

1 XAVIER BECERRA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 JOSHUA M. TEMPLET  
Deputy Attorney General  
4 State Bar No. 267098  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 510-3533  
6 Facsimile: (415) 703-5480  
E-mail: Joshua.Templet@doj.ca.gov  
7 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO *Jan 31 20 19*  
BY *[Signature]* ANALYST

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

13 In the Matter of the Accusation Against:

Case No. 800-2016-026994

14 **Raphael Becher Stricker, M.D.**  
15 **450 Sutter St., Suite 1504**  
**San Francisco, CA 94108**

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

16 **Physician's and Surgeon's Certificate**  
17 **No. G 44866,**

18 Respondent.

19  
20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about June 24, 1981, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number G 44866 to Raphael Becher Stricker, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on January 31, 2021, unless renewed.

1 **JURISDICTION**

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

4 4. Section 2004 of the Code provides that the Board shall have the responsibility for the  
5 enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

6 5. Section 2227 of the Code authorizes the Board to take action against a licensee who  
7 has been found guilty under the Medical Practice Act by revoking his or her license, suspending  
8 the license for a period not to exceed one year, placing the license on probation and requiring  
9 payment of costs of probation monitoring, or taking such other action as the Board deems proper.

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

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

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

15 (b) Gross negligence.

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

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

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

24 ...

24 **FACTS**

25 5. Respondent practices hematology and immunotherapy. He owns his solo practice and  
26 employs a nurse practitioner, whom he supervises pursuant to standardized procedures that he and  
27 the nurse practitioner review and sign annually. The standardized procedures authorize the scope  
28 of practice of the nurse practitioner under Respondent's supervision at his practice. The

1 standardized procedures require Respondent, as the supervising physician, to collaborate with the  
2 nurse practitioner, to participate with her in making clinical decisions, to be available for  
3 consultation at all times, and to review patient charts. The standardized procedures further require  
4 the nurse practitioner to discuss the assessment, diagnosis, and management plan of new patients  
5 with Respondent. Respondent has stated that he closely supervises his nurse practitioner.

6 **May 26, 2015 Visit**

7 6. Patient P-1,<sup>1</sup> a 58-year-old woman, initially presented to Respondent's office on or  
8 about May 26, 2015. Respondent's nurse practitioner saw P-1 and recorded chief complaints of  
9 Morgellons disease and Lyme disease.

10 7. Morgellons disease, also known as Ekbom syndrome or delusional parasitosis, is a  
11 psychiatric disorder characterized by the patient's conviction that he or she is infested with  
12 parasites. There is no diagnostic test for this disease except for an absence of parasites. Lyme  
13 disease is an infectious disease caused by a number of different strains and species of *Borrelia*  
14 bacteria. It is spread by ticks and has both acute and chronic forms. The diagnosis can be made  
15 clinically in the acute form, but diagnosis of its chronic form usually requires serologic evidence,  
16 *i.e.* testing for the presence of antibodies.

17 8. During her appointment, P-1 reported that in 2013 she noticed "biting" sensations on  
18 her legs and saw "bugs and parasites." P-1 said that she had taken albendazole and permethrin,  
19 anti-parasitic medications. On the day of her visit, P-1 reported "skin parasites . . . hatching from  
20 [her] body" and "parasites coming out of scalp, face, nose, eyes." A physical exam found skin  
21 lesions on her scalp, hand, and knee, but no evidence of parasites.

22 9. P-1 also complained of joint and muscle aches, night sweats, an upset stomach,  
23 bloating, constipation, and "brain fog," among other things. P-1 had no recollection of a tick bite  
24 or an erythema migrans rash, which develops as an early symptom of Lyme disease.

25  
26  
27  
28 <sup>1</sup> The patient is designated in this document as Patient P-1 to protect her privacy.  
Respondent knows the name of the patient and can confirm her identity through discovery.



1 **Subsequent Treatment**

2 17. On August 20, 2015, P-1 cancelled her three-month appointment saying she no longer  
3 wished to be a patient at Respondent's practice because she had not seen any improvement after  
4 having been on antibiotics for several months. The patient indicated she was continuing to take  
5 her antibiotics, amoxicillin and Biaxin, and the anti-parasitic ivermectin.

6 18. On August 24, 2015, Respondent renewed the patient's prescription for the antibiotic  
7 doxycycline, prescribing her another one-month supply with two authorized refills.

8 19. A year later, the patient obtained her blood work that had been ordered on July 6,  
9 2015. On August 30, 2016, P-1 returned to Respondent's office, and the nurse practitioner  
10 reviewed the lab results with her. Testing for Lyme disease was again negative. The patient  
11 continued to complain of parasites, including "bugs hatching out." The patient also reported  
12 stomach pain, especially from acidic food. P-1 said she had recently restarted the antibiotic  
13 doxycycline and the anti-parasitic albendazole.

14 20. The nurse practitioner's diagnoses of P-1 remained Morgellons disease, chronic  
15 Lyme disease, and peptic ulcer disease caused by Helicobacter pylori. The nurse practitioner's  
16 documented treatment plan was to have P-1's laboratory work repeated and to prescribe the  
17 antibiotic azithromycin and the anti-parasitics ivermectin and nitazoxanide, among other  
18 medications.

19 21. P-1 did not return for a follow-up visit. On October 17, 2016, P-1 called  
20 Respondent's office and complained of expensive medication, among other things, and disputed  
21 her diagnosis of Lyme disease. Respondent's office sent P-1 a notice of termination of care the  
22 following day.

23 **FIRST CAUSE FOR DISCIPLINE**

24 **(Repeated Negligence: Inadequately Supported Diagnosis)**

25 22. Under Respondent's supervision, the nurse practitioner diagnosed P-1 with chronic  
26 Lyme disease at her initial and subsequent visits. The patient's nonspecific symptoms and  
27 multiple negative lab results for Lyme disease did not support this diagnosis.



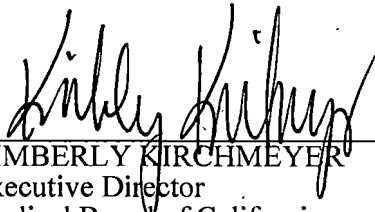


1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

3. Ordering Respondent, if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED:  
January 31, 2019

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

SF2018201670  
21284742