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

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

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.** **8767 Wilshire Blvd., 2nd Floor** **Beverly Hills, CA 90211** **Physician's and Surgeon's Certificate No. G 55097,** Respondent.	Case No. 800-2017-034678 OAH No. 2020090725 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

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.

3. On or about June 26, 1985, the Board issued Physician's and Surgeon's Certificate No. G 55097 to Alan Jeffrey Steinberg, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-034678, and will expire on January 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-034678 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on or about July 9, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-034678 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-034678. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2017-034678, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2017-034678, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 55097 to disciplinary action.

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

CONTINGENCY

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2017-034678 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 55097 issued to Respondent ALAN JEFFREY STEINBERG, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

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

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

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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

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

In the Matter of the Accusation Against:	Case No. 800-2017-034678
Alan Jeffrey Steinberg, M.D. **8767 Wilshire Blvd., 2nd Floor** **Beverly Hills, CA 90211-2714** **Physician's and Surgeon's Certificate No. G 55097,** Respondent.	**A C C U S A T I O N**

PARTIES

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

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

indicated.

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

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:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
>
> (d) Incompetence.
>
> (e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and 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.

FACTUAL ALLEGATIONS

PATIENT 1[1]

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

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

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

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

[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.

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

12. Initially Respondent managed Patient 1's psychiatric issues by prescribing alprazolam.[2] Starting in approximately July, 2014 Respondent prescribed a combination of the benzodiazepines diazepam[3] and alprazolam, both in high doses, to Patient 1. Respondent prescribed these medications together for the remainder of the time he rendered care to Patient 1, through February 24, 2017, without attempting to and/or documenting an effort to reduce Patient 1's benzodiazepine use, to try non-addictive medications, or referring and/or documenting a referral of Patient 1 to a psychiatric specialist.

13. Throughout his course of treatment, Respondent treated Patient 1's chronic pain and psychiatric complaints with a combination of controlled substances, that included opioids in addition to benzodiazepines as alleged in paragraph 12. Respondent's medical records for Patient 1 reflect that on or about June 16, 2014, Respondent prescribed 120-Tylenol #4[4] tablets, and 60-OxyContin[5] tablets, as well as 90-alprazolam tablets to Patient 1. Then, on June 18, 2014, Respondent prescribed an additional 90-alprazolam tablets, an additional 120-Tylenol #4 tablets, as well as 90-Oxycodone 30 mg tablets, to Patient 1.

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

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

[3] Diazepam is a benzodiazepine prescribed to relieve symptoms of anxiety, seizures and alcohol withdrawal. It is also known by its brand name Valium. Diazepam is a dangerous drug pursuant to Business and Professions Code section 4022, and a Schedule IV controlled substance 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).

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

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

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

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

PATIENT 2

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

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

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

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

22. During the period from approximately July 6, 2016 until approximately April 26, 2018, Respondent treated Patient 2 with various medications for her migraines. These included Migranal (dihydroergotomine), Norco,[6] Fioricet[7], Fioricet with codeine, and Zofran for the nausea

[6] Norco is a brand name of a combination medication used for relief of moderate to severe pain. It contains an opioid pain reliever hydrocodone and a non-opioid pain reliever acetaminophen. Norco is a dangerous drug pursuant to Business and Professions Code section 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

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

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

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

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

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headaches that contains non-opiod pain reliever acetaminophen, butalbital, a barbiturate, and 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).

26. During Patient 2's visits on August 14, 2017, February 21, 28, and March 16, 2018, Respondent noted that the patient complained of irregular heartbeat/palpitations with associated headache and/or nausea. According to Respondent's record, the symptom presented itself daily, and was worsening. Respondent did not consider and did not note a consideration of a potential cardiac illness and did not obtain an EKG for this patient. Respondent did not address Patient 2's caffeine intake in her medical record.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

27. Respondent Alan Jeffrey Steinberg, M.D. is subject to disciplinary action under section 2234, subdivision (b) in that he was grossly negligent in his care and treatment of Patient 1. The circumstances are as follows:

28. Allegations of paragraphs 7 through 17 are incorporated herein by reference.

29. Respondent's concurrent prescribing of opiate pain medications and benzodiazepine medications to Patient 1, in such doses and in such manner as he did, was an extreme departure from the standard of care.

30. Respondent's prescribing two benzodiazepines concurrently to Patient 1, in such doses and in such manner as he did, was an extreme departure from the standard of care.

31. Respondent's repeated failure to address Patient 1's complaints of irregular heartbeat/palpitations and to obtain additional diagnostic evaluations was an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

32. Respondent Alan Jeffrey Steinberg, M.D. is subject to disciplinary action under section 2234, subdivision (c), in that he was negligent in his care and treatment of Patient 1 and Patient 2. The circumstances are as follows:

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.

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

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

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

THIRD CAUSE FOR DISCIPLINE

(Record Keeping)

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

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

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 Number G 55097, issued to Alan Jeffrey Steinberg, M.D.;

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

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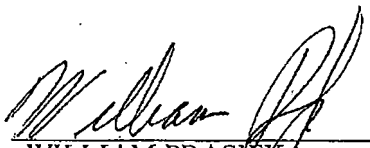
3. Ordering Alan Jeffrey Steinberg, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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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