

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

<b>In the Matter of the Accusation</b>	)	
<b>Against:</b>	)	
	)	
	)	
<b>Martin Louis Rocha, M.D.</b>	)	<b>Case No. 800-2017-037812</b>
	)	
<b>Physician's and Surgeon's</b>	)	
<b>Certificate No. A54355</b>	)	
	)	
<b>Respondent</b>	)	
_____	)	

**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 February 21, 2020.

IT IS SO ORDERED: January 24, 2020.

**MEDICAL BOARD OF CALIFORNIA**



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

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JOSEPH F. MCKENNA III  
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8 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **MARTIN LOUIS ROCHA, M.D.**  
14 **P.O. Box 716**  
**Cedar Glen, California 92321**

15 **Physician's and Surgeon's Certificate No.**  
16 **A54355,**

17 Respondent.

Case No. 800-2017-037812

OAH No. 2019050938

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

20 **PARTIES**

- 21 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board  
22 of California (Board). This action was brought by then Complainant Kimberly Kirchmeyer,<sup>1</sup>  
23 solely in her official capacity. Complainant is represented in this matter by Xavier Becerra,  
24 Attorney General of the State of California, and Joseph F. McKenna III, Deputy Attorney General.
- 25 2. Respondent Martin Louis Rocha, M.D. (Respondent) is represented in this proceeding  
26 by attorney Thomas M. Stefanelli, Esq., whose address is: 777 E. Tahquitz Canyon Way, Suite  
27 200-157, Palm Springs, California, 92262.

28 <sup>1</sup> Ms. Kirchmeyer became the Director of the Department of Consumer Affairs on October 28, 2019.





1 **ADDITIONAL PROVISIONS**

2 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein  
3 to be an integrated writing representing the complete, final and exclusive embodiment of the  
4 agreements of the parties in the above-entitled matter.

5 13. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
6 including copies of the signatures of the parties, may be used in lieu of original documents and  
7 signatures and, further, that such copies shall have the same force and effect as originals.

8 14. In consideration of the foregoing admissions and stipulations, the parties agree the  
9 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter  
10 the following Disciplinary Order:

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A54355 issued  
13 to Respondent Martin Louis Rocha, M.D., is revoked. However, the revocation is stayed and  
14 Respondent is placed on probation for thirty-five (35) months from the effective date of the  
15 Decision on the following terms and conditions:

16 1. **CONTROLLED SUBSTANCES – MAINTAIN RECORDS AND ACCESS TO**  
17 **RECORDS AND INVENTORIES.**

18 Respondent shall maintain a record of all controlled substances ordered, prescribed,  
19 dispensed, administered, or possessed by Respondent, and any recommendation or approval  
20 which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the  
21 personal medical purposes of the patient within the meaning of Health and Safety Code section  
22 11362.5, during probation, showing all of the following: 1) the name and address of the patient;  
23 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications  
24 and diagnosis for which the controlled substances were furnished.

25 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
26 records and any inventories of controlled substances shall be available for immediate inspection  
27 and copying on the premises by the Board or its designee at all times during business hours and  
28 shall be retained for the entire term of probation.

1           2.    PRESCRIBING PRACTICES COURSE.

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

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

16           Respondent shall submit a certification of successful completion to the Board or its  
17 designee not later than fifteen (15) calendar days after successfully completing the course, or not  
18 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

19           3.    MEDICAL RECORD KEEPING COURSE.

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

28    ////

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

6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than fifteen (15) calendar days after successfully completing the course, or not  
8 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

9 4. MONITORING – PRACTICE.

10 Within thirty (30) calendar days of the effective date of this Decision, Respondent shall  
11 submit to the Board or its designee for prior approval as a practice monitor, the name and  
12 qualifications of one or more licensed physicians and surgeons whose licenses are valid and in  
13 good standing, and who are preferably American Board of Medical Specialties (ABMS) certified.  
14 A monitor shall have no prior or current business or personal relationship with Respondent, or  
15 other relationship that could reasonably be expected to compromise the ability of the monitor to  
16 render fair and unbiased reports to the Board, including but not limited to any form of bartering.  
17 Unless prior approval is granted by the Board or its designee, the monitor shall be in  
18 Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent  
19 shall pay all monitoring costs.

20 The Board or its designee shall provide the approved monitor with copies of the Decision  
21 and Disciplinary Order and Accusation No. 800-2017-037812, and a proposed monitoring plan.  
22 Within fifteen (15) calendar days of receipt of the Decision and Disciplinary Order and  
23 Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the  
24 monitor has read the Decision and Disciplinary Order and the Accusation, fully understands the  
25 role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor  
26 disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan  
27 with the signed statement for approval by the Board or its designee.

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1           Within sixty (60) calendar days of the effective date of this Decision, and continuing  
2 throughout probation, Respondent's practice shall be monitored by the approved monitor.  
3 Respondent shall make all records available for immediate inspection and copying on the  
4 premises by the monitor at all times during business hours and shall retain the records for the  
5 entire term of probation.

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

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

17           If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar  
18 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,  
19 the name and qualifications of a replacement monitor who will be assuming that responsibility  
20 within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor  
21 within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent  
22 shall receive a notification from the Board or its designee to cease the practice of medicine within  
23 three (3) calendar days after being so notified. Respondent shall cease the practice of medicine  
24 until a replacement monitor is approved and assumes monitoring responsibility.

25           In lieu of a monitor, Respondent may participate in a professional enhancement program  
26 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
27 review, semi-annual practice assessment, and semi-annual review of professional growth and  
28

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1 education. Respondent shall participate in the professional enhancement program at Respondent's  
2 expense during the term of probation.

3 5. PROHIBITED PRACTICE.

4 During probation, Respondent is prohibited from performing any surgical procedures.  
5 After the effective date of this Decision, all patients being treated by the Respondent shall be  
6 notified that the Respondent is prohibited from performing any surgical procedures. Any new  
7 patients must be provided this notification at the time of their initial appointment.

8 Respondent shall maintain a log of all patients to whom the required oral notification was  
9 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's  
10 medical record number, if available; 3) the full name of the person making the notification; 4) the  
11 date the notification was made; and 5) a description of the notification given. Respondent shall  
12 keep this log in a separate file or ledger, in chronological order, shall make the log available for  
13 immediate inspection and copying on the premises at all times during business hours by the Board  
14 or its designee, and shall retain the log for the entire term of probation.

15 6. NOTIFICATION.

16 Within seven (7) days of the effective date of this Decision, the Respondent shall provide a  
17 true copy of this Decision and Disciplinary Order and Accusation No. 800-2017-037812 to the  
18 Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership  
19 are extended to Respondent, at any other facility where Respondent engages in the practice of  
20 medicine, including all physician and locum tenens registries or other similar agencies, and to the  
21 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage  
22 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
23 fifteen (15) calendar days.

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

25 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
26 NURSES.

27 During probation, Respondent is prohibited from supervising physician assistants and  
28 advanced practice nurses.

1           8.    OBEY ALL LAWS.

2           Respondent shall obey all federal, state and local laws, all rules governing the practice of  
3 medicine in California and remain in full compliance with any court ordered criminal probation,  
4 payments, and other orders.

5           9.    QUARTERLY DECLARATIONS.

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

8           Respondent shall submit quarterly declarations not later than ten (10) calendar days after  
9 the end of the preceding quarter.

10          10. GENERAL PROBATION REQUIREMENTS.

11          Compliance with Probation Unit

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

13          Address Changes

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

19          Place of Practice

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

22          License Renewal

23          Respondent shall maintain a current and renewed California physician's and surgeon's  
24 license.

25          Travel or Residence Outside California

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

1 In the event Respondent should leave the State of California to reside or to practice,  
2 Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the  
3 dates of departure and return.

4 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE.

5 Respondent shall be available in person upon request for interviews either at Respondent's  
6 place of business or at the probation unit office, with or without prior notice throughout the term  
7 of probation.

8 12. NON-PRACTICE WHILE ON PROBATION.

9 Respondent shall notify the Board or its designee in writing within fifteen (15) calendar  
10 days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen  
11 (15) calendar days of Respondent's return to practice. Non-practice is defined as any period of  
12 time Respondent is not practicing medicine as defined in Business and Professions Code sections  
13 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical  
14 activity or teaching, or other activity as approved by the Board. If Respondent resides in  
15 California and is considered to be in non-practice, Respondent shall comply with all terms and  
16 conditions of probation. All time spent in an intensive training program which has been approved  
17 by the Board or its designee shall not be considered non-practice and does not relieve Respondent  
18 from complying with all the terms and conditions of probation. Practicing medicine in another  
19 state of the United States or Federal jurisdiction while on probation with the medical licensing  
20 authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered  
21 suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

7           13.    COMPLETION OF PROBATION.

8           Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not  
9 later than one hundred twenty (120) calendar days prior to the completion of probation. Upon  
10 successful completion of probation, Respondent's certificate shall be fully restored.

11           14.    VIOLATION OF PROBATION.

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

18           15.    LICENSE SURRENDER.

19           Following the effective date of this Decision, if Respondent ceases practicing due to  
20 retirement or health reasons or is otherwise unable to satisfy the terms and conditions of  
21 probation, Respondent may request to surrender his license. The Board reserves the right to  
22 evaluate Respondent's request and to exercise its discretion in determining whether or not to  
23 grant the request, or to take any other action deemed appropriate and reasonable under the  
24 circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (15)  
25 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and  
26 Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms  
27 and conditions of probation. If Respondent re-applies for a medical license, the application shall  
28 be treated as a petition for reinstatement of a revoked certificate.

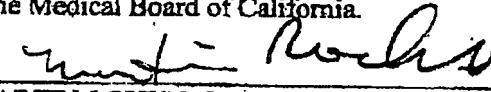
16. PROBATION MONITORING COSTS.

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

ACCEPTANCE

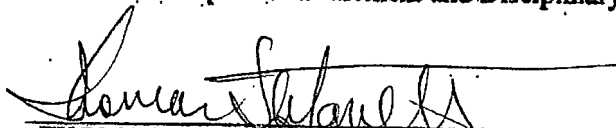
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas M. Stefanelli, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A54355. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 12/13/19

  
MARTIN LOUIS ROCHA, M.D.  
Respondent

I have read and fully discussed with Respondent Martin Louis Rocha, 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: 12/13/19

  
THOMAS M. STEFANELLI, ESQ.  
Attorney for Respondent

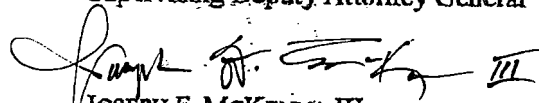
ENDORSEMENT

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

DATED: December 17, 2019

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General

  
JOSEPH F. MCKENNA III  
Deputy Attorney General  
Attorneys for Complainant

SD2018702013 / Doc.No.73057934

**Exhibit A**

**Accusation No. 800-2017-037812**

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JOSEPH F. MCKENNA III  
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10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
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14 In the Matter of the Accusation Against:

Case No. 800-2017-037812

15 **MARTIN LOUIS ROCHA, M.D.**  
16 **P.O. Box 716**  
**Cedar Glen, California 92321**

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

17 **Physician's and Surgeon's Certificate**  
18 **No. A54355,**

19 Respondent.

20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about June 21, 1995, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. A54355 to Martin Louis Rocha, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on October 31, 2020, unless renewed.

**JURISDICTION**

1  
2       3. This Accusation is brought before the Medical Board of California (Board),  
3 Department of Consumer Affairs, under the authority of the following laws. All section  
4 references are to the Business and Professions Code (Code) unless otherwise indicated.

5       4. Section 2227 of the Code provides that a licensee who is found guilty under the  
6 Medical Practice Act may have his or her license revoked, suspended for a period not to  
7 exceed one year, placed on probation and required to pay the costs of probation monitoring, be  
8 publicly reprimanded which may include a requirement that the licensee complete relevant  
9 educational courses, or have such other action taken in relation to discipline as the Board deems  
10 proper.

11       5. Section 2234 of the Code states, in relevant part:

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

15               “... ”

16               “(b) Gross negligence.

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

21               “... ”

22       6. Section 2266 of the Code states:

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

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27 // // //

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 7. Respondent has subjected his Physician's and Surgeon's Certificate No. A54355  
4 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (b),  
5 of the Code, in that Respondent committed gross negligence in his care and treatment of Patients  
6 A, B, C, and D, as more particularly alleged hereinafter:

7 8. **Patient A**

8 (a) On or about November 16, 2016, Patient A presented to Respondent's  
9 clinic for the first time. Patient A's "chief complaint" was for refill of his  
10 medications. Respondent performed a brief physical examination of Patient A and  
11 diagnosed him with chronic pain syndrome. In the progress note for this visit,  
12 many of the headings pertinent to the diagnosis were left blank including, pain  
13 quality, duration, timing, context, radiation, and severity. Respondent issued a  
14 prescription for Norco to Patient A at this visit.

15 (b) Between in or around November 2016, and in or around April 2017,  
16 Respondent periodically saw Patient A at his clinic for check ups and prescription  
17 refills of Ambien,<sup>1</sup> Norco,<sup>2</sup> and clonazepam.<sup>3</sup>

18 (c) On or about December 15, 2016, Patient A presented to Respondent's  
19 clinic with a "chief complaint" of "medication for sleeping." Respondent

20 <sup>1</sup> Ambien, a brand name for zolpidem tartrate, is a Schedule IV controlled substance  
21 pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug  
22 pursuant to Business and Professions Code section 4022. Ambien is a sedative used for the *short-*  
*term* treatment of insomnia, typically two to three (2 to 3) weeks.

23 <sup>2</sup> Norco, a brand name for Hydrocodone APAP, is a Schedule II controlled substance  
24 pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug  
25 pursuant to Business and Professions Code section 4022. Schedule II controlled substances are  
26 substances that have a currently accepted medical use in the United States, but also have a high  
potential for abuse, and the abuse of which may lead to severe psychological or physical  
dependence. When properly prescribed and indicated, it is used for the treatment of moderate to  
severe pain.

27 <sup>3</sup> Clonazepam, a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule  
28 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. When properly  
prescribed and indicated, it is used to treat seizure disorders and panic disorders.

1 diagnosed Patient A with "insomnia, unspecified." Respondent then issued Patient  
2 A a prescription for Ambien without documenting any information regarding this  
3 patient's history of sleep disorders. In addition, Respondent continued to refill  
4 Patient A's prescription of Ambien, over a period of several months, without ever  
5 documenting any history of sleep disorder for this patient.

6 (d) On or about February 23, 2017, Patient A presented to Respondent's  
7 clinic for a refill of his medications. Respondent documented a past medical  
8 history, a physical examination, vital signs, current and past diagnoses, and a care  
9 plan for refilling Patient A's controlled medications. Significantly, however,  
10 Respondent did not sign the progress note for this visit until a year later, on or  
11 about February 22, 2018.

12 9. **Patient B**

13 (a) On or about October 13, 2015, Respondent prescribed methylphenidate<sup>4</sup>  
14 to his daughter, Patient B. Significantly, Respondent did not sign the progress  
15 note for this visit until June 11, 2018. Furthermore, the note included only scant  
16 information about past history and history of present illness.

17 10. **Patient C**

18 (a) Respondent routinely prescribed methylphenidate to his niece, Patient C.  
19 Significantly, Respondent signed progress notes for six (6) different charted visits  
20 with Patient C all with the same date of January 17, 2018.<sup>5</sup> Furthermore, the notes  
21 were either missing significant information or included only scant information about  
22 past history and/or history of present illness.

23 ////

24 ////

25 <sup>4</sup> Methylphenidate is a central nervous system stimulant primarily used to treat attention  
26 deficit hyperactivity disorder (ADHD).

27 <sup>5</sup> Respondent charted seeing Patient C on the following dates: February 26, 2017; April 4,  
28 2017; June 13, 2017; September 28, 2017; November 4, 2017; and December 20, 2017.



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15. **Patient A**

- (a) Paragraphs 8, 12, and 13, above, are hereby incorporated by reference and realleged as if fully set forth herein; and
- (b) Respondent inappropriately prescribed Ambien to Patient A wherein there was no documentation of any information in the progress notes that justified the ongoing use of this drug by this patient.

16. **Patient B**

- (a) Paragraphs 9, 12, and 13, above, are hereby incorporated by reference and realleged as if fully set forth herein.

17. **Patient C**

- (a) Paragraphs 10, 12, and 13, above, are hereby incorporated by reference and realleged as if fully set forth herein.

18. **Patient D**

- (a) Paragraphs 11, 12, and 13, above, are hereby incorporated by reference and realleged as if fully set forth herein.

**THIRD CAUSE FOR DISCIPLINE**

**(Failure to Maintain Adequate and Accurate Medical Records)**

19. Respondent has further subjected his Physician's and Surgeon's Certificate No. A54355 to disciplinary action under sections 2227 and 2234, as defined in section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records in connection with his care and treatment of Patients A, B, C, and D, as more particularly alleged hereinafter:

20. **Patient A**

- (a) Paragraphs 8, 12, and 13, above, are hereby incorporated by reference and realleged as if fully set forth herein.

21. **Patient B**

- (a) Paragraphs 9, 12, and 13, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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22. **Patient C**

(a) Paragraphs 10, 12, and 13, above, are hereby incorporated by reference and realleged as if fully set forth herein.

23. **Patient D**

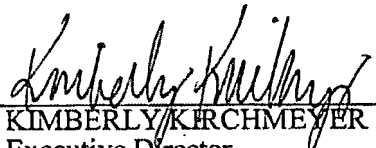
(a) Paragraphs 11, 12, and 13, above, are hereby incorporated by reference and realleged as if fully set forth herein.

**PRAYER**

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A54355, issued to Respondent Martin Louis Rocha, M.D.;
2. Revoking, suspending or denying approval of Respondent Martin Louis Rocha, M.D.'s, authority to supervise physician assistants pursuant to section 3527 of the Code, and advanced practice nurses;
3. Ordering Respondent Martin Louis Rocha, M.D., to pay the Medical Board of California the costs of probation monitoring, if placed on probation; and
4. Taking such other and further action as deemed necessary and proper.

DATED: January 3, 2019

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

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