

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

In the Matter of the Accusation)	
Against:)	
)	
)	
STEVEN K. MANGAR, M.D.)	Case No. 03-2010-209330
)	
Physician's and Surgeon's)	
Certificate No. A-65476)	
)	
Respondent)	
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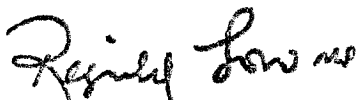
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 5, 2012.

IT IS SO ORDERED: September 6, 2012.

MEDICAL BOARD OF CALIFORNIA



**Reginald Low, M.D., Chair
Panel B**

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
3 LAWRENCE MERCER
Deputy Attorney General
4 State Bar No. 111898
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5539
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Attorneys for Complainant

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

10 In the Matter of the Accusation Against:

11 **STEVEN K. MANGAR, M.D.**
12 P.O. Box 1530
Salinas, CA 93902

13 Physician's and Surgeon's Certificate No. A65476

14 Respondent.

Case No. 03-2010-209330

OAH No. 2012040720

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

15
16 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
17 entitled proceedings that the following matters are true:

18 1. Linda K. Whitney is the Executive Director of the Medical Board of California. She
19 brought this disciplinary action solely in her official capacity and is represented by Kamala D.
20 Harris, Attorney General of the State of California, by Lawrence Mercer, Deputy Attorney
21 General.

22 2. Steven K. Mangar, M.D., is represented in this matter by Belzer, Hulchiy & Murray
23 and William J. Murray, Esq., 3650 Mt. Diablo Blvd., Suite 130, Lafayette, CA 94549.

24 3. On June 5, 1998, the Medical Board of California issued Physician's and Surgeon's
25 Certificate Number A65476 to Steven K. Mangar, M.D. (Respondent). At all relevant times, said
26 certificate was current and valid. Unless renewed, the certificate will expire on May 31, 2014.

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1 professional licensing agency in any state is involved, and shall not be admissible in any other
2 criminal or civil proceedings.

3 CONTINGENCY

4 11. This Stipulation shall be subject to the approval of the Board.
5 Respondent understands and agrees that Board staff and counsel for complainant may
6 communicate directly with the Board regarding this stipulation, without notice to or participation
7 by Respondent or his counsel. If the Board fails to adopt this Stipulation as its Order in this
8 matter, the Stipulation shall be of no force or effect; it shall be inadmissible in any legal action
9 between the parties; and the Board shall not be disqualified from further action in this matter by
10 virtue of its consideration of this Stipulation. Respondent also understands and agrees that he will
11 not be able to withdraw or modify this Stipulation while it is before the Board for consideration.

12 12. The parties understand and agree that facsimile copies of this Stipulated Settlement
13 and Disciplinary Order, including facsimile signatures thereto, shall have the same force and
14 effect as the originals.

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

18 DISCIPLINARY ORDER

19 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A65476 is
20 revoked. However, the revocation is stayed and Respondent's certificate is placed on three (3)
21 years probation, on the following terms and conditions:

22 1. PRESCRIBING PRACTICES COURSE: Within 60 calendar days of the effective
23 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the
24 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,
25 University of California, San Diego School of Medicine (Program), approved in advance by the
26 Board or its designee. Respondent shall provide the Program with any information and documents
27 that the Program may deem pertinent. Respondent shall participate in and successfully complete
28 the classroom component of the course not later than six (6) months after respondent's initial

1 enrollment. Respondent shall successfully complete any other component of the course within
2 one (1) year of enrollment. The prescribing practices course shall be at respondent's expense and
3 shall be in addition to the Continuing Education (CME) requirements for renewal of licensure.

4 A prescribing practices course taken oafter the acts that gave rise to the charges in the
5 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
6 or its designee, be accepted towards the fulfillment of this condition if the course would have
7 been approved by the Board or its designee had the course been taken after the effective date of
8 this Decision.

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than 15 days after successfully completing the course, or not later than 15 days
11 after the effective date of this Decision, whichever is later.

12 2. MEDICAL RECORD KEEPING COURSE: Within 60 days of the effective date of
13 this decision, Respondent shall enroll in a course in medical record keeping equivalent to the
14 Medical Record Keeping Course offered by the Physician Assessment and Clinical Education
15 Program, University of California, San Diego School of Medicine (Program), approved in
16 advance by the Board or its designee. Respondent shall provide the Program with any
17 information and documents that the Program may deem pertinent. Respondent shall participate in
18 and complete the classroom component of the course not later than six (6) months after
19 Respondent's initial enrollment. Respondent shall successfully complete any other component of
20 the course within one (1) year of enrollment. The medical record keeping course shall be at
21 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
22 requirements for renewal of licensure.

23 A medical record keeping course taken after the acts that gave rise to the charges in the
24 Accusation, but prior to the effective date of the decision may, in the sole discretion of the Board
25 or its designee, be accepted towards the fulfillment of this condition if the course would have
26 been approved by the Board or its designee had the course been taken after the effective date of
27 this decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 days after successfully completing the course, or not later than 15 days after the effective date of this decision, whichever is later.

4. NOTIFICATION: Within seven (7) days of the effective date of this decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

5. SUPERVISION OF PHYSICIAN ASSISTANTS: During probation, Respondent is prohibited from supervising physician assistants.

6. OBEY ALL LAWS: Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

7. QUARTERLY DECLARATIONS: Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

8. COMPLIANCE WITH PROBATION UNIT:

Respondent shall comply with the Board's probation unit and all terms and conditions of this decision.

9. CHANGE OF ADDRESS: Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board

1 or its designee. Under no circumstances shall a post office box serve as an address of record,
2 except as allowed by Business and Professions Code section 2021(b).

3 10. PLACE OF PRACTICE: Respondent shall not engage in the practice of medicine
4 in Respondent's or his patient(s)' place of residence, unless the patient resides in a skilled nursing
5 facility or other similar licensed facility.

6 11. LICENSE RENEWAL: Respondent shall maintain a current and renewed
7 California physician's and surgeon's license.

8 12. TRAVEL OUTSIDE STATE: Respondent shall immediately inform the Board or
9 its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or
10 is contemplated to last, more than thirty (30) calendar days.

11 In the event Respondent should leave the State of California to reside or to practice
12 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
13 departure and return.

14 13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE: Respondent shall be
15 available in person upon request for interviews either at Respondent's place of business or at the
16 probation unit office, with or without prior notice throughout the term of probation.

17 14. NON-PRACTICE WHILE ON PROBATION: Respondent shall notify the Board
18 or its designee in writing within 15 calendar days of any periods of non-practice lasting more than
19 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
20 defined as any period of time Respondent is not practicing medicine in California as defined in
21 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
22 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
23 time spent in an intensive training program which has been approved by the Board or its designee
24 shall not be considered non-practice. Practicing medicine in another state of the United States or
25 Federal jurisdiction while on probation with the medical licensing authority of that state or
26 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
27 not be considered as a period of non-practice.

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1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
2 months, Respondent shall successfully complete a clinical training program that meets the criteria
3 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
4 Disciplinary Guidelines" prior to resuming the practice of medicine.

5 Respondent's period of non-practice while on probation shall not exceed two (2) years.

6 Periods of non-practice will not apply to the reduction of the probationary term.

7 Periods of non-practice will relieve Respondent of the responsibility to comply with the
8 probationary terms and conditions with the exception of this condition and the following terms
9 and conditions of probation: Obey All Laws; and General Probation Requirements.

10 15. COMPLETION OF PROBATION: Respondent shall comply with all financial
11 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
12 completion of probation. Upon successful completion of probation, Respondent's certificate shall
13 be fully restored.

14 16. VIOLATION OF PROBATION: Failure to fully comply with any term or
15 condition of probation is a violation of probation. If Respondent violates probation in any
16 respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke
17 probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to
18 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,
19 the Board shall have continuing jurisdiction until the matter is final, and the period of probation
20 shall be extended until the matter is final.

21 17. LICENSE SURRENDER: Following the effective date of this decision, if
22 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
23 the terms and conditions of probation, Respondent may request to surrender his or her license.
24 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
25 determining whether or not to grant the request, or to take any other action deemed appropriate
26 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
27 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
28 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject

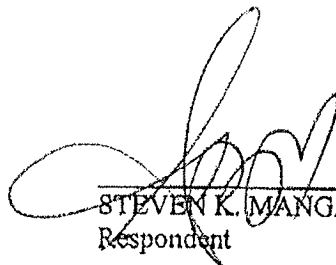
1 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
2 application shall be treated as a petition for reinstatement of a revoked certificate.

3 18. PROBATION MONITORING COSTS: Respondent shall pay the costs associated
4 with probation monitoring each and every year of probation, as designated by the Board, which
5 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
6 California and delivered to the Board or its designee no later than January 31 of each calendar
7 year.

8 ACCEPTANCE

9 I have carefully read the Stipulated Settlement and Disciplinary Order and have fully
10 discussed it with my attorneys. I understand the stipulation and the effect it will have on my
11 Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary
12 Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order
13 of the Medical Board of California.

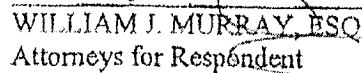
14 DATED:

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18 STEVEN K. MANGAR, M.D.
19 Respondent

20 I have read and fully discussed with Respondent Steven K. Mangar, M.D. the
21 terms and conditions and other matters contained in the above Stipulated Settlement and
22 Disciplinary Order. I approve its form and content.

23 DATED:

BELZER, HULCHY & MURRAY

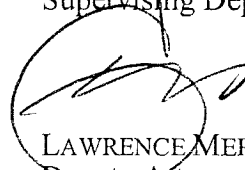
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26 
27 WILLIAM J. MURRAY, ESQ.
28 Attorneys for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 8/9/2012

KAMALA D. HARRIS
Attorney General of California
JOSE R. GUERRERO
Supervising Deputy Attorney General



LAWRENCE MERCER
Deputy Attorney General
Attorneys for Complainant

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ACCUSATION
NO. 03-2010-209330

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 29, 2011
BY: Delphine ANALYST

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

10 In the Matter of the Accusation Against:

Case No. 03-2010-209330

11 **STEVEN K. MANGAR, M.D.**

ACCUSATION

12 P.O. Box 1530
13 Salinas, CA 93902

14 Physician's and Surgeon's Certificate No. A65476

15 Respondent.

16 Complainant alleges:

17 **PARTIES**

18 1. Linda K. Whitney (Complainant) brings this Accusation (Accusation) solely in her
19 official capacity as the Executive Director of the Medical Board of California, Department of
20 Consumer Affairs.

21 2. On June 5, 1998, the Medical Board of California issued Physician's and Surgeon's
22 Certificate Number A65476 to Steven K. Mangar, M.D. (Respondent). At all relevant times, said
23 certificate was current and valid. Unless renewed, the certificate will expire on May 31, 2012.

JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board¹) under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code provides, pertinent part, that the Medical Board shall have responsibility for:

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

(b) The administration and hearing of disciplinary actions.

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

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

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

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

6. Section 2228 of the Code provides that a probation imposed by the Board may include, but is not limited to the following:

“(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.”

¹ As used herein, the term “board” means the Medical Board of California. As used herein, “Division of Medical Quality” shall also be deemed to refer to the board.

1 “(b) Requiring the licensee to submit to a complete diagnostic examination by one
2 or more physicians and surgeons appointed by the board. If an examination is ordered, the board
3 shall receive and consider any other report of a complete diagnostic examination given by one or
4 more physicians and surgeons of the licensee’s choice.”

5 “(c) Restricting or limiting the extend, scope, or type of practice of the licensee,
6 including requiring notice to applicable patients that the licensee is unable to perform the
7 indicated treatment, where appropriate.”

8 7. Section 2234 of the Code provides:

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

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

15 “(b) Gross negligence.

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

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

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

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1 8. Section 2241.5 provides that a physician and surgeon may prescribe for a person
2 under his care for a medical condition dangerous drugs or prescription controlled substances for
3 the treatment of pain or a condition causing intractable pain. However, nothing in that section
4 affects the power of the board to take any action described in Section 2227 of the Code,
5 including, but not limited to, Sections 2234, subsections (b), (c) and (d), and/or Section 2242.

6 9. Section 2241.6 of the Code authorized the board, in conjunction with professional
7 peer organizations in the field of pain management, to develop standards for review of cases
8 concerning the management of a patient's pain. In 2007, the board revised its 1994 Guidelines
9 for Prescribing Controlled Substances for Pain, which guidelines were disseminated to all
10 California-licensed physicians and surgeons. Those guidelines recommend that physicians follow
11 the standard of care in managing pain patients, including a history, appropriate examination,
12 treatment plan with objectives, informed consent, periodic review of the treatment, consultation
13 where warranted and accurate and complete medical records.

14 10. Section 2242(a) of the Code provides:

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

18 11. Section 2266 of the Code provides:

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

21 DRUGS

22 12. The following dangerous drugs, as defined in Section 4022, are relevant to the
23 cause for disciplinary action set forth in this Accusation:

24 A. **Oxycontin** is a semisynthetic narcotic analgesic with multiple actions qualitatively
25 similar to those of morphine. It is a dangerous drug as defined in section 4022, a schedule II
26 controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health
27 and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of
28

1 Title 21 of the Code of Federal Regulations. Oxycodone can produce drug dependence of the
2 morphine type and, therefore, has the potential for being abused.

3 B. **Percocet** a trade name for a combination of oxycodone hydrochloride and
4 acetaminophen, is a semisynthetic narcotic analgesic with multiple actions qualitatively similar to
5 those of morphine, a dangerous drug as defined in section 4022, a schedule II controlled
6 substance and narcotic as defined by section 11055, subdivision (b)(1)(N) of the Health and
7 Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title
8 21 of the Code of Federal Regulations. Oxycodone can produce drug dependence of the
9 morphine type and, therefore, has the potential for being abused. Repeated administration of
10 Percocet may result in psychic and physical dependence.

11 **FACTS**

12 13. On or about August 28, 2003, Patient P.B.², a 60 year old male patient with a
13 history of chronic neck and low back pain came under respondent's care at the Center for Pain
14 Management in the Community Hospital of the Monterey Peninsula (CHOMP). The patient had
15 already undergone several surgical procedures to address severe cervical and lumbar stenosis and
16 he informed respondent that he had developed pain in his lower back, which intermittently
17 radiated down his right leg to his foot.

18 14. At the initial consultation in August 2003, respondent performed an evaluation
19 which included a physical examination and medical history, assessment of the patient's pain
20 level, his physical and psychological status and function, a history of the patient's prior pain
21 treatments and an assessment of other underlying or coexisting conditions. Although respondent
22 apparently did ask the patient about his use of other substances, the social history included only
23 the statement that the patient was currently drinking an "uncertain quantity" of alcohol on daily
24 basis. This inconclusive assessment was never pursued further and the patient's alcohol use is not
25 referred to in subsequent records.

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28 ² The patient's name is abbreviated to protect his privacy.

1 15. Based upon the history, physical examination and assessment of the patient's
2 condition, respondent proposed a multi-disciplinary treatment plan, including occupational and
3 physical therapy, an EMG/nerve conduction study, an increase the patient's dosage of Neurontin
4 and consideration of transition from the patient's existing regimen of Percocet to a long-acting
5 opiate.

6 16. Patient P.B. elected not to follow up with respondent but to continue treatment
7 with other physicians until October 2003. At that time, respondent's narrative summary states
8 that he took over the patient's medications, including Percocet, 5 mg., TID, and that the patient
9 signed a medication agreement consenting to have respondent solely responsible for his
10 medications.

11 17. In 2004, Patient P.B. moved to Alaska and his medications, including Percocet as
12 mentioned above, were prescribed by an Alaska-licensed physician.

13 18. On or about December 1, 2005, respondent examined Patient P.B. Thereafter, on
14 April 11, 2006, he wrote a letter in which he stated that in his medical opinion Patient P.B. was
15 using his medications appropriately and that these prescriptions should be continued.

16 19. On November 9 and December 15, 2006 and January 10, 2007 respondent wrote
17 prescriptions for Percocet, 10/325 mg. QID, for Patient P.B. There are no documented
18 examinations of P.B. for these dates in respondent's records -- although respondent's billing
19 ledger for the patient indicates that the patient was billed for a medical examination on each date.
20 On January 29, 2007, respondent issued a prescription for a 3-month supply of Percocet, 10/325
21 mg. There is neither a record of examination nor a billing statement to indicate that the patient
22 was seen in the office on that date. On May 1, 2007, another 3-month supply of Percocet was
23 prescribed by respondent, without a documented examination, but with a billing record that
24 indicates the patient was billed for a medical examination on that date.

25 20. On June 7, 2007, there is a documented evaluation of Patient P.B. by respondent.
26 The record of the evaluation consists of the patient's handwritten answers on a "Patient Follow
27 Up Questionnaire," with notations in the margin by respondent. According to the patient, his pain
28 was 7 on a scale of 10 and he could sit, stand or walk for only short, i.e. 5-10 minute-long,

1 periods of time. A rationale is not clearly documented in the patient's chart; however,
2 respondent's notes indicate that he increased the patient's pain medications by doubling the 3-
3 month supply from 360 tablets to 720 tablets. A brief note states that "Oxy" would be added, but
4 a prescription does not appear to have been issued on that date. A 3-month supply of Percocet,
5 #720, were prescribed on July 26, although there is no interim note regarding how the patient's
6 pain had responded to the increased dosage, nor is there any record of an examination.

7 21. Patient P.B. returned on September 6, 2007, at which time he reported his pain to
8 be 5 on a scale of 10. He reported that another physician had administered an epidural.
9 Respondent's records indicate that Oxycontin, 20 mg. BID, is added to the patient's medications,
10 although there is no documented rationale for the change in the treatment plan.

11 22. Patient P.B. was next seen by respondent on December 5, 2007. As with the prior
12 documented examinations in June and September, the medical record consists of the patient's
13 answers to a questionnaire with only brief comments written in the margin by respondent. A
14 review of systems checklist, printed on the reverse side of the questionnaire, is signed by
15 respondent but no positive findings are recorded. Respondent's note indicates that he increased
16 the dosage of Oxycontin to 40 mg. BID and he prescribed a 3-month supply of that drug. The 3-
17 month supply of Percocet was also increased, to #900, on that date. There is no charted
18 explanation for the increase in medication.

19 23. On February 4 and April 10, 2008, respondent issued prescriptions for Percocet
20 and Oxycontin to Patient P.B. There are no documented examinations of P.B. for these dates in
21 respondent's records, although respondent's ledger for the patient indicates that the patient was
22 billed for a medical examination on each date.

23 24. On April 30, 2008, there is a documented evaluation of Patient P.B. by respondent.
24 The record of the evaluation consists of the patient's handwritten answers on a Patient Follow Up
25 Questionnaire, with notations in the margin by respondent. The patient checked boxes indicating
26 that his pain control was poor and that his ability to carry out his activities of daily living had
27 decreased. Respondent later stated to a medical consultant for the Medical Board that the patient
28 was doing "moderately well" at this point, but that he had concerns about the amount of

1 "Percocet." At that time, respondent issued another prescription for Percocet, 15 mg. #90,
2 apparently to decrease the amount of acetaminophen in the patient's medication regime.

3 25. On June 20, 2008, respondent renewed the patient's prescriptions. Despite his
4 prior concerns about the amount of acetaminophen that the patient was taking, he returned to the
5 practice of prescribing Percocet, 10/325 mg. #900, in addition to the usual 3-month supply of
6 Oxycontin. There is no documented examination for this date.

7 26. On October 15, 2008, Patient P.B. was seen in respondent's office. The record of
8 the examination consists of the patient's handwritten answers on a Patient Follow Up
9 Questionnaire, with very brief notations in the margin by respondent. The patient reported that he
10 had recently had a spinal fusion. Respondent renewed the prescriptions for 3-month supplies of
11 Percocet and Oxycontin.

12 27. Respondent did not have another face-to-face meeting with Patient P.B., although
13 he continued to prescribe 3-month supplies of Percocet and Oxycontin to P.B. at regular intervals
14 through March 2010. These prescriptions were mailed to the patient at his home address and
15 filled by him through an internet/mail service for prescription medications. During this period of
16 time, i.e. October 2008 through March 2010, respondent had only one documented telephone
17 contact with the patient, on December 2, 2009, but the contents of that discussion are not recorded
18 in his chart.

19 28. In mid-2010, P.B.'s family members became concerned about his marked decline
20 in functioning. They learned that P.B. was taking BuSpar and Ativan for anxiety, Percocet and
21 Oxycontin (prescribed by respondent) for pain and was also consuming 1-2 bottles of wine/day.
22 P.B. was hospitalized at CHOMP for detoxification, after which he entered a treatment program
23 at the Betty Ford Clinic to wean him from his prescription medications and alcohol.

24 29. At a subsequent interview with a Board investigator and medical consultant,
25 respondent stated that the reason that he did not examine P.B. after October 2008 was the
26 patient's insistence that he could not make the drive from his home in Monterey to respondent's
27 office in Salinas. Respondent claimed that he "was speaking on the phone to him [P.B.]" albeit
28 (as stated above) there is only one documented telephone conversation between them during this

1 period. Respondent also reported that he was in contact with P.B.'s other treating physicians and
2 he produced four letters received during 2009 (the last letter indicating that the patient was
3 consuming up to a bottle of wine each day and was possibly suffering from alcohol-induced
4 neuropathy); however, there is no documentation that respondent consulted with these physicians
5 regarding his continued prescribing for Patient P.B., nor any evidence that he re-evaluated his
6 treatment plan based on information that he received from them. Respondent assured the Board's
7 representatives that his practice was to prepare a complete narrative report on his patients
8 annually, although there is not a narrative report for Patient P.B. from the time he returned to
9 respondent's care, in or about early 2007, through 2010.

10 **CAUSES FOR DISCIPLINE**

11 **(Gross Negligence/Repeated Negligent acts)**

12 30. Respondent is subject to disciplinary action under section 2234, including
13 subsections (b) and/or (c), 2242(a) and/or 2266 in that respondent was grossly negligent and/or
14 repeatedly negligent in his care and treatment of Patient P.B., and also failed to keep adequate and
15 accurate records relating to the patient, including but not limited to the following:

16 A. Complainant incorporates paragraphs 13 through 29 in this cause for disciplinary
17 action as though fully set out herein.

18 B. Although respondent's initial note indicated that the patient was drinking alcohol
19 of an uncertain quantity on a daily basis, there is no documented discussion with the patient
20 regarding the effects of alcohol use in combination with opioid treatment then or at any later date.

21 C. Between November 2006 and May 2007, respondent repeatedly issued long-term
22 prescriptions for large amounts of narcotic pain medications to P.B. without a documented,
23 appropriate physical examination, interim history and determination that there continued to be a
24 medical indication for the pain medications.

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1 D. Beginning in June 2007 and continuing through October 2008, respondent's chart
2 notes consist of a patient questionnaire, without a documented, appropriate physical examination,
3 and with only scant medical information regarding other relevant matters, such as the patient's
4 interim history, his current physical and psychological status, an assessment the patient's other
5 underlying or coexisting conditions or his current need for opioid treatment.

6 E. Respondent's billing ledger for Patient P.B. shows charges for multiple office
7 visits for which there is no corresponding medical record.

8 F. Respondent prescribed for Patient P.B. from 2006 through 2010 without
9 documenting a treatment plan.

10 G. Respondent failed to obtain and/or failed to document the patient's informed
11 consent to opioid therapy for chronic pain.

12 H. Beginning in approximately November 2006, respondent failed to periodically
13 review the patient's treatment at appropriate intervals and, after October 2008, he ceased to do so
14 entirely.

15 **PRAYER**

16 WHEREFORE, complainant prays that a hearing be held and that the Board issue an
17 order:

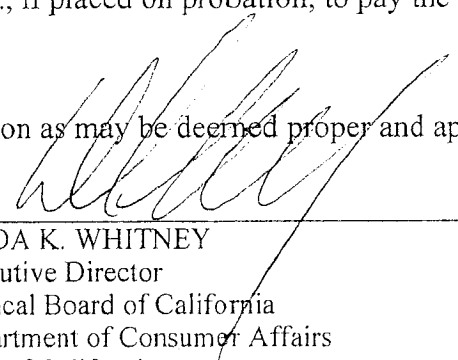
18 1. Revoking or suspending Physician's and Surgeon's Certificate number A65476,
19 issued to Steven K. Mangar, M.D.;

20 2. Prohibiting Steven K. Mangar, M.D., from supervising a Physician Assistant;

21 3. Ordering Steven K. Mangar, M.D., if placed on probation, to pay the costs of
22 probation monitoring;

23 4. Taking such other and further action as may be deemed proper and appropriate.

24 DATED: July 29, 2011.


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

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