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

In the Matter of the Accusation Against:	)	
Hobart Hong Lee, M.D.	)	**Case No. 800-2017-035808**
Physician's and Surgeon's Certificate No. A 112663	)	
Respondent	)	

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 14, 2020.

IT IS SO ORDERED January 16, 2020.

MEDICAL BOARD OF CALIFORNIA

By: _____
Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
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: **HOBART HONG LEE, M.D.** **25455 Barton Road, #209B** **Loma Linda, CA 91730** **Physician's and Surgeon's Certificate No. A 112663,** Respondent.	Case No. 800-2017-035808 OAH No. 2019050563 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Christine Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). Complainant brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Rosemary F. Luzon, Deputy Attorney General.

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2. Respondent Hobart Hong Lee, M.D. (Respondent) is represented in this proceeding by attorney E. Nathan Schilt, Esq., whose address is: 11165 Mountain View, Suite 121, Loma Linda, CA 92354.

3. On or about June 2, 2010, the Board issued Physician's and Surgeon's Certificate No. A 112663 to 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. 800-2017-035808, and will expire on March 31, 2020, unless renewed.

JURISDICTION

4. On or about March 13, 2019, Accusation No. 800-2017-035808 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 March 13, 2019, at his address of record. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2017-035808 is attached as Exhibit A and incorporated herein by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-035808. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. 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, having been fully advised of same by his attorney of record, E. Nathan Schilt, Esq.

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2017-035808, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 112663 to disciplinary action.

9. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2017-035808 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 112663 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. This Stipulated Settlement and Disciplinary Order shall be subject to approval by the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board does not, in its

discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

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

14. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent Hobart Hong Lee, M.D., Physician's and Surgeon's Certificate No. A 112663, shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a), subsection (4). This Public Reprimand, which is issued in connection with Respondent's care and treatment of Patient A, as set forth in Accusation No. 800-2017-035808, is as follows:

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1. PUBLIC REPRIMAND.

Between on or about March 30, 2012, and March 13, 2013, you committed repeated negligent acts and failed to maintain adequate and accurate medical records in your care and treatment of Patient A, in violation of California Business and Professions Code sections 2234 and 2266, as more fully described in Accusation No. 800-2017-035808, a true and correct copy of which is attached hereto as Exhibit A.

2. EDUCATION COURSE.

Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 25 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Within one (1) year of the effective date of this Decision, Respondent shall provide proof of attendance for 50 hours of CME of which 25 hours were in satisfaction of this condition.

3. 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.

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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.

4. 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.

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5. FAILURE TO COMPLY.

Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, E. Nathan Schilt, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 112663. 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: 11/25/2019

HOBART HONG LEE, M.D.
Respondent

I have read and fully discussed with Respondent Hobart Hong Lee, 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: 11/26/2019

E. NATHAN SCHILT, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: 12/2/19

Respectfully submitted,

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

ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO March 13, 2019
BY: ANALYST

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

In the Matter of the Accusation Against:	Case No. 800-2017-035808
Hobart Hong Lee, M.D. **25455 Barton Road, #209B** **Loma Linda, CA 91730** **Physician's and Surgeon's Certificate No. A 112663,** Respondent.	**ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about June 2, 2010, the Medical Board issued Physician's and Surgeon's Certificate No. A 112663 to Hobart Hong Lee, 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 March 31, 2020, unless renewed.

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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 2220 of the Code states:

"Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . ."

5. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

". . ."

6. 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.

". . .

"(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.

". . ."

7. 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."

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 112663 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A, as more particularly alleged hereinafter:[1]

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[1] References to "Patient A" herein are used to protect patient privacy.

9. On or about April 20, 2011, Patient A commenced treatment with Respondent for his primary care needs. Between on or about April 20, 2011, and March 12, 2012, Patient A continued to be under the care and treatment of Respondent. On or about March 12, 2012, Patient A's medication regimen included, *inter alia*, Norco (hydrocodone acetaminophen) 10mg/325mg three times a day,[2] morphine extended release 30mg once a day at bedtime,[3] and diazepam 10mg three times a day.[4,5]

10. On or about March 30, 2012, Respondent saw Patient A for a follow-up visit regarding Patient A's diabetes. Patient A's medical history included chronic pain, anxiety, depression, obstructive sleep apnea, and prostate cancer, among other conditions. Patient A's medications included Norco 10mg/325mg three times a day, morphine extended release 30mg once a day at bedtime, and diazepam 10mg three times a day. During this visit, Patient A reported current acute pain, however, no additional information about the pain was noted.

11. On or about April 19, 2012, Respondent saw Patient A to follow up on Patient A's chronic pain. During this visit, Patient A reported current acute pain, which was located at the right side of his mouth. Patient A's medications included Percocet (oxycodone acetaminophen) 10mg/325mg three times a day,[6] morphine extended release 30mg once a day at bedtime, and diazepam 10mg three times a day. Respondent assessed Patient A's chronic use of opioid medications utilizing a form entitled, "Controlled Medications Management Tool: Opioids."

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[2] Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[3] Morphine is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[4] Diazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

[5] Any medical care or treatment rendered by Respondent more than seven years prior to the filing of the instant Accusation is described for informational purposes only and not pleaded as a basis for disciplinary action.

[6] Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

According to the completed form, the purpose of the visit was to "address [Patient A's] chronic use of opioid medications (more than 3 months) for non-cancer pain." (Emphasis in original.) The reason for Patient A's use of opioid medications was "[l]ow back pain" and the length of use was "years." Respondent listed morphine 30mg daily as Patient A's maintenance medication and Norco 10mg/325mg as his breakthrough medication. Among the "4 As" assessed by Respondent,[7] Respondent noted that Patient A's current pain level was "9" and that he was not working, but was able to maintain self-hygiene, dress himself, and had adequate sleep. He also noted that Patient A exhibited aberrant behavior, specifically "[f]requent request for early refills" due to dental problems and that he "took more medicine than directed." Respondent adjusted Patient A's chronic pain medication regimen by changing Norco 10mg to Percocet 10mg "for additional pain control." Respondent also noted that Patient A could not take morphine during the day "due to sedation."

12. On or about May 14, 2012, Respondent saw Patient A for a follow-up visit. During this visit, Patient A reported current acute pain, this time in his lower back. Patient A's medications included Percocet 10mg/325mg three times a day, morphine extended release 30mg once a day at bedtime, and diazepam 10mg three times a day. Respondent performed another assessment of Patient A's chronic use of opioid medications utilizing the "Controlled Medications Management Tool: Opioids" form. According to the completed form, the reason for Patient A's use of opioid medications was "[l]ow back pain" and Respondent identified morphine 30mg daily as Patient A's maintenance medication, Percocet 10mg/325mg three times a day as his breakthrough medication, and Valium three times a day as an adjunctive pain medication. Respondent noted that Patient A's current pain level was "3" and that he could not work, but was able to maintain self-hygiene, dress himself, and had adequate sleep. Respondent also noted that Patient A experienced headache as an adverse effect of the pain medications.

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[7] The "4 As" referred to Analgesia, Activities of Daily Living, Adverse Effects, and Aberrant Behavior.

13. On or about June 13, 2012, Respondent saw Patient A to follow up on Patient A's chronic pain and diabetes. Patient A's medications included Percocet 10mg/325mg three times a day, morphine extended release 30mg once a day at bedtime, and diazepam 10mg three times a day.

14. On or about July 11, 2012, Patient A was scheduled to see Respondent, however, Patient A called Respondent's office and cancelled the appointment due to significant pain that he was experiencing. On or about July 20, 2012, Patient A reported to Respondent's office that he quit taking his hypertension and anti-depression medications due to his financial situation.

15. On or about July 30 2012, Respondent saw Patient A for a follow-up visit to refill his medications and discuss laboratory results. Patient A's medications included Percocet 10mg/325mg three times a day and diazepam 10mg three times a day. However, Respondent changed his prescription for morphine extended release 30mg from once a day at bedtime to two times a day. During the visit, Respondent assessed Patient A's chronic use of opioid medications. Respondent noted that Patient A was experiencing pain from dental infections. Respondent also noted that Patient A was unable to buy food and stopped taking his anti-depression medications due to lack of money.

16. On or about September 28, 2012, Respondent saw Patient A to refill his medications and follow up on Patient A's chronic pain and assess his chronic use of opioid medications. Patient A's medications included Percocet 10mg/325mg three times a day and diazepam 10mg three times a day. However, Respondent changed his prescription for morphine extended release 30mg once again from two times a day to three times a day. As part of his chronic opioid use assessment, Respondent noted that Patient A's current pain level was "3" and that he could not work, but was able to maintain self-hygiene, dress himself, and had adequate sleep.

17. On or about December 5, 2012, Respondent saw Patient A to refill his medications. Patient A reported that he stopped taking his hypertension medications because he could not afford them. Patient A's medications included Percocet 10mg/325mg three times a day, morphine extended release 30mg three times a day, and diazepam 10mg three times a day.

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18. On or about January 4, 2013, Respondent saw Patient A for a follow-up visit regarding Patient A's diabetes. Patient A's medications included Percocet 10mg/325mg three times a day, morphine extended release 30mg three times a day, and diazepam 10mg three times a day. Patient A reported to Respondent that he had stopped taking his diabetes medications and began eating poorly due to his financial difficulties.

19. On or about February 8, 2013, Respondent saw Patient A for a follow-up visit to refill his medications. Patient A reported that his depression was not improving due to his financial situation. Patient A's medications included Percocet 10mg/325mg three times a day, morphine extended release 30mg three times a day, and diazepam 10mg three times a day. During this visit, Respondent referred Patient A for a sleep medicine consultation relating to his sleep apnea due to continuing complaints of trouble sleeping.

20. On or about March 13, 2013, Respondent saw Patient A for the last time. The purpose of the visit was to refill Patient A's medications. Patient A's medications included Percocet 10mg/325mg three times a day, morphine extended release 30mg three times a day, and diazepam 10mg three times a day.

21. On or about April 17, 2013, Patient A passed away. The reported cause of death was acute morphine toxicity by suicide.

22. Between on or about March 30, 2012, and March 13, 2013, Respondent noted that the reason for Patient A's chronic use of opioid medications was back pain, however, Respondent did not adequately document a history of Patient A's back pain, including, *inter alia*, when the pain began, what precipitated the pain, the location of the pain, the severity of the pain, the nature of the pain, whether the pain radiated to other parts of the body, what made the pain better or worse, previous evaluations such as imaging or laboratory studies, and previous treatments that had been tried.

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23. Between on or about March 30, 2012, and March 13, 2013, Respondent did not document a musculoskeletal examination of Patient A in order to evaluate his chronic pain, to justify the prescribing of opioid medications for the pain, including the escalation in morphine doses, and to evaluate the possibility that Patient A's prostate cancer had spread and was the cause of the chronic pain.

24. Between on or about March 30, 2012, and March 13, 2013, despite Patient A's history of prostate cancer, Respondent did not order any x-rays or other imaging of Patient A's back or any prostate specific antigen (PSA) testing to evaluate for possible underlying causes of his chronic pain, nor did Respondent reference any prior imaging or PSA testing that had been done.

25. Between on or about March 30, 2012, and March 13, 2013, Respondent prescribed opioid pain medications to Patient A without an appropriate history, physical examination, and workup of Patient A's chronic pain, and he changed Patient A's opioid pain medications from Norco to Percocet and increased Patient A's doses of morphine without documenting a rationale or justification for making those changes.

26. Between on or about March 30, 2012, and March 13, 2013, despite Patient A's history of sleep apnea, Respondent prescribed opioid and benzodiazepine medications to Patient A without documenting any evaluation or assessment of Patient A's sleep apnea condition and without documenting any discussion with Patient A of the risks of these medications for patients with sleep apnea, including respiratory depression and death.

27. Between on or about March 30, 2012, and March 13, 2013, despite Patient A's depression and anxiety, Respondent did not document that he assessed Patient A for suicidal thoughts or intent.

28. Respondent committed repeated negligent acts in his care and treatment of Patient A, which included, but was not limited to the following:

(a) Respondent failed to document an adequate history in his ongoing management of Patient A's chronic pain;

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(b) Respondent failed to document a physical examination relating to Patient A's chronic pain and supporting the need for prescribing controlled pain medications and escalating the doses of those medications;

(c) Respondent failed to adequately evaluate Patient A's back pain despite Patient A's history of prostate cancer;

(d) Respondent prescribed opioid pain medications to Patient A without an appropriate history, physical examination, and workup of Patient A's chronic pain, and he made changes to the type and doses of controlled pain medications prescribed to Patient A without documenting the rationale, justification, or medical need for the changes;

(e) Respondent prescribed sedating medications to Patient A despite Patient A's history of sleep apnea and without documenting any discussion with Patient A of the risks of respiratory depression and death; and

(f) Respondent failed to adequately evaluate suicidal thoughts or intent despite Patient A's depression and anxiety, and he failed to document any such evaluation or assessment.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

29. Respondent has subjected his Physician's and Surgeon's Certificate No. A 112663 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 28, above, which are hereby incorporated by reference and re-alleged 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. A 112663, issued to Respondent Hobart Hong Lee, M.D.;

2. Revoking, suspending or denying approval of Respondent Hobart Hong Lee, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced practice nurses;

3. Ordering Respondent Hobart Hong Lee, 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: March 13, 2019

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

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