

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

**In the Matter of the Accusation)
Against:)**

BRUCE M. STARK, M.D.)

Case No. 800-2017-035866

**Physician's and Surgeon's)
Certificate No. G72204)**

Respondent)

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 December 13, 2019.

IT IS SO ORDERED November 13, 2019.

MEDICAL BOARD OF CALIFORNIA



**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CLAUDIA RAMIREZ
Deputy Attorney General
4 State Bar No. 205340
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, California 90013
6 Telephone: (213) 269-6482
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

12
13 In the Matter of the Accusation Against:

14 BRUCE M. STARK, M.D.
4418 Vineland Ave., Suite 102
15 Toluca Lake, California 91602-3457

16 Physician's and Surgeon's Certificate
17 No. G 72204,

18 Respondent.
19

Case No. 800-2017-035866

OAH No. 2019070498

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

22 **PARTIES**

23 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
24 Board of California ("Board"). She brought this action solely in her official capacity and is
25 represented in this matter by Xavier Becerra, Attorney General of the State of California, by
26 Claudia Ramirez, Deputy Attorney General.

27 2. Respondent Bruce M. Stark, M.D. ("Respondent") is represented in this proceeding
28 by attorney Thomas E. Still, Esq., Hinshaw, Marsh, Still & Hinshaw, LLP, 12901 Saratoga

1 Avenue, Saratoga, California 95070.

2 3. On or about August 6, 1991, the Board issued Physician's and Surgeon's Certificate
3 No. G 72204 to Respondent. That Certificate was in full force and effect at all times relevant to
4 the charges brought in Accusation No. 800-2017-035866, and will expire on February 28, 2021,
5 unless renewed.

6 **JURISDICTION**

7 4. Accusation No. 800-2017-035866 was filed before the Board, and is currently
8 pending against Respondent. The Accusation and all other statutorily required documents were
9 properly served on Respondent on October 24, 2018. Respondent timely filed his Notice of
10 Defense contesting the Accusation.

11 5. A copy of Accusation No. 800-2017-035866 is attached as Exhibit A and
12 incorporated herein by reference.

13 **ADVISEMENT AND WAIVERS**

14 6. Respondent has carefully read, fully discussed with counsel, and understands the
15 charges and allegations in Accusation No. 800-2017-035866. Respondent has also carefully read,
16 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
17 Disciplinary Order.

18 7. Respondent is fully aware of his legal rights in this matter, including the right to a
19 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
20 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
21 to the issuance of subpoenas to compel the attendance of witnesses and the production of
22 documents; the right to reconsideration and court review of an adverse decision; and all other
23 rights accorded by the California Administrative Procedure Act and other applicable laws.

24 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
25 every right set forth above.

26 **CULPABILITY**

27 9. Respondent understands and agrees that the charges and allegations in Accusation
28 No. 800-2017-035866, if proven at a hearing, constitute cause for imposing discipline upon his

1 Physician's and Surgeon's Certificate.

2 10. For the purpose of resolving the Accusation without the expense and uncertainty of
3 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima
4 facie case for the charges in the Accusation, and that Respondent hereby gives up his right to
5 contest those charges.

6 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
7 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the
8 Disciplinary Order below.

9 CONTINGENCY

10 12. This stipulation shall be subject to approval by the Medical Board of California.
11 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
12 Board of California may communicate directly with the Board regarding this stipulation and
13 settlement, without notice to or participation by Respondent or his counsel. By signing the
14 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
15 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
16 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
17 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
18 action between the parties, and the Board shall not be disqualified from further action by having
19 considered this matter.

20 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
21 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
22 signatures thereto, shall have the same force and effect as the originals.

23 14. In consideration of the foregoing admissions and stipulations, the parties agree that
24 the Board may, without further notice or formal proceeding, issue and enter the following
25 Disciplinary Order:

26 ///

27 ///

28 ///

DISCIPLINARY ORDER

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. G 72204 issued to Respondent Bruce M. Stark, M.D. shall be and is hereby publicly reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This public reprimand, which is issued in connection with Respondent's care and treatment of Patient A, as set forth in Accusation No. 800-2017-035866, is as follows:

"On January 11, 2012, you engaged in repeated negligent acts, maintained inadequate and inaccurate records, and committed unprofessional conduct when you (1) prescribed two benzodiazepines and a sleep sedative together with high dose morphine to Patient A, who had chronic pulmonary conditions; (2) failed to properly risk-assess Patient A's addiction risks and obtain a Controlled Substance Utilization Review and Evaluation System ("CURES") report, even though you had not treated this patient for approximately five months, during three to four months of which the patient was opiate-free; (3) failed to prescribe morphine at a lower dose and titrate appropriately, after the patient had 'successfully' detoxed off morphine; and (4) maintained inadequate and inaccurate records."

IT IS FURTHER ORDERED THAT Respondent shall comply with the following:

1. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its
4 designee not later than 15 calendar days after successfully completing the course, or not later than
5 15 calendar days after the effective date of the Decision, whichever is later.

6 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
7 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
8 advance by the Board or its designee. Respondent shall provide the approved course provider
9 with any information and documents that the approved course provider may deem pertinent.
10 Respondent shall participate in and successfully complete the classroom component of the course
11 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
12 complete any other component of the course within one (1) year of enrollment. The medical
13 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
14 Medical Education (CME) requirements for renewal of licensure.

15 A medical record keeping course taken after the acts that gave rise to the charges in the
16 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
17 or its designee, be accepted towards the fulfillment of this condition if the course would have
18 been approved by the Board or its designee had the course been taken after the effective date of
19 this Decision.

20 Respondent shall submit a certification of successful completion to the Board or its
21 designee not later than 15 calendar days after successfully completing the course, or not later than
22 15 calendar days after the effective date of the Decision, whichever is later.

23 3. VIOLATION OF THIS ORDER. Failure to comply with any of the terms of this
24 Disciplinary Order constitutes unprofessional conduct in violation of Business and Professions
25 Code section 2234. If Respondent violates this Disciplinary Order in in any respect, the Board
26 may file an Accusation and, after a hearing, discipline Respondent's license for unprofessional
27 conduct.

28 ///

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Thomas E. Still, Esq. I understand the stipulation and the effect it
4 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
5 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
6 Decision and Order of the Medical Board of California.

7
8 DATED: 10/2/19

Bruce M. Stark
9 BRUCE M. STARK, M.D.
Respondent

10
11 I have read and fully discussed with Respondent Bruce M. Stark, M.D. the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
13 I approve its form and content.

14
15 DATED: 10/2/2019

Thomas E. Still
16 THOMAS E. STILL, ESQ.
Attorney for Respondent

17
18 ENDORSEMENT

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

21 DATED: 10/2/19

22 Respectfully submitted,

23 XAVIER BECERRA
Attorney General of California
24 E. A. JONES III
Supervising Deputy Attorney General

25 Claudia Ramirez
26 CLAUDIA RAMIREZ
Deputy Attorney General
27 Attorneys for Complainant
28

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Exhibit A

Accusation No. 800-2017-035866

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CLAUDIA RAMIREZ
Deputy Attorney General
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO OCT 24 2018
BY SARA PAGON ANALYST

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

12
13 In the Matter of the Accusation Against:

Case No. 800-2017-035866

14 BRUCE M. STARK, M.D.
4418 Vineland Ave., Suite 102
15 Toluca Lake, California 91602-3457

ACCUSATION

16 Physician's and Surgeon's Certificate
No. G 72204,

17
18 Respondent.

19 Complainant alleges:

20 **PARTIES**

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

24 2. On August 6, 1991, the Board issued Physician's and Surgeon's Certificate Number
25 G 72204 to Bruce M. Stark, M.D. ("Respondent"). That Certificate was in full force and effect at
26 all times relevant to the charges brought herein and will expire on February 28, 2019, unless
27 renewed.

28 ///

JURISDICTION

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

4. Section 2234 of the Code states:

"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:

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

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

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the

1 proposed registration program described in Section 2052.5.

2 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
3 participate in an interview by the board. This subdivision shall only apply to a certificate holder
4 who is the subject of an investigation by the board.”

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

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Repeated Negligent Acts)**

10 6. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),
11 in that he engaged in repeated negligent acts with respect to the care and treatment of Patient A.
12 The circumstances are as follows:

13 7. From approximately March of 2009, to approximately August of 2011, and on or
14 about January 11, 2012, Respondent treated Patient A, a then fifty-five-year-old male.
15 Respondent treated him for chronic low back pain and managed his medications. Respondent
16 also treated him for other medical conditions, including, but not limited to, obesity, asthma,
17 allergies, hyperlipidemia, Deep Vein Thrombosis, hypertension, and anxiety disorder.

18 8. Respondent tried various narcotic pain medications, including Morphine immediate
19 release and extended release pills,¹ Acetaminophen-Hydrocodone,² Oxycodone,³ and Fentanyl

20
21 ¹ Morphine (MS Contin, Oramorph SR (Oral)) is an opioid pain medication. It is a
22 Schedule II controlled substance as defined by part 1308.12(b)(1)(ix) of Title 21 of the Code of
Federal Regulations and California Health and Safety Code section 11055, subdivision (b)(1)(L).
It is a dangerous drug as defined in California Business and Professions Code section 4022.

23 ² Hydrocodone is an opioid pain medication. Acetaminophen is a less potent pain reliever
24 that increases the effects of hydrocodone. Acetaminophen-Hydrocodone (Norco, Lortab,
Vicodin) is a Schedule II controlled substance as defined by 21 Code of Federal Regulations part
25 1308.12(b)(1)(vi) and California Health and Safety Code section 11055, subdivision (b)(1)(I). It
is a dangerous drug as defined in California Business and Professions Code section 4022.

26 ³ Oxycodone (OxyContin) is an opioid pain medication. It is a Schedule II controlled
27 substance as defined by part 1308.12(b)(1)(xiii) of Title 21 of the Code of Federal Regulations
28 and California Health and Safety Code section 11055, subdivision (b)(1)(M). It is a dangerous
drug as defined in California Business and Professions Code section 4022.

1 patches⁴ for approximately two to three years. In or around 2011 to 2012, Respondent eventually
2 maintained Patient A on a combination of morphine short- and long-acting medications. In
3 addition to the opiate prescriptions, Respondent also intermittently prescribed diazepam 10 mg,⁵
4 Ambien 10 mg,⁶ and alprazolam 1 mg.

5 9. During the time period that Respondent provided care and treatment to Patient A,
6 Patient A was also receiving controlled substances, including opiates, from other physicians. For
7 example, during an approximately one-month period from July 7, 2010, to August 8, 2010, he
8 received three separate Norco prescriptions totaling 480 tablets within 30 days, in addition to the
9 regular morphine prescriptions that he received from Respondent.

10 10. Patient A showed other aberrant drug-related behaviors and his family reported
11 medication overuse to Respondent.

12 11. On or about January 22, 2010, and April 15, 2010, Respondent prescribed Oramorph
13 SR 60 mg, 90 tabs, and Acetaminophen-Hydrocodone 325 mg-10 mg, 180 tabs; for a total of
14 approximately 240 mg Morphine Equivalent Daily Dose ("MEDD").⁷ On July 20, 2010,
15 Respondent assessed Patient A's pain to be stable on the current opiate regimen (Oramorph SR
16 and Norco) of approximately 240 mg MEDD.

17 ⁴ A Fentanyl Patch is a narcotic pain medicine. Fentanyl is used for managing severe
18 chronic pain. Fentanyl is a Schedule II controlled substance as defined by part 1308.12,
19 subdivision (c)(9) of Title 21 of the Code of Federal Regulations and California Health and Safety
Code section 11055, subdivision (c)(8). It is a dangerous drug as defined in California Business
and Professions Code section 4022.

20 ⁵ Benzodiazepines are a class of drugs that produce Central Nervous System depression
21 and are most commonly used to treat insomnia and anxiety. They include alprazolam (e.g.,
22 Xanax), lorazepam (e.g., Ativan), diazepam (e.g., Valium), and temazepam (Restoril). They are
23 Schedule IV controlled substances as defined by 21 Code of Federal Regulations part
1308.14(c)(2), (c)(16), (c)(30), (c)(5) and California Health and Safety Code section 11057,
subdivisions (d)(1), (d)(9), (d)(16), and (d)(29). They are dangerous drugs as defined in
California Business and Professions Code section 4022.

24 ⁶ Zolpidem (Ambien) is a sedative, also called a hypnotic. It is used to treat insomnia. It
25 is a Schedule IV controlled substance as defined by 21 Code of Federal Regulations part
26 1308.14(c)(54) and California Health and Safety Code section 11057, subdivision (d)(32). It is a
dangerous drug as defined in California Business and Professions Code section 4022.

27 ⁷ MEDD of opioids is a numerical standard against which most opioids can be compared,
28 giving an apples-to-apples comparison of each medication's potency. By converting the dose of
an opioid to a morphine equivalent dose, a clinician can determine whether a cumulative daily
dose of opioids approaches an amount associated with increased risk.

1 12. On or about November 23, 2010, Respondent prescribed Oramorph SR 60 mg, 180
2 tabs, and Oxycodone 30 mg, 180 tabs, for a total of approximately 450 mg MEDD. Respondent
3 was informed that Patient A's mother did not want him on opiates.

4 13. On or about December 21, 2010, Respondent prescribed Morphine 60 mg, 180 tabs,
5 and Oxycodone 30 mg, 180 tabs, for a total of approximately 630 mg MEDD.

6 14. On or about January 18, 2011, Respondent prescribed Oramorph SR 60 mg, 180 tabs,
7 with MS Contin immediate release 30 mg, 120 tabs, for a total of approximately 480 mg MEDD.
8 Similarly, on or about March 15, 2011, Respondent prescribed MS Contin extended release 60
9 mg, 180 tabs, with MS Contin immediate release 30 mg, 120 tabs, for a total of approximately
10 480 mg MEDD.

11 15. On or about April 12, 2011, Respondent increased the pain medications to a MEDD
12 of approximately 540 mg (Oramorph SR 60 mg, 180 tabs, with MS Contin immediate release 30
13 mg, 180 tabs), but the prescriptions were written in 10-day intervals to minimize abuse.
14 Respondent received a letter from Patient A's mother informing him that Patient A was
15 overmedicated with pain medications. Respondent wrote Patient A's mother a note asking her to
16 come with Patient A to his appointment to address her concerns.

17 16. On or about May 11, 2011, Respondent saw Patient A with his mother. Patient A's
18 mother informed Respondent that Patient A would frequently fall and could not get up on his
19 own. He would lay on the kitchen floor for hours and could not move for hours. Patient A did
20 not dispute his mother's description of his condition. Respondent reduced the morphine therapy
21 to a total of approximately 330 mg MEDD (MS Contin extended release 60 mg, 120 tabs, with
22 MS Contin immediate release 30 mg, 90 tabs).

23 17. On or about June 7, 2011, Respondent saw Patient A for care and treatment. Patient
24 A was less lethargic and more focused with appropriate mood. Respondent prescribed morphine
25 therapy (Morphine extended release 60 mg, 120 tabs, and Morphine immediate release, 30 mg,
26 120 tabs) for a total of approximately 360 mg MEDD; Valium 10 mg, 90 tabs; and Gabapentin
27 600 mg, 180 tabs.

28 18. On or about August 10, 2011, Respondent noticed that Patient A was lethargic and

1 unfocused. He counseled Patient A about over-medicating and mixing benzodiazepines with
2 opiates. Urine testing was consistent with his controlled substance prescriptions. Respondent
3 refilled his opiate medications (Morphine extended release 60 mg, 90 tabs, and Morphine
4 immediate release 30 mg, 60 tabs), but only allowed two-week prescriptions for closer
5 monitoring. The total MEDD was increased to approximately 480 mg based on his prescriptions.

6 19. On or about January 11, 2012, Respondent treated Patient A, who had been off
7 opiates for approximately three to four months.

8 20. According to the patient's medical record, dated January 11, 2012, Respondent
9 refilled 14 of his prescription medications, including his chronic opiate medication MS Contin 60
10 mg, 180 tablets, for a total of approximately 360 mg MEDD.

11 21. A urine toxicology screen, dated on January 11, 2012, showed no trace of opiates, as
12 Patient A had not been prescribed opiates due to his inability to see Respondent.

13 22. On January 15, 2012, Patient A died of acute morphine intoxication.

14 23. On January 11, 2012, Respondent engaged in repeated negligent acts as follows:

15 24. Respondent departed from the standard of care when he failed to properly risk assess
16 the patient's addiction risks and failed to obtain a Controlled Substance Utilization Review and
17 Evaluation System ("CURES")⁸ report. It is unclear why Patient A sought out Respondent for
18 care after approximately three to four months of abstinence and opiate-free therapy. Respondent
19 assessed Patient A to be in great pain physically. Respondent should have obtained a CURES
20 report either prior to the visit or during the visit to monitor the patient for aberrant or diversion
21 behaviors and to minimize any risk of opiate toxicity, overdose, or doctor-shopping. If a CURES
22 report was unavailable on the day of the visit, Respondent could have prescribed a small quantity
23 of opiates if indicated until a full CURES report was available.

24 25. Respondent departed from the standard of care when he prescribed two
25 benzodiazepines (diazepam and alprazolam) and a sleep sedative (zolpidem) with high dose
26 morphine to a patient with chronic pulmonary conditions (asthma and likely obesity-related

27 ⁸ CURES refers to the Controlled Substance Utilization Review and Evaluation System,
28 which is a government database containing information on Schedule II through IV controlled
substances dispensed in California.

1 obstructive sleep apnea). Benzodiazepines and opiate medications both cause central nervous
2 system depression and can decrease respiratory drive. Concurrent use is likely to place patients at
3 greater risk for potentially fatal overdose.

4 26. The combination of two benzodiazepines exposed Patient A (a patient with chronic
5 pulmonary disorders) to the additive risks of respiratory sedation from benzodiazepine overdose.
6 The risk was further increased with the combination of two benzodiazepines and high dosage
7 morphine. Patients with pulmonary conditions such as Patient A often have higher risks of
8 accidental respiratory complications from the combination of two benzodiazepines and high
9 dosage morphine, especially if their sleep apnea or asthma condition is not adequately treated.
10 The combination of morphine, two benzodiazepines, and a sleep sedative exposed Patient A to
11 the dangers of accidental respiratory arrest from overdose.

12 27. Respondent departed from the standard of care when he maintained inadequate and
13 inaccurate records. The progress note for the January 11, 2012 visit does not reflect a
14 comprehensive evaluation of Patient A's back pain. A detailed back examination is not
15 documented, such as the degree of flexion and extension of the lower spine. The documentation
16 of the 4 A's of pain assessment (analgesic relief, activities of daily living, adverse side effects,
17 and aberrant behaviors) in monitoring the efficacy of opiate pain medications was lacking. The
18 proper dosage and quantity of morphine refilled was not documented. Informed consent for using
19 benzodiazepines and high dosage morphine was not documented. A CURES check was not
20 documented.

21 28. Respondent departed from the standard of care when he failed to prescribe morphine
22 at a much lower dose during the January 11, 2012, visit and to titrate slowly and accordingly
23 since Patient A had in a way "successfully" detoxed off of morphine. He was off of opiates for
24 approximately three to four months with withdrawal symptoms. His urine drug screen on January
25 11, 2012 was consistent with no trace of opiates. As a result, his tolerance to morphine was lower
26 and his sensitivity was higher to the effects of morphine. However, Respondent refilled the
27 morphine at roughly the same excessive dosage of approximately 360 mg MEDD at the same
28 directions. By doing so, Respondent exposed Patient A to the increased risk of accidental

1 overdose due to the patient's lower morphine tolerance and improved sensitivity from the
2 previous drug abstinence.

3 29. Respondent's acts and/or omissions as set forth in paragraphs 7 through 28, inclusive
4 above, whether proven individually, jointly, or in any combination thereof, constitute repeated
5 negligent acts pursuant to Code section 2234, subdivision (c). Therefore, cause for discipline
6 exists.

7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Inadequate and Inaccurate Recordkeeping)**

9 30. Respondent is subject to disciplinary action under Code section 2266 in that
10 Respondent maintained inadequate and inaccurate records with respect to his care and treatment
11 of Patient A. The circumstances are as follows:

12 31. Paragraphs 7 through 28 are incorporated by reference as if fully set forth herein.

13 32. The progress note for the January 11, 2012 visit does not reflect a comprehensive
14 evaluation of Patient A's back pain. A detailed back examination is not documented, such as the
15 degree of flexion and extension of the lower spine. The documentation of the 4 A's of pain
16 assessment (analgesic relief, activities of daily living, adverse side effects, and aberrant
17 behaviors) in monitoring the efficacy of opiate pain medications was lacking. The proper dosage
18 and quantity of morphine refilled was not documented. Informed consent for using
19 benzodiazepines and high dosage morphine was not documented. A CURES check was not
20 documented.

21 33. Respondent's acts and/or omissions as set forth in paragraphs 31 through 32,
22 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
23 inadequate and inaccurate record keeping pursuant to Code section 2266. Therefore, cause for
24 discipline exists.

25 **THIRD CAUSE FOR DISCIPLINE**

26 **(Unprofessional Conduct)**

27 34. Respondent is subject to disciplinary action under Code section 2234 in that he
28 engaged in unprofessional conduct with respect to the care and treatment of Patient A. The

1 circumstances are as follows:

2 35. Paragraphs 6 through 33 are incorporated by reference as if fully set forth herein.

3 36. Respondent's acts and/or omissions as set forth in paragraph 35, inclusive above,
4 whether proven individually, jointly, or in any combination thereof, constitute unprofessional
5 conduct pursuant to Code section 2234. Therefore, cause for discipline exists.

6 **PRAYER**

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


9 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 72204,
10 issued to Respondent Bruce M. Stark, M.D.;

11 2. Revoking, suspending or denying approval of his authority to supervise physician
12 assistants and advanced practice nurses;

13 3. If placed on probation, ordering him to pay the Board the costs of probation
14 monitoring; and

15 4. Taking such other and further action as deemed necessary and proper.
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17
18

19 DATED: October 24, 2018


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

23 LA2018502787
24 53112093
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