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

In the Matter of the First Amended Accusation Against:	)	
Paul Jonathan Sackschewsky, M.D.	)	**Case No. 800-2017-031094**
Physician's and Surgeon's Certificate No. G 79026	)	
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 APR 15 2020

IT IS SO ORDERED MAR 16 2020

MEDICAL BOARD OF CALIFORNIA

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

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General
JANNSEN TAN
Deputy Attorney General
State Bar No. 237826
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7549
Facsimile: (916) 327-2247
Attorneys for Complainant

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

In the Matter of the 1st Amended Accusation Against: **PAUL JONATHAN SACKSCHEWSKY, M.D.** **1335 S. Fairmont** **Lodi, CA 95240** **Physician's and Surgeon's Certificate No. G 79026** Respondent.	Case No. 800-2017-031094 OAH No. 2019030122 **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 J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She 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 Jannsen Tan, Deputy Attorney General.

2. Respondent Paul Jonathan Sackschewsky, M.D. (Respondent) is represented in this proceeding by attorney Dominique A. Pollara, whose address is: 3600 American River Drive, Suite 160 Sacramento, CA 95864.

3. On or about June 1, 1994, the Board issued Physician's and Surgeon's Certificate No. G 79026 to Paul Jonathan Sackschewsky, 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 1st Amended Accusation No. 800-2017-031094, and will expire on June 30, 2020, unless renewed.

JURISDICTION

1st Amended Accusation No. 800-2017-031094 was filed before the Board, and is currently pending against Respondent. The Accusation and the 1st Amended Accusation and all other statutorily required documents were properly served on Respondent on January 9, 2019 and December 2019, respectively. Respondent timely filed his Notice of Defense contesting the Accusation and 1st Amended Accusation.

4. A copy of the 1st Amended Accusation No. 800-2017-031094 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the 1st Amended Accusation No. 800-2017-031094. 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 1st Amended 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.

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

CULPABILITY

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

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

10. Respondent agrees that his Physician's and Surgeon's Certificate 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.

RESERVATION

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

CONTINGENCY

12. 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.

13. 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.

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

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

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

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

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

B. 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 1st

Amended 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. Any violation of this shall be considered unprofessional conduct and grounds for further disciplinary action.

C. 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 1st Amended 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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E. 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 1st Amended 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. Any violation of this shall be considered unprofessional conduct and grounds for further disciplinary action.

F. CLINICAL COMPETENCE ASSESSMENT PROGRAM

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

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

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

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

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

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, 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. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. Any violation of this condition or failure to complete the program and program recommendations shall be considered 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, Dominique A. Pollara, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 01/14/2020

PAUL JONATHAN SACKSCHEWSKY, M.D.
Respondent

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

DATED: 1/15/2020

DOMINIQUE A. POLLARA, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 2/5/2020

Respectfully submitted,

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

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

1st Amended Accusation No. 800-2017-031094

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General
JANNSEN TAN
Deputy Attorney General
State Bar No. 237826
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7549
Facsimile: (916) 327-2247
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 13, 2019
BY: Anna Logan ANALYST

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

In the Matter of the 1st Amended Accusation Against: **PAUL JONATHAN SACKSCHEWSKY, M.D.** **1335 S. Fairmont** **Lodi, CA 95240** **Physician's and Surgeon's Certificate No. G 79026,** Respondent.	Case No. 800-2017-031094 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about June 1, 1994, the Medical Board issued Physician's and Surgeon's Certificate No. G 79026 to Paul Jonathan Sackschewsky, 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 June 30, 2020, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

5. Section 2234 of the Code, states:

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

". . .

"(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.

". . ."

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."

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

FIRST CAUSE FOR DISCIPLINE
(Patient A- Gross Negligence)

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

[1] References to "Patient A" are used to protect patient privacy. The identity of Patient A is disclosed in the discovery.

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

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

11. On or about September 20, 2013, Patient A visited Respondent. Without identifying or documenting identification of any new or acute medical issues, Respondent prescribed to Patient A, Methadone at 30 mg, per day, to be titrated up[7], instead of deferring to Patient A's primary care physician. Respondent did not order a cardiovascular examination in order to reassess Patient A's atrial flutter. Respondent did not refer Patient A to a cardiologist for further investigation and/or assessment and/or evaluation of Patient A's atrial flutter. Respondent failed to consider and/or failed to document consideration of Patient A's need for anticoagulation. Despite Patient's A's bipolar 1 disorder diagnosis, Respondent did not take steps to adequately assess and/or address additional risks associated with a poorly managed bipolar disorder, before prescribing Methadone to her. Respondent failed to document details of Patient A's symptoms,

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

[3] Hypertension is another name for high blood pressure.

[4] Benzodiazepine 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. When properly prescribed and indicated, it is used for the management of anxiety disorders. Concomitant use of benzodiazepines, such as Xanax®, with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

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

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

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

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

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

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

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

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

13. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 79026 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 herein:

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

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

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

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

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

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

14. Respondent has subjected his Physician's and Surgeon's Certificate No. G 79026 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 B, as more particularly alleged hereinafter:

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

16. During the period of July 2013 to October 9, 2015, Respondent prescribed Percocet 5/325[8], 12 tablets daily; Methadone 10mg, 3 tablets daily; alprazolam[9] .25 mg; and clonazepam[10] 1 mg.

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

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

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

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

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

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

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

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

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

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

FOURTH CAUSE FOR DISCIPLINE
(Patient C – Gross Negligence)

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

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

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

24. During the period of July 2013 to 2018, Respondent prescribed fentanyl 50 mcg[11], MS Contin 30 mg[12], and hydrocodone 10/325 to Patient C. Respondent tapered hydrocodone in

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

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

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

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

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

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

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

27. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 79026 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patients A, B, and C, as more particularly alleged in paragraphs 8 through 26, above, which 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. G 79026, issued to Paul Jonathan Sackschewsky, M.D.;

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

2. Revoking, suspending or denying approval of Paul Jonathan Sackschewsky, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Paul Jonathan Sackschewsky, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: December 13, 2019

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

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