

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

In the Matter of the Accusation
Against:

Alan Jeffrey Steinberg, M.D.

Physician's and Surgeon's
License No. G55097

Respondent

Case No. 800-2017-034678

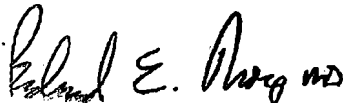
DECISION

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 April 22, 2021.

IT IS SO ORDERED: March 23, 2021.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 VLADIMIR SHALKEVICH
Deputy Attorney General
4 State Bar No. 173955
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
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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 Accusation Against:

13 **ALAN JEFFREY STEINBERG, M.D.**
14 **8767 Wilshire Blvd., 2nd Floor**
Beverly Hills, CA 90211

15 **Physician's and Surgeon's Certificate No. G**
16 **55097,**

17 Respondent.

Case No. 800-2017-034678

OAH No. 2020090725

18
19 **STIPULATED SETTLEMENT AND**
20 **DISCIPLINARY ORDER**

21 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. William Prasifka (Complainant) is the Executive Director of the Medical Board of
25 California (Board). He brought this action solely in his official capacity and is represented in this
26 matter by Xavier Becerra, Attorney General of the State of California, by Vladimir Shalkevich,
27 Deputy Attorney General.

28 2. Respondent Alan Jeffrey Steinberg, M.D. (Respondent) is represented in this
proceeding by attorney Gregory M. Hulbert, Esq., whose address is: 904 Silver Spur Rd., #316
Rolling Hills Estates, CA 90274.

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
2 complete any other component of the course within one (1) year of enrollment. The prescribing
3 practices course shall be at Respondent's expense and shall be in addition to the Continuing
4 Medical Education (CME) requirements for renewal of licensure.

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

10 Respondent shall submit a certification of successful completion to the Board or its
11 designee not later than 15 calendar days after successfully completing the course, or not later than
12 15 calendar days after the effective date of the Decision, whichever is later.

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

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

27 Respondent shall submit a certification of successful completion to the Board or its
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later.

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

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

20 5. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
21 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
22 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
23 licenses are valid and in good standing, and who are preferably American Board of Medical
24 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
25 relationship with Respondent, or other relationship that could reasonably be expected to
26 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
27 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
28 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

1 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
2 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
3 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
4 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
5 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
6 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
7 signed statement for approval by the Board or its designee.

8 Within 60 calendar days of the effective date of this Decision, and continuing throughout
9 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
10 make all records available for immediate inspection and copying on the premises by the monitor
11 at all times during business hours and shall retain the records for the entire term of probation.

12 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
13 date of this Decision, Respondent shall receive a notification from the Board or its designee to
14 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
15 shall cease the practice of medicine until a monitor is approved to provide monitoring
16 responsibility.

17 The monitor(s) shall submit a quarterly written report to the Board or its designee which
18 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
19 are within the standards of practice and whether Respondent is practicing medicine safely. It
20 shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly
21 written reports to the Board or its designee within 10 calendar days after the end of the preceding
22 quarter.

23 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
24 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
25 name and qualifications of a replacement monitor who will be assuming that responsibility within
26 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
27 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
28 notification from the Board or its designee to cease the practice of medicine within three (3)

1 calendar days after being so notified. Respondent shall cease the practice of medicine until a
2 replacement monitor is approved and assumes monitoring responsibility.

3 In lieu of a monitor, Respondent may participate in a professional enhancement program
4 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
5 review, semi-annual practice assessment, and semi-annual review of professional growth and
6 education. Respondent shall participate in the professional enhancement program at Respondent's
7 expense during the term of probation.

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

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

17 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
18 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
19 advanced practice nurses.

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

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

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

28 10. GENERAL PROBATION REQUIREMENTS.

1 Compliance with Probation Unit

2 Respondent shall comply with the Board's probation unit.

3 Address Changes

4 Respondent shall, at all times, keep the Board informed of Respondent's business and
5 residence addresses, email address (if available), and telephone number. Changes of such
6 addresses shall be immediately communicated in writing to the Board or its designee. Under no
7 circumstances shall a post office box serve as an address of record, except as allowed by Business
8 and Professions Code section 2021, subdivision (b).

9 Place of Practice

10 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
11 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
12 facility.

13 License Renewal

14 Respondent shall maintain a current and renewed California physician's and surgeon's
15 license.

16 Travel or Residence Outside California

17 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
18 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
19 (30) calendar days.

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

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

26 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
27 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
28 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is

1 defined as any period of time Respondent is not practicing medicine as defined in Business and
2 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
3 patient care, clinical activity or teaching, or other activity as approved by the Board. If
4 Respondent resides in California and is considered to be in non-practice, Respondent shall
5 comply with all terms and conditions of probation. All time spent in an intensive training
6 program which has been approved by the Board or its designee shall not be considered non-
7 practice and does not relieve Respondent from complying with all the terms and conditions of
8 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
9 on probation with the medical licensing authority of that state or jurisdiction shall not be
10 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
11 period of non-practice.

12 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
13 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
14 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
15 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
16 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

19 Periods of non-practice for a Respondent residing outside of California will relieve
20 Respondent of the responsibility to comply with the probationary terms and conditions with the
21 exception of this condition and the following terms and conditions of probation: Obey All Laws;
22 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
23 Controlled Substances; and Biological Fluid Testing.

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

28 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition

1 of probation is a violation of probation. If Respondent violates probation in any respect, the
2 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
3 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
4 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
5 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
6 be extended until the matter is final.

7 15. LICENSE SURRENDER. Following the effective date of this Decision, if
8 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
9 the terms and conditions of probation, Respondent may request to surrender his or her license.
10 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
11 determining whether or not to grant the request, or to take any other action deemed appropriate
12 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
13 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
14 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
15 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
16 application shall be treated as a petition for reinstatement of a revoked certificate.

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

22 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
23 a new license or certification, or petition for reinstatement of a license, by any other health care
24 licensing action agency in the State of California, all of the charges and allegations contained in
25 Accusation No. 800-2017-034678 shall be deemed to be true, correct, and admitted by
26 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
27 restrict license.

28 ///

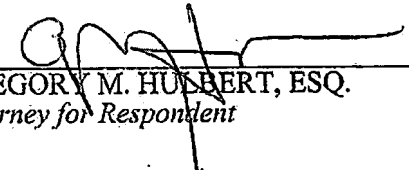
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Gregory M. Hulbert, 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: 02/04/2021 
ALAN JEFFREY STEINBERG, M.D.
Respondent

I have read and fully discussed with Respondent Alan Jeffrey Steinberg, 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: 2.4.2021 
GREGORY M. HULBERT, 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: February 5, 2021

Respectfully submitted,

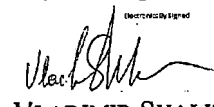
XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

VLADIMIR SHALKEVICH
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2017-034678

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 VLADIMIR SHALKEVICH
Deputy Attorney General
4 State Bar No. 173955
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6538
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2017-034678

12 **Alan Jeffrey Steinberg, M.D.**
13 **8767 Wilshire Blvd., 2nd Floor**
14 **Beverly Hills, CA 90211-2714**

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. G 55097,**

Respondent.

17
18 **PARTIES**

19 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
20 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
21 (Board).

22 2. On or about June 26, 1985, the Board issued Physician's and Surgeon's Certificate
23 Number G 55097 to Alan Jeffrey Steinberg, M.D. (Respondent). The Physician's and Surgeon's
24 Certificate was in full force and effect at all times relevant to the charges brought herein and will
25 expire on January 31, 2021, unless renewed.

26 **JURISDICTION**

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

1 indicated.

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

6 5. Section 2234 of the Code, states:

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

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

12 (b) Gross negligence.

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

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

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

25 (d) Incompetence.

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

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

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

6. Section 2266 of the Code, states:

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

1 FACTUAL ALLEGATIONS

2 **PATIENT 1¹**

3 7. Patient 1 was a 55-year-old male who began to see Respondent in or about June,
4 2013. Patient 1 remained Respondent's patient until 2017. Respondent saw Patient 1 36 times
5 between July 23, 2013 and February 27, 2017. During this time, Respondent, who was acting as
6 Patient 1's primary care physician, did not offer and did not document offering colorectal cancer
7 screening to Patient 1.

8 8. Between July 23, 2013 and February 27, 2017, Respondent treated Patient 1 for an
9 ongoing issue of hypertension, using several blood pressure lowering medications. From 2016
10 onward, Patient 1 was normotensive or mildly hypertensive during his office visits with
11 Respondent.

12 9. During the course of treatment between July 23, 2013 and February 27, 2017,
13 Patient 1 was periodically evaluated by Respondent as having "irregular heartbeat/palpitations."
14 Palpitations were noted by Respondent in Patient 1's medical records on August 27, 2014;
15 November 4, 2014; December 11, 2014, and November 11, 2015. Respondent did not address
16 discuss, treat, or document any evaluation or plan of treatment with regard to this symptom in
17 Patient 1's medical record. In each of these instances, the palpitations were described as
18 "irregular heartbeat/palpitations". No further descriptors were given and Respondent never
19 discussed irregular heartbeat/palpitations in the Impression/Plan section of the patient's progress
20 notes. Respondent did obtain Patient 1's EKG, however, this was completed before Patient 1
21 made any complaints of irregular heartbeat/palpitations. Respondent did not react to these
22 complaints.

23 10. During the course of treatment between July 23, 2013 and February 27, 2017,
24 Patient 1 primarily complained to Respondent of anxiety and back pain. On or about April 21,
25 2016, Respondent also documented that the patient had "depressed mood and excessive worry."
26

27 _____
28 ¹ The patients are identified herein by number to protect their privacy. The patients' identity is known to the Respondent, and/or will be provided upon a Request for Discovery.

1 11. Patient 1's use of alcohol was addressed by Respondent on 15 separate occasions.
2 Each and every time his documentation was identical, stating "There is a history of alcohol use.
3 2 glasses consumed socially. Last alcoholic drink was two weeks ago."

4 12. Initially Respondent managed Patient 1's psychiatric issues by prescribing
5 alprazolam.² Starting in approximately July, 2014 Respondent prescribed a combination of the
6 benzodiazepines diazepam³ and alprazolam, both in high doses, to Patient 1. Respondent
7 prescribed these medications together for the remainder of the time he rendered care to Patient 1,
8 through February 24, 2017, without attempting to and/or documenting an effort to reduce Patient
9 1's benzodiazepine use, to try non-addictive medications, or referring and/or documenting a
10 referral of Patient 1 to a psychiatric specialist.

11 13. Throughout his course of treatment, Respondent treated Patient 1's chronic pain
12 and psychiatric complaints with a combination of controlled substances, that included opioids in
13 addition to benzodiazepines as alleged in paragraph 12. Respondent's medical records for Patient
14 1 reflect that on or about June 16, 2014, Respondent prescribed 120-Tylenol #4⁴ tablets, and 60-
15 OxyContin⁵ tablets, as well as 90-alprazolam tablets to Patient 1. Then, on June 18, 2014,
16 Respondent prescribed an additional 90-alprazolam tablets, an additional 120-Tylenol #4 tablets,
17 as well as 90-Oxycodone 30 mg tablets, to Patient 1.

18 14. From June 24, 2013 through February 24, 2017, Patient 1 filled 175 prescriptions
19 for controlled substances written to him by Respondent, averaging 3.98 prescriptions per month.

20 _____
21 ² Alprazolam is a benzodiazepine prescribed to relieve symptoms of anxiety. It is also
22 known by its brand name Xanax. Alprazolam is a dangerous drug pursuant to Business and
23 Professions Code section 4022, and a Schedule IV controlled substance pursuant Health and
24 Safety Code section 11057, subdivision (d)(1).

25 ³ Diazepam is a benzodiazepine prescribed to relieve symptoms of anxiety, seizures and
26 alcohol withdrawal. It is also known by its brand name Valium. Diazepam is a dangerous drug
27 pursuant to Business and Professions Code section 4022, and a Schedule IV controlled substance
28 pursuant Health and Safety Code section 11057, subdivision (d)(9).

⁴ Tylenol #4 is a combination medication used to treat pain. It contains an opioid pain
reliever codeine as well as non-opioid pain reliever acetaminophen. Because Tylenol #4 includes
codeine, it is a dangerous drug pursuant to Business and Professions Code section 4022, and a
Schedule III controlled substance pursuant Health and Safety Code section 11056, subdivision
(e)Schedule III controlled substance pursuant

⁵ OxyContin is a brand name for the opioid pain reliever that contains oxycodone. It is a
dangerous drug pursuant to Business and Professions Code section 4022 and a Schedule II
controlled substance pursuant Health and Safety Code section 11055, subdivision (M).

1 Each prescription was typically for 60 to 120 tablets of medication, though three prescriptions
2 were for 30 tablets and one prescription was for 24 tablets of acetaminophen-codeine.

3 15. In March 2016, Centers for Disease Control and Prevention (CDC) published
4 guidelines for primary care physicians for prescribing opioids for chronic pain outside of active
5 cancer treatment. These guidelines instructed clinicians to avoid prescribing opioid pain
6 medication and benzodiazepines concurrently, whenever possible. Beginning on or about
7 August 8, 2014 and until February 27, 2017, Respondent prescribed a combination of two
8 benzodiazepines, alprazolam and diazepam, together with narcotic pain medications,
9 hydrocodone and Tylenol #4, to Patient 1. The prescriptions for the benzodiazepine medications
10 were at nearly maximum doses. Although prescriptions for the patient were typically intended to
11 last for one month, there were frequent overlapping prescriptions and early refills, and
12 subsequently more prescriptions for controlled substances were dispensed than Respondent
13 intended. Patient 1 was prescribed diazepam and alprazolam throughout his relationship with
14 Respondent. At no time did Respondent obtain and/or document a pain management agreement
15 with Patient 1, and he did not administer any drug screening tests to monitor Patient 1's
16 compliance with his instructions and screen for the potential use of illicit substances.

17 16. From February 22, 2016 through February 27, 2017 (371 days) Respondent wrote
18 16-prescriptions for diazepam (10 mg) to Patient 1. Each prescription was for 90-tablets (except
19 120-tablets for the last prescription). If taken as directed, this would have been enough diazepam
20 to last Patient 1 440 days. Additionally, during that same time period, Respondent wrote 16
21 prescriptions for alprazolam (2 mg) for Patient 1. Each prescription was for 90-120 tablets. If
22 taken as directed, this would have been enough alprazolam to last Patient 1 495 days. During the
23 final visit, on or about February 27, 2017, Patient 1 was on diazepam 10 mg TID and alprazolam
24 2 mg QID. During the same time, Respondent continued to prescribe Tylenol #4 to Patient 1.
25 Although there was no documentation of improvement in the patient's symptoms, the
26 Assessment/Plan for that visit stated "Stop Xanax, Diazepam prn". In lieu of decreasing his
27 alprazolam, Respondent had increased the patient's diazepam prescription from 90 tablets to 120
28 tablets per month.

1 17. The day following his last appointment with Respondent on February 27, 2017,
2 Patient I died in his home. The cause of death was an accidental overdose of heroin/morphine.
3 Elevated levels of diazepam and alprazolam were noted on the toxicology report.

4 **PATIENT 2**

5 18. Patient 2, a 35-year-old female, first saw Respondent on or about July 6, 2016,
6 complaining of migraines, asthma and anxiety. She saw Respondent 23 times between
7 approximately July 6, 2016 and April 26, 2018.

8 19. With regard to Patient 2's migraine history, Respondent noted on her initial visit
9 that the severity of the problem is moderate. The problem has not changed. The symptoms are
10 recurring but the timings includes no pattern. Symptoms are associated with stress and are
11 "relieved by analgesics and prescriptions medications." Respondent also noted that "she has seen
12 multiple doctors, including neurologists for years; MRI of brain about 2 years ago, normal; has
13 tried all meds, none helped; unable to beta blockers."

14 20. With regard to Patient 2's asthma, Respondent noted on her initial visit that "the
15 symptoms have stabilized," that the condition was non-allergic and the associated symptoms
16 include wheezing. Respondent noted that the patient was negative for irregular
17 heartbeat/palpitations.

18 21. With regard to Patient 2's anxiety, Respondent noted on her initial visit that "there
19 is worsening of previously reported symptoms. The patient presents with anxious/fearful
20 thoughts and excessive worry but denies depressed mood or fatigue. The anxiety is associated
21 with headache. The patient denies any nausea, urinary frequency, vomiting and weight gain."

22 22. During the period from approximately July 6, 2016 until approximately April 26,
23 2018, Respondent treated Patient 2 with various medications for her migraines. These included
24 Migranal (dihydroergotomine), Norco,⁶ Fioricet⁷, Fioricet with codeine, and Zofran for the nausea

25 ⁶ Norco is a brand name of a combination medication used for relief of moderate to severe
26 pain. It contains an opioid pain reliever hydrocodone and a non-opioid pain reliever
27 acetaminophen. Norco is a dangerous drug pursuant to Business and Professions Code section
28 4022, and, because it contains hydrocodone, it a Schedule II controlled substance pursuant Health
and Safety Code section 11055, subdivision (I).

⁷ Fioricet is a brand name of a combination medication used for relief of tension

1 associated with her headaches. Respondent treated Patient 2's anxiety with benzodiazepines,
2 diazepam and alprazolam, along with other non-habituating agents (such as sertraline,
3 escitalopram and buspirone). Dosages used for alprazolam (the most commonly used
4 benzodiazepine) ranged from 0.25 to 0.5 mg. The patient's asthma was treated with an albuterol
5 MDI and with other agents during flareups, though uncommon.

6 23. In March 2016, Centers for Disease Control and Prevention (CDC) published
7 guidelines for primary care physicians for prescribing opioids for chronic pain outside of active
8 cancer treatment. These guidelines instructed clinicians to avoid prescribing opioid pain
9 medication and benzodiazepines concurrently, whenever possible. During the period from
10 approximately July 6, 2016 until approximately April 26, 2018, Respondent prescribed controlled
11 substances that included opioids (hydrocodone and/or codeine) and benzodiazepines (diazepam
12 and/or clonazepam) to Patient 2, concurrently. During this time, Respondent did not have a pain
13 management agreement with Patient 2, and did not administer any drug screening tests to Patient
14 2.

15 24. On August 14, 2017, Respondent recorded in his records that he ordered Patient 2
16 to stop all of her prior medications and begin taking sertraline, a serotonin reuptake inhibitor
17 (SSRI). However, despite Respondent's record, Patient 2 continued to be dispensed Norco and
18 alprazolam.

19 25. On the next visit, September 8, 2017, Respondent noted that Patient 2, who was
20 pregnant at the time, was complaining of fatigue in addition to nausea, migraines and anxiety.
21 During this visit Respondent documented in Patient 2's medical record that he added butalbital-
22 acetaminophen-caffeine, and ordered that Patient 2 take 1-2 capsules of this medication every 8
23 hours as needed, not to exceed 4 capsules per day. During this visit, Respondent also noted that
24 Patient 2 was drinking three cups of coffee per day. Notwithstanding what Respondent wrote in
25 Patient 2's medical records, she continued to be dispensed Norco and alprazolam concurrently.

26 _____
27 headaches that contains non-opioid pain reliever acetaminophen, butalbital, a barbiturate, and
28 caffeine. Fioricet is a dangerous drug pursuant to Business and Professions Code section 4022,
and, because it contains butalbital, Fioricet is a Schedule III controlled substance pursuant to
Health and Safety Code section 11056, subdivision (c)(3).

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33. Allegations of paragraphs 7 through 26 are incorporated herein by reference.

34. Each of the following acts or omissions by Respondent was a departure from the standard of care:

A) Respondent's concurrent prescribing to Patient 1 opiate pain medication(s) together with benzodiazepine medication(s), in such doses and in such manner as he did, was a departure from the standard of care.

B) Respondent's concurrent prescribing of two benzodiazepine medications to Patient 1 in such doses and in such manner as he did, was a departure from the standard of care.

C) Respondent's failure to obtain a signed pain management agreement with Patient 1 during his treatment subsequent to the publication of CDC guidelines in 2016, was a departure from the standard of care.

D) Respondent's failure to administer urine toxicology screens to Patient 1, subsequent to publication of CDC guidelines in 2016, was a departure from the standard of care.

E) Respondent's failure to periodically reassess Patient 1's alcohol consumption, while maintaining him on significant doses of benzodiazepines, was a departure from the standard of care.

F) Respondent's failure to obtain additional diagnostic evaluations or to further address Patient 1's complaints of irregular heartbeat/palpitations, was a departure from the standard of care.

G) Respondent's failure to offer and/or document an offer of colorectal cancer screening to Patient 1 was a departure from the standard of care.

H) Respondent's prescribing to Patient 2 of opiate pain medication(s) concurrently with benzodiazepine medication(s), in such doses and in such manner as he did, was a departure from the standard of care.

1 I) Respondent's failure to obtain a signed pain management agreement with
2 Patient 2 when he was treating her chronic migraines with opioids, was a departure from the
3 standard of care.

4 J) Respondent's failure to administer urine toxicology screens to Patient 2 was a
5 departure from the standard of care.

6 K) Respondent's failure to obtain additional diagnostic evaluations to further
7 address Patient 2's complaints of irregular heartbeat/palpitations, was a departure from the
8 standard of care.
9

10 **THIRD CAUSE FOR DISCIPLINE**

11 **(Record Keeping)**

12 35. Respondent Alan Jeffrey Steinberg, M.D. is subject to disciplinary action under
13 section 2266 of the Code in that he failed to maintain adequate and accurate records of his care
14 and treatment of Patient 1 and Patient 2. The circumstances are as follows:

15 36. The allegations of paragraphs 7 through 26 are incorporated herein by reference.
16

17 **PRAYER**

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

20 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 55097,
21 issued to Alan Jeffrey Steinberg, M.D.;

22 2. Revoking, suspending or denying approval of Alan Jeffrey Steinberg, M.D.'s
23 authority to supervise physician assistants and advanced practice nurses;
24

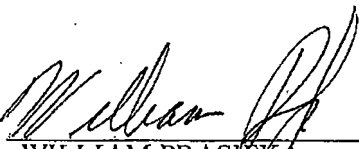
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- 3. Ordering Alan Jeffrey Steinberg, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
- 4. Taking such other and further action as deemed necessary and proper.

DATED: JUL 09 2020



WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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