

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

**In the Matter of the First)
Amended Accusation Against:)
)
)
Paul Jonathan Sackschewsky,)
M.D.)
)
Physician's and Surgeon's)
Certificate No. G 79026)
)
Respondent)
_____)**

Case No. 800-2017-031094

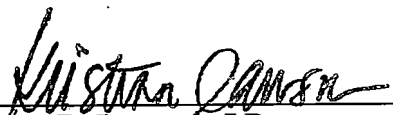
DECISION

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 APR 15 2020

IT IS SO ORDERED MAR 16 2020

MEDICAL BOARD OF CALIFORNIA

By: 
Kristina D. Lawson, J.D.
Panel B

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
4 State Bar No. 237826
1300 I Street, Suite 125
5 P.O. Box 944255
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7 *Attorneys for Complainant*

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

12 In the Matter of the 1st Amended Accusation
13 Against:

14 **PAUL JONATHAN SACKSCHEWSKY,**
15 **M.D.**
1335 S. Fairmont
16 Lodi, CA 95240

17 **Physician's and Surgeon's Certificate No. G**
79026

18 Respondent.

Case No. 800-2017-031094

OAH No. 2019030122

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

19
20
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical
25 Board of California (Board). She brought this action solely in her official capacity and is
26 represented in this matter by Xavier Becerra, Attorney General of the State of California, by
27 Jannsen Tan, Deputy Attorney General.
28

1 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
2 every right set forth above.

3 **CULPABILITY**

4 8. Respondent understands and agrees that the charges and allegations in 1st Amended
5 Accusation No. 800-2017-031094, if proven at a hearing, constitute cause for imposing
6 discipline upon his Physician's and Surgeon's Certificate.

7 9. For the purpose of resolving the 1st Amended Accusation without the expense and
8 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could
9 establish a factual basis for the charges in the 1st Amended Accusation, and that Respondent
10 hereby gives up his right to contest those charges.

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

14 **RESERVATION**

15 11. The admissions made by Respondent herein are only for the purposes of this
16 proceeding, or any other proceedings in which the Medical Board of California or other
17 professional licensing agency is involved, and shall not be admissible in any other criminal or
18 civil proceeding.

19 **CONTINGENCY**

20 12. This stipulation shall be subject to approval by the Medical Board of California. .
21 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
22 Board of California may communicate directly with the Board regarding this stipulation and
23 settlement, without notice to or participation by Respondent or his counsel. By signing the
24 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
25 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
26 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
27 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
28

1 action between the parties, and the Board shall not be disqualified from further action by having
2 considered this matter.

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

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

9 **DISCIPLINARY ORDER**

10 **A. PUBLIC REPRIMAND**

11 IT IS HEREBY ORDERED that Respondent Paul Jonathan Sackschewsky, M.D., as holder
12 of Physician's and Surgeon's Certificate No. G 79026 shall be and hereby is publicly reprimanded
13 pursuant to Business and Professions Code section 2227, subdivisioin (a)(4) as follows:

14 "You failed to adequately document your reasoning for prescribing Methadone to Patient A
15 on September 20, 2013 "

16 "You failed to adequately document your reasoning for prescribing opiates to Patient B and
17 C."

18 **B. PRESCRIBING PRACTICES COURSE**

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

28 A prescribing practices course taken after the acts that gave rise to the charges in the 1st.

1 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
2 the Board or its designee, be accepted towards the fulfillment of this condition if the course would
3 have been approved by the Board or its designee had the course been taken after the effective date
4 of this Decision.

5 Respondent shall submit a certification of successful completion to the Board or its
6 designee not later than 15 calendar days after successfully completing the course, or not later than
7 15 calendar days after the effective date of the Decision, whichever is later. Any violation of this
8 shall be considered unprofessional conduct and grounds for further disciplinary action.

9 **C. MEDICAL RECORD KEEPING COURSE**

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

19 A medical record keeping course taken after the acts that gave rise to the charges in the 1st
20 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
21 the Board or its designee, be accepted towards the fulfillment of this condition if the course would
22 have been approved by the Board or its designee had the course been taken after the effective date
23 of this Decision.

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

27 ///

28 ///

1 **E. PROFESSIONALISM PROGRAM (ETHICS COURSE)**

2 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
3 professionalism program, that meets the requirements of Title 16, California Code of Regulations
4 (CCR) section 1358.1. Respondent shall participate in and successfully complete that program.
5 Respondent shall provide any information and documents that the program may deem pertinent.
6 Respondent shall successfully complete the classroom component of the program not later than
7 six (6) months after Respondent's initial enrollment, and the longitudinal component of the
8 program not later than the time specified by the program, but no later than one (1) year after
9 attending the classroom component. The professionalism program shall be at Respondent's
10 expense and shall be in addition to the Continuing Medical Education (CME) requirements for
11 renewal of licensure.

12 A professionalism program taken after the acts that gave rise to the charges in the 1st
13 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
14 the Board or its designee, be accepted towards the fulfillment of this condition if the program
15 would have been approved by the Board or its designee had the program been taken after the
16 effective date of this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the program or not later
19 than 15 calendar days after the effective date of the Decision, whichever is later. Any violation of
20 this shall be considered unprofessional conduct and grounds for further disciplinary action.

21 **F. CLINICAL COMPETENCE ASSESSMENT PROGRAM**

22 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
23 clinical competence assessment program approved in advance by the Board or its designee.
24 Respondent shall successfully complete the program not later than six (6) months after
25 Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension
26 of that time.

27 The program shall consist of a comprehensive assessment of Respondent's physical and
28 mental health and the six general domains of clinical competence as defined by the Accreditation

1 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
2 Respondent's current or intended area of practice. The program shall take into account data
3 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
4 Accusation(s), and any other information that the Board or its designee deems relevant. The
5 program shall require Respondent's on-site participation for a minimum of three (3) and no more
6 than five (5) days as determined by the program for the assessment and clinical education
7 evaluation. Respondent shall pay all expenses associated with the clinical competence
8 assessment program.

9 At the end of the evaluation, the program will submit a report to the Board or its designee
10 which unequivocally states whether the Respondent has demonstrated the ability to practice
11 safely and independently. Based on Respondent's performance on the clinical competence
12 assessment, the program will advise the Board or its designee of its recommendation(s) for the
13 scope and length of any additional educational or clinical training, evaluation or treatment for any
14 medical condition or psychological condition, or anything else affecting Respondent's practice of
15 medicine. Respondent shall comply with the program's recommendations.

16 Determination as to whether Respondent successfully completed the clinical competence
17 assessment program is solely within the program's jurisdiction.

18 If Respondent fails to enroll, participate in, or successfully complete the clinical
19 competence assessment program within the designated time period, Respondent shall receive a
20 notification from the Board or its designee to cease the practice of medicine within three (3)
21 calendar days after being so notified. The Respondent shall not resume the practice of medicine
22 until enrollment or participation in the outstanding portions of the clinical competence assessment
23 program have been completed. If the Respondent did not successfully complete the clinical
24 competence assessment program, the Respondent shall not resume the practice of medicine until a
25 final decision has been rendered on the accusation and/or a petition to revoke probation. Any
26 violation of this condition or failure to complete the program and program recommendations shall
27 be considered unprofessional conduct and grounds for further disciplinary action.
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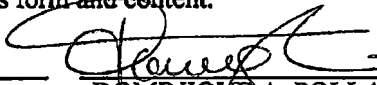
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ACCEPTANCE

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

DATED: 01/14/2020 
PAUL JONATHAN SACKSCHEWSKY, M.D.
Respondent

I have read and fully discussed with Respondent Paul Jonathan Sackschewsky, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

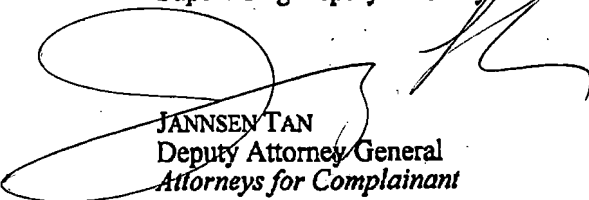
DATED: 1/15/2020 
DOMINIQUE A. POLLARA, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 2/5/2020

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General


JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

1st Amended Accusation No. 800-2017-031094

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JANNSEN TAN
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4 State Bar No. 237826
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO
BY: *Anna J. [Signature]* ANALYST
December 13 2019

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

12 In the Matter of the 1st Amended Accusation
13 Against:

Case No. 800-2017-031094

14 **PAUL JONATHAN SACKSCHEWSKY,**
15 **M.D.**
1335 S. Fairmont
Lodi, CA 95240

FIRST AMENDED ACCUSATION

16 **Physician's and Surgeon's Certificate**
17 **No. G 79026,**

18 Respondent.

19
20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about June 1, 1994, the Medical Board issued Physician's and Surgeon's
26 Certificate No. G 79026 to Paul Jonathan Sackschewsky, M.D. (Respondent). The Physician's
27 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on June 30, 2020, unless renewed.

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 unless otherwise indicated.

4. Section 2227 of the Code states:

“(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.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

5. 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:

“...

1 “(b) Gross negligence.

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

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

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

12 “. . .”

13 6. Section 2266 of the Code states:

14 “The failure of a physician and surgeon to maintain adequate and accurate records relating
15 to the provision of services to their patients constitutes unprofessional conduct.”

16 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct
17 which breaches the rules or ethical code of the medical profession, or conduct which is
18 unbecoming a member in good standing of the medical profession, and which demonstrates an
19 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
20 575.)

21 **FIRST CAUSE FOR DISCIPLINE**
22 **(Patient A- Gross Negligence)**

23 8. Respondent has subjected his Physician’s and Surgeon’s Certificate No. G 79026 to
24 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
25 the Code, in that he committed gross negligence in his care and treatment of Patient A,¹ as more
26 particularly alleged hereinafter:

27 ¹ References to “Patient A” are used to protect patient privacy. The identity of Patient A is
28 disclosed in the discovery.

1 9. Patient A's medical diagnoses included, but were not limited to, bipolar 1 disorder,²
2 anxiety, depression, chronic pain, hypertension,³ and chronic opiate and benzodiazepine⁴
3 dependence. On or about September 18, 2013, Patient A was seen by her primary care physician,
4 Dr. K., and requested a prescription for Methadone.⁵ On that day, Patient A was diagnosed with
5 atrial flutter,⁶ which resulted in a referral to the Emergency Room (ER), and a deferral of
6 prescription for Methadone.

7 10. Following her discharge from the ER, Patient A requested an appointment with
8 Respondent, demanding a prescription for Methadone. Apparently, Patient A was unwilling to
9 wait for an appointment with Dr. K, who was unavailable until September 23, 2013.

10 11. On or about September 20, 2013, Patient A visited Respondent. Without identifying
11 or documenting identification of any new or acute medical issues, Respondent prescribed to
12 Patient A, Methadone at 30 mg, per day, to be titrated up⁷, instead of deferring to Patient A's
13 primary care physician. Respondent did not order a cardiovascular examination in order to
14 reassess Patient A's atrial flutter. Respondent did not refer Patient A to a cardiologist for further
15 investigation and/or assessment and/or evaluation of Patient A's atrial flutter. Respondent failed
16 to consider and/or failed to document consideration of Patient A's need for anticoagulation.
17 Despite Patient's A's bipolar 1 disorder diagnosis, Respondent did not take steps to adequately
18 assess and/or address additional risks associated with a poorly managed bipolar disorder, before
19 prescribing Methadone to her. Respondent failed to document details of Patient A's symptoms,

20 ² Bipolar disorder, formerly called manic depression, is a mental health condition that
21 causes dramatic shifts in a person's mood, energy, and ability to think clearly.

22 ³ Hypertension is another name for high blood pressure.

23 ⁴ Benzodiazepine is a Schedule IV controlled substance pursuant to Health and Safety
24 Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions
25 Code section 4022. When properly prescribed and indicated, it is used for the management of
26 anxiety disorders. Concomitant use of benzodiazepines, such as Xanax®, with opioids "may
27 result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement
28 Administration (DEA) has identified benzodiazepines, such as Xanax®, as a drug of abuse.
(Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

⁵ Methadone is a Schedule II controlled substance pursuant to Health and Safety Code
section 11055, subsection (c)(14), and a dangerous drug pursuant to Business and Professions
Code section 4022. When properly prescribed and indicated, Methadone is generally used to treat
moderate to severe pain.

⁶ Atrial flutter is an abnormality in the beating of the heart.

⁷ Titrate means to continuously measure and adjust the balance of a physiological function
or drug dosage.

1 any physical examinations administered, or any plan for follow-up or referrals to specialists, if
2 any. Respondent failed to adequately document assessment of pertinent co-existing conditions
3 that may impact management of Patient A.

4 12. Respondent committed gross negligence in his care and treatment of Patient A, which
5 included, but was not limited to, the following:

6 (a) Respondent failed to adequately reassess Patient A's atrial flutter after she was
7 diagnosed with it; and

8 (b) Respondent failed to adequately document his care and treatment of Patient A.

9 **SECOND CAUSE FOR DISCIPLINE**
10 **(Patient A - Repeated Negligent Acts)**

11 13. Respondent has further subjected his Physician's and Surgeon's Certificate No.
12 G 79026 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
13 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and
14 treatment of Patient A, as more particularly alleged herein:

15 (a) Paragraphs 8 through 13, above, are hereby incorporated by reference and realleged
16 as if fully set forth herein;

17 (b) Respondent failed to adequately reassess Patient A's atrial flutter after she was
18 diagnosed with it;

19 (c) Respondent failed to adequately document his care and treatment of Patient A;

20 (d) Despite Patient's A's bipolar 1 disorder diagnosis, Respondent did not adequately
21 assess and/or address additional risks associated with a poorly managed bipolar disorder, before
22 prescribing Methadone to her; and

23 (e) Without identifying or documenting identification of any new or acute medical issues,
24 Respondent prescribed Methadone to Patient A, instead of deferring to her primary care physician.

25 **THIRD CAUSE FOR DISCIPLINE**
26 **(Patient B – Repeated Negligent Acts)**

27 14. Respondent has subjected his Physician's and Surgeon's Certificate No. G 79026 to
28 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of

1 the Code, in that he committed repeated negligent acts in his care and treatment of Patient B, as
2 more particularly alleged hereinafter:

3 15. Respondent first saw Patient B on September 15, 2011. Respondent took over the
4 management of Patient B from another provider and continued the same dosing of pain
5 medications. Patient B was an elderly, disabled, complicated patient with serious medical
6 problems. Patient B's medical diagnoses included, but were not limited to hypertension,
7 congestive heart failure, depression, anemia, chronic kidney disease, coronary artery disease,
8 chronic obstructive airway disease, blindness (one eye), allergic rhinitis, hypothyroidism,
9 memory loss, irritable bowel syndrome, sleep apnea, lumbago, anxiety, stroke with residual arm
10 weakness, methadone dependence, nocturnal hypoxemia, chronic insomnia, atrial fibrillation,
11 sinus syndrome, pacemaker, mild cognitive disorder, hydronephrosis, calculus of kidney, back
12 pain, neck pain, chronic pain due to degenerative disc disease, degenerative arthritis, chronic
13 headaches, severe scoliosis, and hypercalcemia. Patient B was in an assisted living program in
14 October 2012.

15 16. During the period of July 2013 to October 9, 2015, Respondent prescribed Percocet
16 5/325⁸, 12 tablets daily; Methadone 10mg, 3 tablets daily; alprazolam⁹ .25 mg; and clonazepam¹⁰
17 1 mg.

18 ⁸ Percocet is one of many brand names for hydrocodone with acetaminophen.
19 Hydrocodone with acetaminophen is classified as an opioid analgesic combination product used
20 to treat moderate to moderately severe pain. Prior to October 6, 2014, Hydrocodone with
21 acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations
22 Title 21 section 1308.13(e). On October 6, 2014, Hydrocodone combination products were
23 reclassified as Schedule II controlled substances. Federal Register Volume 79, Number 163,
Code of Federal Regulations Title 21 section 1308.12. Hydrocodone with acetaminophen is a
dangerous drug pursuant to California Business and Professions Code section 4022 and is a
Schedule II controlled substance pursuant to California Health and Safety Code section 11055,
subdivision (b).

24 ⁹ Alprazolam is the generic name for the drug Xanax. Alprazolam is a short-acting
25 benzodiazepine used to treat anxiety, and is a Schedule IV controlled substance pursuant to Code
of Federal Regulations Title 21 section 1308.14. Alprazolam is a dangerous drug pursuant to
California Business and Professions Code section 4022 and is a Schedule IV controlled substance
pursuant to California Health and Safety Code section 11057(d).

26 ¹⁰ Clonazepam is the generic name for Klonopin. Clonazepam is an anti-anxiety
27 medication in the benzodiazepine family used to prevent seizures, panic disorder, and akathisia.
Clonazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title
28 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety
Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions
Code section 4022.

1 17. On or about December 9, 2013, Respondent saw Patient B for an office visit.
2 Respondent documented the possibility of tapering controlled meds was discussed.

3 18. On or about April 2, 2015, pulmonary specialists were documented to have placed
4 Patient B on prednisone and steroid nebulizer treatments for her worsening lung disease.

5 19. On or about April 30, 2015, Respondent saw Patient B for an office visit. Respondent
6 documented his concerns about her meds. Patient B stated that she was fine and could function
7 on all her meds. Respondent briefly added zolpidem tartrate 5mg in May and August 2015.

8 20. On or about October 9, 2015, Respondent saw Patient B for an office visit. Patient B
9 was falling asleep in her motorized chair, appearing lethargic and depressed. She was "very
10 unsteady to stand and attempted shuffling." Respondent documented "Feel patient is
11 overmedicated, but she refuses to have any decrease in meds." Respondent prescribed Percocet,
12 methadone, and alprazolam at much lower doses than in previous years. Respondent continued to
13 refill Patient B's medication until 2016.

14 21. Respondent committed repeated negligent acts in his care and treatment of Patient B
15 which included, but were not limited to the following:

16 a. During the period of July 2013 to July 2016, Respondent prescribed dangerous
17 amounts of opiates to Patient B without adequate documentation;

18 b. During the period of July 2013 to July 2016, Respondent prescribed opiates together
19 with benzodiazepines.

20 **FOURTH CAUSE FOR DISCIPLINE**
21 **(Patient C – Gross Negligence)**

22 22. Respondent has subjected his Physician's and Surgeon's Certificate No. G 79026 to
23 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
24 the Code, in that he committed gross negligence in his care and treatment of Patient C, as more
25 particularly alleged hereinafter:

26 23. Respondent first saw Patient C on February 14, 1996. Patient C was an elderly,
27 disabled, complicated patient with serious medical problems. Patient C's medical diagnoses
28 included chronic low back pain, left rotator cuff tenosynovitis, and hyperlipidemia. X-rays of

1 Patient C's lower back revealed disc degeneration at L3/4 and L4/5 with some spur formation
2 present; disc space narrowing at L2/3, L3/4 and L4/5 and reactive hypertrophic change; CS/6 disc
3 degeneration with some reactive change; and disc degeneration at CS/6 and possibly at C6/7.
4 Magnetic Resonance Imaging (MRI) of Patient C's lumbar spine revealed "multilevel chronic
5 degenerative disc changes with mild acquired central spinal stenosis at L2/3 and L3/4"; a
6 desiccated advanced L2/3 degenerative disc with mild spinal canal stenosis, moderate severe right
7 and moderate left neural foramina stenosis with impingement on the right L2 nerve root; a
8 desiccated advanced L3/4 degenerative disc with moderate spinal canal stenosis and moderate
9 severe bilateral neural foramina stenosis impinging on both L3 nerve roots; a desiccated advanced
10 L4/5 degenerative disc with moderate right and moderate severe left neural foramina stenosis
11 with impingement on the left L4 nerve root (and status post left laminectomy this level); and a
12 desiccated mild L5/S1 degenerative disc with moderate severe bilateral neural foraminal stenosis
13 resulting in slight impingement on both L5 nerve roots. Respondent had tried several times over
14 the years to refer Patient C out to a pain specialist. Patient C's insurance prevented him from
15 being accepted by pain specialists. Respondent tried several epidural shots to alleviate Patient
16 C's pain, with no improvement. Respondent referred Patient C for physical therapy and
17 acupuncture. He documented no improvement in Patient C's condition. He also attempted to
18 alleviate Patient C's pain using nonsteroidal anti-inflammatory drugs (NSAIDs) before starting
19 opioid therapy. Respondent documented consultations in 2006 with specialists who
20 recommended surgery on the back was not a good option at the time.

21 24. During the period of July 2013 to 2018, Respondent prescribed fentanyl 50 mcg¹¹,
22 MS Contin 30 mg¹², and hydrocodone 10/325 to Patient C. Respondent tapered hydrocodone in

23 ¹¹ Fentanyl is the generic name for the drug Duragesic. Fentanyl is a potent, synthetic
24 opioid analgesic with a rapid onset and short duration of action used for pain. The fentanyl
25 transdermal patch is used for long term chronic pain. It has an extremely high danger of abuse
26 and can lead to addiction as the medication is estimated to be 80 times more potent than morphine
27 and hundreds of times more potent than heroin. Fentanyl is a Schedule II controlled substance
28 pursuant to Code of Federal Regulations Title 21 section 1308.12. Fentanyl is a dangerous drug
pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled
substance pursuant to California Health and Safety Code section 11055(c).

¹² MS Contin is one of many brand names for morphine sulfate. Morphine is an opioid
analgesic drug. It is the main psychoactive chemical in opium. Like other opioids, such as

1 in November 2014. Fentanyl was last filled in December 2015. Respondent started to taper MS
2 Contin and further taper hydrocodone in February 2017.

3 25. Respondent entered into a pain management agreement on August 2013; May 23,
4 2015; June 26, 2018; and August 20, 2018. Respondent utilized urine drug tests on September
5 2012, February 26, 2013, July 22, 2013, August 2, 2013, February 23, 2015, May 17, 2016,
6 January 5, 2017, July 24, 2017, and August 20, 2018. All test results were consistent.

7 26. Respondent committed gross negligence in his care and treatment of Patient C, which
8 included, but was not limited to, the following:

9 a. Respondent prescribed high quantities of opioids above the recommended morphine
10 equivalent dosing (MED) without substantial control of pain, adequate documentation, and
11 without appropriate safeguards.

12 **FIFTH CAUSE FOR DISCIPLINE**
13 **(Failure to Maintain Adequate and Accurate Records)**

14 27. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
15 79026 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
16 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and
17 treatment of Patients A, B, and C, as more particularly alleged in paragraphs 8 through 26, above,
18 which are hereby incorporated by reference and realleged as if fully set forth herein.

19 **PRAYER**

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

22 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 79026, issued
23 to Paul Jonathan Sackschewsky, M.D.;

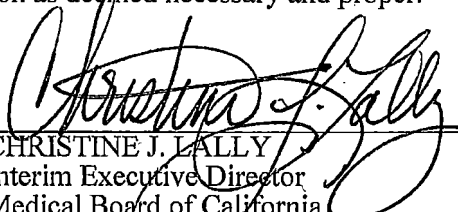
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25 _____
26 oxycodone, hydromorphone, and heroin, morphine acts directly on the central nervous system
27 (CNS) to relieve pain. MS dissolves readily in water and body fluids, creating an immediate
28 release. Morphine is a Schedule II controlled substance pursuant to Code of Federal Regulations
Title 21 section 1308.12. Morphine is a Schedule II controlled substance pursuant to Health and
Safety Code 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions
Code section 4022.

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- 2. Revoking, suspending or denying approval of Paul Jonathan Sackschewsky, M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 3. Ordering Paul Jonathan Sackschewsky, M.D., 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: December 13, 2019


CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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