failed to appropriately address M.P.'s elevated laboratory
13 levels.

14 G. Without medical indication, respondent instructed the patient to abruptly
15 discontinue all his diabetic medications and blood pressure medications, except two.

16 H. Respondent prescribed numerous drugs to M.P., including progesterone,
17 and testosterone, and he increased the dosages of his thyroid medications, all without
18 medical indication.

19 J. Respondent failed to counsel his patient about the risks of abruptly
20 stopping his medications and following his treatment plan.

21 K. Respondent failed to obtain informed consent before commencing his
22 treatment plan.

23 L. Respondent did not tell the patient to check with his primary care
24 physician before starting respondent's recommended treatment regimen.

25 M. Respondent failed to adequately or appropriately follow the patient's
26 response to his treatment. He did not order repeat labs for almost 9 months. He
27 failed to rescreen the patient's HgA1c and did not adequately monitor the patient's

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1 blood sugars, but only charted that the blood sugars were "ok." He did not set goal
2 ranges for cholesterol or blood sugars.

3 N. Respondent continued to treat M.P. through February, 2008. At various
4 times, the patient's lab values were elevated, but these elevations were not addressed
5 by respondent. For example, in September, 2007, respondent charted that the
6 patient's labs were "ideal", even though his testosterone level was high and outside
7 the normal range. In January, 2008, M.P. had elevated cholesterol, triglycerides and
8 uncontrolled blood pressure (at 140/90), but respondent failed to address or
9 appropriately respond to these medical conditions that placed the patient at increased
10 risk, particularly in conjunction with his entire treatment regimen.

11 O. Respondent's chart notes on M.P. are sparse and inadequate.

12 **Patient L.T.**

13 35. Respondent is further subject to disciplinary action under section 2227 and
14 2234, as defined by section 2234, subdivision (b), in that respondent was grossly negligent in his
15 care, treatment and management of patient L.T. The circumstances are as follows:

16 A. Patient L.T., a 36 year old woman, first sought treatment from respondent at
17 his medical office on July 4, 2007. She completed a form indicating her medical
18 conditions were OCD and anxiety, and that she was taking 60 mg. fluoxetine (Prozac).
19 She was concerned about weight gain, wanted to lose weight, and wanted to go off
20 Prozac. Labs had been ordered and respondent reviewed them. The results were all
21 within the normal range.

22 B. Respondent spoke with L.T. and her husband. Respondent did not
23 conduct an appropriate or adequate physical examination of the patient, nor did he
24 conduct any physical examination of the patient.

25 C. Respondent did not review or request the patient's prior treating medical
26 or mental health records.

27 D. Respondent charted a diagnosis of "ADHD/fibromyalgia/RLS." His chart
28 entry does not explain how he arrived at these diagnoses.

1 E. Without medical indication, respondent instructed his patient to stop
2 taking the Prozac. He charted "will wean off Prozac", but did not give the patient
3 instructions on how to stop taking the medication.

4 F. Respondent prescribed numerous drugs to L.T., including progesterone
5 (four times a day), testosterone, and two thyroid medications, all without medical
6 indication.

7 G. Respondent failed to counsel his patient about the risks of abruptly
8 stopping her Prozac and following his treatment plan.

9 H. Respondent failed to obtain informed consent before commencing his
10 treatment plan.

11 I. Respondent failed to advise the patient to discuss with her primary care
12 physician (or other physician who had prescribed the Prozac), that respondent
13 recommended she discontinue taking anti-depressant medication, or that she have this
14 discussion with the physician prescribing Prozac before she followed respondent's
15 instruction to stop taking it.

16 J. On or about July 20, 2007, the patient called respondent's office,
17 reporting that she had been completely off Prozac for 9 days, she had gained weight,
18 and was concerned about getting depressed. Respondent recommended she increase
19 her progesterone and follow the meal plan.

20 K. The patient's obsessive-compulsive symptoms began to spiral out of
21 control. Her husband reported to respondent's office that she had gone off the Prozac
22 "cold turkey," was gaining weight, having temper tantrums, destroying things, and
23 calling her husband 70 to 80 times a day at work, was impossible to be around, and
24 needed help. In response, and without recognizing the effects of the patient's abrupt,
25 and improper end to her anti-depressants, respondent kept increasing the patient's
26 thyroid medication dosages.

27 L. Respondent's treatment resulted in the patient becoming increasingly ill,
28 with dizziness, hypertension, weight gain, anger, bloating, elevated cholesterol, and

1 OCD symptoms. On February 6, 2008, the patient left a message for respondent that
2 she had been dizzy since December, when she increased the thyroid medication at his
3 instruction, so she discontinued it on her own.

4 **Patient G.B.**

5 36. Respondent is further subject to disciplinary action under section 2227 and 2234, as
6 defined by section 2234, subdivision (b), in that respondent was grossly negligent in his care,
7 treatment and management of patient G.B. The circumstances are as follows:

8 A. Patient G.B., an 82 year old woman, first sought treatment from
9 respondent on February 7, 2007. She reported a history of diabetes, hypertension,
10 arthritis, hyperlipidemia, and low sodium. She listed a number of medications that
11 she was taking, including medications for her high blood pressure (Diovan/HCT,
12 Norvase, and Metoprolol), medications for her diabetes (actos and Glyburide), and
13 medication for her high cholesterol (vitorin).

14 B. Respondent spoke with the patient. He did not conduct an appropriate or
15 adequate physical examination of the patient, or any physical examination of the
16 patient.

17 C. Respondent chart reflected that the patient had an elevated blood pressure
18 of 140/80 and weight of 233 pounds.

19 D. Respondent diagnosed G.B. with ADHD, fibromyalgia, and hypertension.

20 E. Respondent failed to document any relevant patient history, results of a
21 physical examination, or test showing how he arrived at the diagnoses of ADHD or
22 fibromyalgia.

23 F. Without medical indication, respondent instructed the patient to abruptly
24 stop taking all diabetic and anti-hypertensive medications.

25 G. Respondent prescribed topical progesterone and testosterone creams
26 without medical indication.

27 H. Respondent prescribed G.B. thyroid medication without medical
28 indication.

1 I. Respondent failed to appropriately counsel his patient about the risks of
2 abruptly stopping her medications.

3 J. Respondent failed to obtain informed consent before commencing his
4 treatment plan.

5 K. Respondent failed to inform the patient of set goals for fasting and post-
6 prandial sugars, and he did not order a follow up HGA 1c to evaluate long term sugar
7 control.

8 L. Respondent did not advise G.B. to discuss his recommended treatment
9 with her primary care or regular physician before following his recommendations.

10 M. Respondent failed to adequately or appropriately follow the patient's
11 response to his treatment.

12 N. On or about March, 2007, during a "telephone appointment," G.B. told
13 respondent that her blood sugars were elevated to 138, fasting. In response,
14 respondent told the patient, without medical indication, to stop taking the Glyburide
15 for her diabetes. By March, 2008, her blood sugar was reported to be 172.
16 Respondent did not appropriately address her diabetes.

17 O. Respondent did not follow established laboratory values in providing care
18 and treatment to G.B. Though the patient had supraphysiologic levels of thyroid
19 hormone after following respondent's synthroid regimen for a year, respondent did
20 not advise G.B. to reduce or stop her thyroid replacement medication dosage. In
21 2008, when the patient's testosterone levels were elevated at 54, (where normal
22 values range from 2-40), respondent did not advise the patient to decrease or stop
23 using the testosterone.

24 P. Respondent's medical records for patient G.B. were sparse and inadequate.

25 **Patient B.M.**

26 37. Respondent is subject to disciplinary action under section 2227 and 2234, as defined
27 by section 2234, subdivision (b), in that respondent was grossly negligent in his care, treatment
28 and management of patient B.M. The circumstances are as follows:

1 A. Patient B.M. was first seen by respondent on or about June 21, 2008. He
2 completed a form indicating he had a history of hypertension, arthritis, a hiatal hernia,
3 GERD, COPD, and emphysema. B.M. was on approximately 10 medications,
4 including hypertensive and cholesterol medications, and Plavix, a blood thinner.
5 Labs were taken.

6 B. Though respondent charted the patient's weight, blood pressure, and
7 pulse, he failed to obtain or chart a respiratory rate, pulse oxygenation, or peak flow.
8 Respondent failed to take an adequate history and failed perform an adequate physical
9 or any physical examination. He also failed to request or obtain the patient's prior
10 treating records.

11 C. Though the patient's initial cholesterol levels were at goal range on the
12 medication he was taking, and respondent acknowledged the patient's blood pressure
13 was "a little high," respondent advised the patient to stop all medications.

14 D. During the course of treatment, respondent prescribed progesterone and
15 DHEA, and recommended supplements without medical indication.

16 E. Respondent failed appropriately counsel his patient about the risks of
17 stopping his medications or stopping them abruptly.

18 F. Respondent failed to obtain informed consent before commencing his
19 treatment plan.

20 G. Respondent knew or should have known the patient had a history of a
21 potential stroke and should not have been off his medications.

22 H. Following respondent's treatment and recommendations, the patient's
23 cholesterol, LDL, HDL levels rose. He developed facial numbness.

24 I. Respondent's records regarding patient B.M. were sparse and inadequate.

25 **Patient D.W.**

26 38. Respondent is further subject to disciplinary action under section 2227 and 2234, as
27 defined by section 2234, subdivision (b), in that respondent was grossly negligent in his care,
28 treatment and management of patient D.W. The circumstances are as follows:

1 A. D.W., a 65 year old man, first sought treatment from respondent on or
2 about July 27, 2006. He reported he had diabetes and hypertension, and that his
3 blood sugar was consistently in the 200s. At the time, he was taking approximately
4 15 different prescription medications prescribed by other physicians.

5 B. Respondent spent a few hours speaking with D.W. He did not, however,
6 prepare adequate chart notes reflecting his time with the patient. Nor did respondent
7 chart that he conducted a physical examination.

8 C. Respondent charted diagnosis of ADHD and severe fibromyalgia. He
9 also noted the patient was a diabetic on insulin and that he had asthma and high
10 cholesterol.

11 D. Respondent failed to document any relevant patient history, results of a
12 physical examination, or test showing how he arrived at the diagnoses of ADHD or
13 “severe fibromyalgia.”

14 E. Respondent recommended that the patient stop taking most of the
15 medications he was on, including insulin.

16 F. Without medical indication, respondent prescribed testosterone,
17 progesterone, and thyroid medications for the patient.

18 G. Respondent failed appropriately counsel his patient about the risks of
19 stopping his medications or stopping them abruptly.

20 H. Respondent failed to obtain informed consent before commencing his
21 treatment plan.

22 I. Respondent failed to advise the patient to discuss the treatment plan with
23 his primary care physician before following respondent’s recommendation that he
24 stop his insulin and the other medications respondent suggested he stop.

25 J. At one point, on or about October 17, 2006, D.W. called respondent
26 reporting he had a rash for about two weeks and had had diarrhea for three to four
27 weeks. Respondent attempted to manage the patient over the phone. The symptoms

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1 persisted. On or about October 31, 2006, respondent finally recommended the patient
2 be seen the next day.

3 K. Respondent failed to maintain adequate medical records regarding his
4 care and treatment of D.W.

5 **SECOND CAUSE FOR DISCIPLINE**

6 **(Repeated Negligent Acts)**

7 39. Respondent is further subject to disciplinary action under section 2227 and 2234, as
8 defined by section 2234, subdivision (c), in that Respondent was repeatedly negligent in the care,
9 treatment and management of patients J.J., M.P., L.T., G.B., B.M., and D.W., as described above
10 in paragraphs 33 through 38, which are incorporated by reference herein.

11 **THIRD CAUSE FOR DISCIPLINE**

12 **(Incompetence)**

13 40. Respondent is further subject to disciplinary action under section 2227 and 2234, as
14 defined by section 2234, subdivision (d), in that Respondent has demonstrated incompetence, as
15 follows:

16 A. Paragraphs 21, 24, and 33 through 38 are incorporated herein by reference.

17 B. Respondent showed a lack of skill and knowledge through his acts and
18 omissions during his participation in PACE, from September, 2009 through March,
19 2010.

20 C. Respondent demonstrated incompetence in the care, treatment and
21 management of patients J.J., M.P., L.T., G.B., B.M., and D.W., as described above in
22 paragraphs 33 through 38, which are incorporated by reference herein.

23 **FOURTH CAUSE FOR DISCIPLINE**

24 **(Prescribing Drugs without Appropriate Prior Examination)**

25 41. Respondent is further subject to disciplinary action under section 2227 and 2234, as
26 defined by section 2242, subdivision (c), in that Respondent prescribed dangerous drugs to
27 patients C.K., R.R., E.S., and D.S, without an appropriate prior examination and without medical

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1 indication. as described above in paragraphs 26 through 29, which are incorporated by reference
2 herein.

3 42. Respondent is further subject to disciplinary action under section 2227 and 2234, as
4 defined by section 2242, subdivision (c), in that Respondent prescribed dangerous drugs to
5 patients J.J., M.P., L.T., G.B., B.M., and D.W. without an appropriate prior examination and
6 without medical indication, as described above in paragraphs 33 through 38, which are
7 incorporated by reference herein.

8 **FIFTH CAUSE FOR DISCIPLINE**

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

10 43. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
11 defined by section 2266 of the Code, for failing to maintain adequate and accurate records, as
12 follows:

- 13 A. Paragraphs 21, 25, and 32 through 37 are incorporated herein by reference.
14 B. Respondent failed to maintain adequate and accurate records on patients J.J., M.P.,
15 L.T., G.B., B.M., and D.W and on the patients whose records he provided to PACE.

16 **SIXTH CAUSE FOR DISCIPLINE**

17 **(Violation of Terms of Interim Suspension Order)**

18 44. Respondent is further subject to disciplinary action under sections 2227 and 2234 as
19 defined by section 2234, by violating the terms of the Interim Order of Suspension issued against
20 him, as follows:

- 21 A. Paragraph 30, above, is hereby incorporated by reference.
22 B. Respondent violated by the Interim Order of Suspension by attempting to
23 practice medicine and practicing medicine in California while under the Interim
24 Order of Suspension.
25 C. Respondent violated the Interim Order of Suspension by advertising on
26 the Internet and by holding himself as practicing or being available to practice
27 medicine while under the Interim Order of Suspension.

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1 D. Respondent violated the Interim Order of Suspension by being present at
2 an office or location where medicine was practiced and at a time when he was not
3 there as a patient or as a visitor of family or friends and was under the Interim Order
4 of Suspension.

5 E. Respondent violated the Interim Order of Suspension by possessing,
6 furnishing, administering or otherwise distributing controlled substances or dangerous
7 drugs as defined by federal or state law while under the Interim Order of Suspension.

8 **SEVENTH CAUSE FOR DISCIPLINE**

9 **(Engaging in the Practice of Medicine While Suspended)**

10 45. Respondent is further subject to disciplinary action under section 2227 and 2234, as
11 defined by sections 2052 and 2306, by his attempting to practice medicine, advertising or holding
12 himself out as being available to practice medicine, furnishing, administering, or otherwise
13 distributing controlled substances or dangerous drugs, and/or otherwise engaging in the practice
14 of medicine while suspended, as more fully described in paragraph 30, above, which is
15 incorporated herein by reference.

16 **EIGHTH CAUSE FOR DISCIPLINE**

17 **(Violating Rules of Patient Confidentiality)**

18 46. Respondent is further subject to disciplinary action under section 2227 and 2234, as
19 defined by section 2263, by his unauthorized violation of professional confidences related to
20 patient R.R and her children, as more particularly described in paragraphs 27 through 29 and 31,
21 above, which paragraphs are incorporated herein by reference.

22 **NINTH CAUSE FOR DISCIPLINE**

23 **(Dishonesty)**

24 47. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
25 defined by section 2234, subdivision (e), by committing acts of dishonesty or corruption, as
26 follows:

27 A. Paragraphs 21, 25 through 30, 32 through 38, 44, and 45 are incorporated
28 herein by reference.

1 B. On or about August 6, 2010, in response to Complainant's filing of a
2 Petition for Interim Order of Suspension, respondent signed a Declaration under
3 penalty of perjury, which was filed in support of his opposition to the charges alleged
4 in the Petition for Interim Order of Suspension. Respondent's Declaration contained
5 statements that respondent knew were false and dishonest, including, but not limited
6 to the following statements:

7 1. Respondent declared: "I always advise my patients to check
8 with their primary care doctor before following the treatment."

9 2. Respondent declared: "I believe in physical examinations. I
10 routinely do appropriate physical exams, which usually includes checking
11 the vital signs, I listen to the heart and lungs, I palpate the thyroid, and I
12 palpate pressure points."

13 3. Respondent declared that "The allegation that I take diabetics
14 off insulin is false. I do sometimes recommend that certain diabetics
15 could be taken off insulin if laboratory test results reveal the patient is
16 producing large amounts of insulin on his or her own.

17 4. Respondent declared that he "takes great care to monitor" his
18 patients "closely."

19 5. Respondent declared that "[i]t is wrong to say that I discard
20 standard laboratory tests. I do not. I utilize these tests and interpret them
21 in conjunction with the patient's history and physical signs."

22 C. Respondent's violation of the terms of the Interim Order of Suspension
23 and engaging in the practice of medicine while suspended also constituted acts of
24 dishonesty.

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1 **TENTH CAUSE FOR DISCIPLINE**

2 **(General Unprofessional Conduct)**

3 48. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
4 defined by section 2234, in that respondent has engaged in conduct which is unbecoming to a
5 member in good standing of the medical profession, and which demonstrates an unfitness to
6 practice medicine, as demonstrated above in paragraphs 20 through 47, which sections and
7 subsections are incorporated herein by reference.

8 **FACTORS IN AGGRAVATION**

9 49. Through the disciplinary process as part of the Board's Decision issued February 5,
10 2009, and effective March 9, 2009, in *In the Matter of the Accusation Against Michael Edward*
11 *Platt, M.D.*, Case No. 09-2006-175931, respondent was disciplined, in part, for failing to conduct
12 adequate physical examinations prior to recommending treatment to his patients, for failing to
13 appropriate utilize and rely on laboratory values in diagnosing and prescribing, and for
14 recommending and prescribing testosterone for the treatment of incontinence in women, all of
15 which was outside the standard of care. Despite discipline for these acts and omissions,
16 respondent continued to engage in the same misconduct after the issuance of the discipline.

17 50. As part of the Board's Order of Discipline issued in *In the Matter of the Accusation*
18 *Against Michael Edward Platt, M.D.*, Case No. 09-2006-175931, respondent was required to
19 attend PACE on medical record keeping. Respondent completed the PACE medical record
20 keeping course prior to his participation in the full PACE Program. Despite his completion of the
21 medical record keeping course, respondent continued to maintain inadequate and inaccurate
22 medical records as found by the PACE faculty during the random examination of his charts in
23 September 2009, as described above in paragraph 21.

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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 Physician's and Surgeon's Certificate Number G23729, issued to Michael E. Platt, M.D., pursuant to Business and Professions Code section 2306, based on respondent's practicing medicine while suspended;

2. Revoking Physician's and Surgeon's Certificate Number G23729, issued to Michael E. Platt, M.D., pursuant to Business and Professions Code section 2227, based on each of respondent's violations of the Medical Practice Act;

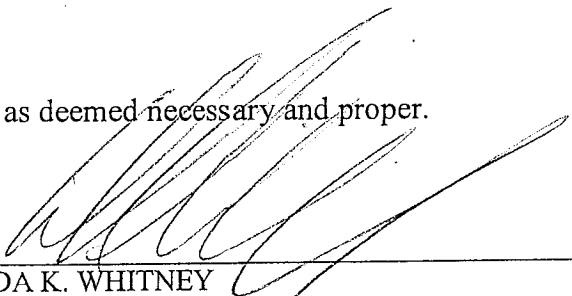
3. Revoking the probation of Michael E. Platt, M.D., granted in Medical Board Case No. 09-2006-175931, and imposing the stayed discipline of revocation;

4. Revoking, suspending or denying approval of Michael E. Platt, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

5. Ordering Michael E. Platt, M.D. to pay the Board the costs of probation monitoring if placed on probation; and

6. Taking such other and further action as deemed necessary and proper.

DATED: April 18, 2011



LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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