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

13 In the Matter of the Accusation Against:

Case No. 800-2021-079384

14 **FRIEDERIKE CARLA VON LINTIG, M.D.**
2815 S Grade Road
15 Alpine, CA 91901

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 84284,**

Respondent.

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20 **PARTIES**

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

24 2. On or about August 8, 2003, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 84284 to Friederike Carla Von Lintig, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on November 30, 2024, unless renewed.

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3. On or about July 3, 2023, an Interim Order of Suspension was issued by the Office of Administrative Hearings, immediately suspending Physician's and Surgeon's Certificate No. A 84284 and prohibiting Respondent from practicing medicine in the State of California. As a result, Respondent remains suspended from the practice of medicine pending the issuance of a final decision after an administrative hearing on the Accusation.

JURISDICTION

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

5. Section 2227 of the Code states, in pertinent part:

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

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

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

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

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

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

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6. Section 2234 of the Code, states, in pertinent part:

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

• • •

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more

1 negligent acts or omissions. An initial negligent act or omission followed by a
2 separate and distinct departure from the applicable standard of care shall constitute
repeated negligent acts.

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

5 (2) When the standard of care requires a change in the diagnosis, act, or
6 omission that constitutes the negligent act described in paragraph (1), including, but

7 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
8 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

9 ...

10 7. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
11 adequate and accurate records relating to the provision of services to their patients constitutes
12 unprofessional conduct.

13 COST RECOVERY

14 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
15 administrative law judge to direct a licensee found to have committed a violation or violations of
16 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
17 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
18 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
19 included in a stipulated settlement.

20 FIRST CAUSE FOR DISCIPLINE

21 (Gross Negligence)

22 9. Respondent has subjected her Physician's and Surgeon's Certificate No. A 84284 to
23 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
24 the Code, in that she was grossly negligent in her care and treatment of Patient A,¹ as more
25 particularly alleged hereinafter:

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28 ¹ To protect the privacy of the patient involved, the patient's name has not been included
in this pleading. Respondent is aware of the identity of the patient referred to herein.

1 10. On or about November 6, 2019, Patient A, a then twenty-four-year-old female, was
2 booked into a criminal detention facility. During her initial intake at the facility, Patient A
3 admitted to regular use of heroin, alcohol, and Xanax,² with her last use being approximately two
4 hours prior to booking. Patient A identified her prior withdrawal symptoms to include tremors or
5 shakes, sweating, headache, and nausea or vomiting, but denied any prior seizure activity. An on-
6 site pregnancy test revealed positive results. Patient A was determined to be fit to continue the
7 booking process and a standard nursing protocol was ordered, which consisted of a daily prenatal
8 vitamin and ondansetron³ 4 mg twice daily for five days. Patient A was advised to drink fluids as
9 tolerated and to notify staff if her condition worsens. Patient A was not placed on a
10 polysubstance withdrawal protocol.

11 11. Between on or about November 6, 2019, and on or about November 10, 2019, while
12 housed in mainline housing, Patient A was witnessed by other inmates and staff to be
13 experiencing repeated intractable emesis, at times self-induced. Patient A was encouraged to
14 continue to drink fluids as tolerated.

15 12. On or about November 10, 2019, at approximately 10:18 a.m., Patient A was seen by
16 C.G., M.D. (Dr. C.G.) for the first time. Patient A complained of intractable vomiting, reported
17 that she was approximately five weeks pregnant with a desire for termination, and was
18 withdrawing from heroin and alcohol. Dr. C.G. obtained Patient A's blood pressure, temperature,
19 and pulse, but otherwise did not conduct a physical examination at that time or anytime thereafter.
20 Dr. C.G. noted Patient A was orthostatic,⁴ but alert and conversant. Dr. C.G. diagnosed Patient A
21 with intrauterine pregnancy with vomiting and mild dehydration. Dr. C.G. ordered Patient A to
22 be transferred to the Medical Observation Unit (MOB) for observation and oral hydration,

23
24 ² Xanax (brand name for alprazolam) is a Schedule IV controlled substance pursuant to
25 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section
4022 of the Code. It is a benzodiazepine medication used to treat anxiety and panic disorder.

26 ³ Ondansetron (brand name Zofran) is a medication used to prevent nausea and vomiting.
27 It is a dangerous drug pursuant to section 4022 of the Code.

28 ⁴ Orthostatic is a form of low blood pressure that happens when standing up from sitting
or lying down.

1 prescribed Zofran 8 mg three times daily, and referred Patient A to Planned Parenthood for
2 termination.

3 13. On or about November 10, 2019, at approximately 11:21 a.m., Dr. C.G. noted that
4 Patient A had not yet received treatment for withdrawal since her admission to the detention
5 facility four days earlier, and ordered Vistaril⁵ 50 mg twice daily.

6 14. On or about November 10, 2019, Patient A was admitted to the MOB and was housed
7 with multiple other inmates. Throughout the day, Patient A was witnessed by other inmates and
8 staff to be experiencing repeated intractable emesis, at times self-induced. At some point that
9 evening, Patient A was transferred to an isolation unit within the MOB.

10 15. On or about November 11, 2019, at approximately 8:40 a.m., Patient A was seen by
11 L.R., R.N. (Nurse L.R.). Patient A complained of repeated fainting and vomiting and was
12 advised to refrain from self-induced vomiting.

13 16. On or about November 11, 2019, at approximately 9:40 a.m., Patient A was seen by
14 Respondent for the first time. Respondent noted Patient A had been admitted to the MOB for
15 "fainting spells," but understood medical staff had a high suspicion of Patient A staging her
16 "fainting spells" for second gain purposes. Respondent incorrectly noted in Patient A's chart that
17 she had finished treatment for alcohol and heroin withdrawal. Patient A complained of vomiting
18 all of her food and drinks and requested IV hydration. Respondent did not obtain Patient A's
19 vital signs and did not perform and/or document a physical examination at that time. Respondent
20 instructed Patient A to rest, to ingest only small amounts of food and drink at a time, and to
21 refrain from self-induced vomiting. At the conclusion of the visit, Respondent ordered Patient A
22 to be on a full liquid diet for three days and to be discharged that day from the MOB back to
23 mainline housing. Respondent did not at that time, or any time thereafter, refer Patient A to the
24 emergency department for treatment of her active substance use withdrawal during pregnancy,

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27 ⁵ Vistaril (brand name for hydroxyzine pamoate) is an antihistamine with anticholinergic
28 (drying) and sedative properties used as a sedative to treat anxiety and tension. It is a dangerous
drug pursuant to section 4022 of the Code.

1 did not order a stat comprehensive blood panel, complete blood count, urinalysis, or
2 electrocardiogram, and did not order IV fluids.

3 17. On or about November 11, 2019, at approximately 1:00 p.m., Patient A was being
4 transported from the MOB back to mainline housing. While seated in a wheelchair outside her
5 isolation cell, Patient A's body suddenly stiffened with her head resting on the back of the chair
6 and her legs dangling on the floor. Patient A's eyes were open and her pupils were slightly
7 dilated but reactive to light. Patient A was not verbally responsive and was not following
8 commands. Patient A was placed back into her cell onto a mattress on the floor, given oxygen,
9 and an urgent call for medical personnel was initiated.

10 18. On or about November 11, 2019, at approximately 1:03 p.m., Dr. C.G. responded to
11 Patient A's isolation cell. Upon her arrival, Dr. C.G. spoke with nursing staff and ordered Patient
12 A be given Ativan⁶ 1 mg by mouth.

13 19. On or about November 11, 2019, at approximately 1:06 p.m., Respondent responded
14 to Patient A's isolation cell, spoke with nursing staff and Dr. C.G., and then assumed the care of
15 Patient A.⁷ Respondent performed a physical examination of Patient A and noted her hands and
16 feet were very cold to the touch but the remainder of her body felt warm. Respondent further
17 noted Patient A to be awake and alert, had no visible tongue bite, supple neck, and no urinary
18 incontinence. Patient A's initial oxygen saturation was measured to be 87% and a subsequent
19 reading was unable to be obtained despite Respondent's efforts. Respondent further noted Patient
20 A had "normal" vital signs, but did not document any vital signs in the patient's chart.
21 Respondent's assessment was that Patient A had not experienced a "true seizure," but she was
22 unable to exclude a medical cause for the patient's weakness and fainting spells. Respondent did
23 not perform a complete physical or neurological examination of Patient A, did not refer Patient A
24 to the emergency department, and did not order a stat comprehensive blood panel, complete blood

25 ⁶ Ativan (brand name for lorazepam) is a Schedule IV controlled substance pursuant to
26 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section
4022 of the Code. It is a benzodiazepine medication used to treat anxiety.

27 ⁷ Shortly after Respondent assumed the care of Patient A, Dr. C.G. left the area and never
28 returned.

1 count, urinalysis, electrocardiogram, or IV fluids. At the conclusion of the visit, Respondent
2 ordered Patient A to remain in the MOB for observation,⁸ with a plan to recheck in the morning
3 and discharge her back to mainline housing at that time.

4 20. On or about November 11, 2019, at approximately 3:15 p.m., staff witnessed Patient
5 A sitting backwards on the toilet when her body stiffened with her head resting on the floor and
6 her feet in the air. A deputy and Nurse L.R., responded to Patient A's cell and placed Patient A
7 back onto her mattress on the floor. Shortly thereafter, Patient A came out of her stiffness and
8 began responding to questions. Nurse L.R. called the medical clinic and relayed to R.I., R.N.
9 (Nurse R.I.), a request to have Respondent return to the MOB to evaluate Patient A. Nurse R.I.
10 relayed the message to Respondent. Sometime thereafter, Respondent watched Patient A in her
11 isolation cell for a few moments through a video monitor, but did not at that time, or anytime
12 thereafter, return to the MOB to evaluate Patient A.

13 21. On or about November 11, 2019, at approximately 8:06 p.m., Patient A was found
14 non-responsive in her cell and was subsequently pronounced dead as a result of complications of
15 polysubstance abuse with early intrauterine pregnancy.

16 22. Respondent committed gross negligence in her care and treatment of Patient A, which
17 included, but was not limited to, the following:

- 18 A. Failing to appropriately medically manage a pregnant patient in active
19 withdrawal on or about November 11, 2019, at approximately 9:40 a.m.;
- 20 B. Failing to perform an appropriate physical exam, work-up, and plan of
21 treatment for a patient with an undiagnosed acute medical condition on or
22 about November 11, 2019, at approximately 1:00 p.m.; and
- 23 C. Failing to perform an appropriate physical exam, work-up, and plan of
24 treatment for a patient with an undiagnosed acute medical condition on or
25 about November 11, 2019, at approximately 3:15 p.m.

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28 ⁸ Respondent did not issue and/or document more specific orders regarding how frequent
Patient A should be "observed" or what that observation should entail.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 23. Respondent has further subjected her Physician's and Surgeon's Certificate No.
4 A 84284 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (c), of the Code, in that she committed repeated negligent acts in her care and
6 treatment of Patient A, as more particularly alleged in paragraphs 9 through 22(C), above, which
7 are hereby incorporated by reference and realleged as if fully set forth herein.

8 **THIRD CAUSE FOR DISCIPLINE**

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

10 24. Respondent has further subjected her Physician's and Surgeon's Certificate No.
11 A 84284 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
12 Code, in that Respondent failed to maintain adequate and accurate records regarding her care and
13 treatment of Patient A, as more particularly alleged in paragraphs 9 through 21, above, which are
14 hereby incorporated by reference and realleged as if fully set forth herein.

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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 or suspending Physician's and Surgeon's Certificate No. A 84284, issued to Respondent Friederike Carla Von Lintig, M.D.;

2. Revoking, suspending or denying approval of Respondent Friederike Carla Von Lintig, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Friederike Carla Von Lintig, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: **OCT 03 2023**



REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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