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

In the Matter of the Accusation Against:	)	
STEPHEN ALDEN HOCKENBURY, M.D.	)	Case No. 800-2014-003623
Physician's and Surgeon's Certificate No. A 65864	)	
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 November 18, 2016.

IT IS SO ORDERED: October 19, 2016.

MEDICAL BOARD OF CALIFORNIA

Jamie Wright, JD, Chair
Panel A

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

In the Matter of the Accusation Against: **STEPHEN ALDEN HOCKENBURY, M.D.** **1601 Dove Street** **Newport Beach, CA 92660-1423** **Physician's and Surgeon's Certificate No. A65864** Respondent.	Case No. 800-2014-3623 **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. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Christine A. Rhee, Deputy Attorney General.

2. Respondent Stephen Alden Hockenbury, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

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3. On or about July 1, 1998, the Medical Board of California issued Physician's and Surgeon's Certificate No. A65864 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. 800-2014-3623, and will expire on July 31, 2018, unless renewed.

JURISDICTION

4. On May 24, 2016, Accusation No. 800-2014-3623 was filed before the Board, and is currently pending against Respondent. A true and correct copy of Accusation No. 800-2014-3623 and all other statutorily required documents were properly served on Respondent on May 26, 2016. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2014-3623 is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2014-3623. Respondent has also carefully read and fully 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 be represented by counsel at his own expense; 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 further admits that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation

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No. 800-2014-3623 and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. A65864 to disciplinary action.

9. Respondent further agrees that if he ever petitions for modification or early termination of probation, or if an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2014-3623 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 or elsewhere.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. A65864 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 of 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 agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree 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 Physician's and Surgeon's Certificate No. A65864 issued to Respondent STEPHEN ALDEN HOCKENBURY, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years from the effective date of the Board's Decision and Order on the following terms and conditions.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval an educational program or course which shall not be less than 40 hours per year, for each year of probation. The educational program or course shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program or course 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. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program 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. 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, 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 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, 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 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 of medicine, 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 five (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 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, 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.

4. 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.

5. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is prohibited from supervising physician assistants.

6. 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.

7. 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.

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.

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(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 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.

9. 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.

10. 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 in California, 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. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. 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 a clinical training 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 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 and General Probation Requirements.

11. 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.

12. 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.

13. 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 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.

14. 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.

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ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A65864. 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: 8/25/16

STEPHEN ALDEN HOCKENBURY, M.D.
Respondent

ENDORSEMENT

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

Dated: 9/1/16

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2014-3623

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 24, 2016
BY [signature] ANALYST

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

In the Matter of the Accusation Against: **Stephen Alden Hockenbury, M.D.** 1601 Dove Street, Suite 230 Newport Beach, CA 92660-1423 **Physician's and Surgeon's Certificate No. A65864,** Respondent.	Case No. 800-2014-003623 **A C C U S A T I O N**

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.

2. On or about July 1, 1998, the Medical Board issued Physician's and Surgeon's Certificate No. A65864 to Stephen Alden Hockenbury, 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 July 31, 2016, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, 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 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."

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

"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.

"..."

6. 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 of a member of good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Bd. of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent has subjected his Physician's and Surgeon's Certificate No. A65864 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 B.M., as more particularly alleged hereinafter:

(a) On or about January 29, 2007,[1] patient B.M. began treatment with Respondent when his previous psychiatrist, Dr. T.S., retired.

(b) At the time patient B.M. began treatment with Respondent, patient B.M. had been previously diagnosed with bipolar disorder and had been treated with lithium.

(c) Dr. T.S. noted in a Summary of Care dated in or about January 9, 2007 that patient B.M. had not been compliant with his medication or treatment plan, and that his serum creatinine levels were elevated. Respondent never attempted to obtain or read Dr. T.S.'s Summary of Care either prior to or while he was treating patient B.M.

(d) On or about January 15, 2007, Dr. J.S., a nephrologist who was treating patient B.M. at the time, found that patient B.M. had renal failure and hypertension and was on long-term lithium therapy. Dr. J.S. also tested patient B.M.'s creatinine levels which were 1.6 mg/dl. Respondent never attempted to contact Dr. J.S. nor obtain Dr. J.S.'s records for patient B.M. either prior to or while he was treating patient B.M.

(e) On or about August 6, 2007, Dr. R.S., an internist who was treating patient B.M. at the time, observed that patient B.M. had a creatinine level of 1.3 mg/dl. On or about November 1, 2008, Dr. R.S. observed that patient B.M.'s creatinine level increased to 1.5 mg/dl. Respondent never attempted to contact Dr. R.S. nor obtain Dr. R.S.'s records for B.M. either prior to or while he was treating patient B.M.

(f) In the beginning of his treatment of patient B.M. on or about January 29, 2007, Respondent noted that patient B.M. had a long history of bipolar disorder II which

[1] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

included one episode of hypomania. Respondent continued prescribing the following medications for patient B.M.: (1) Concerta,[2] 108 mg/day; (2) Effexor XR,[3] 150 mg/day; (3) Eskalith CR,[4] 450 mg 2.5 times/day; (4) Zyprexa,[5] 10 mg/day; (5) Synthroid,[6] 0.075 mg/day; and (6) Ambien,[7] 10 mg/day taken at night.

(g) On or about January 29, 2007, Respondent indicated in his treatment notes that patient B.M. was concerned about kidney problems and was seeing a nephrologist and internist for kidney issues. Respondent also made a note to obtain patient B.M.'s lab test results which were done approximately one month before that date. Respondent never followed up on obtaining those lab reports while he was treating patient B.M.

(h) On or about February 10, 2007, Respondent ordered lab tests for patient B.M. checking his lithium and thyroid stimulating hormone (TSH) levels. Respondent's request did not include checking patient B.M.'s creatinine levels.

(i) On or about February 16, 2007, Respondent doubled patient B.M.'s Zyprexa prescription to 20 mg/day and increased patient B.M.'s Concerta prescription to 135 mg/day for two weeks, then 162 mg/day thereafter. The recommended maximum dose for Concerta is 72 mg/day for adults. Respondent continued prescribing Eskalith CR, Effexor XR, and Synthroid at the previously mentioned levels to patient B.M.

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[2] Concerta, brand name for methylphenidate, is a stimulant commonly used to treat Attention Deficit Hyperactivity Disorder (ADHD) and narcolepsy. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions code section 4022.

[3] Effexor XR, brand name for venlafaxine, is a serotonin norepinephrine reuptake inhibitor, commonly used to treat depression, generalized anxiety disorder and social anxiety disorder.

[4] Eskalith CR, brand name for lithium carbonate, is commonly used to treat manic episodes related to bipolar disorder.

[5] Zyprexa, brand name for olanzapine, is an atypical antipsychotic commonly used to treat mental disorders including schizophrenia and bipolar disorder.

[6] Synthroid, brand name for levothyroxine, is a thyroid hormone commonly used to treat hypothyroidism.

[7] Ambien, brand name for zolpidem, is a nonbenzodiazepine hypnotic commonly used to treat insomnia. 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.

(j) On or about March 16, 2007, Respondent prescribed patient B.M. a second stimulant, Adderall XR,[8] 5 mg for seven days and then 10 mg/day thereafter. Respondent continued prescribing Concerta, Effexor XR, and Zyprexa to patient B.M.

(k) On or about April 13, 2007, Respondent noted that patient B.M. had raised his Adderall dosage to 20 mg/day without consulting Respondent. Respondent consequently raised patient B.M.'s Adderall dose to 30 mg/day. Respondent also prescribed patient B.M. clonazepam,[9] 1 mg twice/day, and Inderal LA,[10] 120 mg/day at patient B.M.'s request.

(l) On or about May 18, 2007, Respondent noted that patient B.M. found his prescriptions to be effective. Respondent raised patient B.M.'s Adderall XR dosage to 40 mg/day, and continued prescribing Effexor XR, Eskalith CR, Synthroid, Zyprexa and Concerta to him.

(m) On or about September 7, 2007, Respondent lowered patient B.M.'s Eskalith CR dosage from 450 mg 2.5 times/day to 450 mg 1.5 times/day and raised his Adderall XR dosage to 50 mg/day. Respondent continued prescribing patient B.M. Concerta, Effexor XR, Inderal LA, Synthroid, Zyprexa and Ambien.

(n) On or about October 5, 2007, Respondent increased patient B.M.'s lithium dosage to 1125 mg/day.

(o) On or about November 2, 2007, Respondent increased patient B.M.'s Synthroid dosage to 0.15 mg/day without checking patient B.M.'s thyroid hormone levels or recording any justification for doing so. Respondent continued prescribing patient B.M. Effexor XR, Inderal LA, Eskalith CR, Zyprexa, Ambien, Adderall XR and Concerta.

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[8] Adderall XR, brand name for amphetamine salt, is a stimulant commonly used to treat ADHD and narcolepsy. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions code section 4022.

[9] Clonazepam, brand name Klonopin, is a sedative commonly used to treat seizures, panic disorder and anxiety. 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.

[10] Inderal LA, brand name for propranolol hydrochloride, is a beta blocker commonly used to treat high blood pressure.

(p) On or about November 30, 2007, Respondent noted that patient B.M. had increased his daily lithium dosage without consulting Respondent. Respondent then raised patient B.M.'s lithium dosage to 1350 mg/day and his Effexor XR dosage to 225 mg/day, while maintaining his previous prescriptions for Eskalith CR, Inderal LA, Zyprexa, Synthroid, Ambien, Concerta and Adderall XR.

(q) On or about January 18, 2008, patient B.M. reported to Respondent that he was feeling depressed. Respondent consequently prescribed patient B.M. with a third stimulant, Vyvanse,[11] at the maximum recommended dose, 70 mg, and increased patient B.M.'s Zyprexa dosage to 40 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Effexor XR, Eskalith CR, Inderal LA, Synthroid, Ambien, Concerta and Adderall XR. Respondent also prescribed patient B.M. clonazepam.

(r) On or about April 10, 2008, Respondent increased patient B.M.'s dosage of Zyprexa to 50 mg/day without recording any justification for doing so. Respondent maintained patient B.M.'s previous prescriptions for Effexor XR, Eskalith CR, Inderal LA, Synthroid, Adderall XR, and clonazepam.

(s) On or about May 27, 2008, patient B.M. reported feeling tired in the morning. Respondent consequently increased patient B.M.'s dosage of Adderall XR to 60 mg/day and added another stimulant, immediate release Adderall, at 20 mg/day. Respondent's notes indicate that patient B.M. reported going back to taking Concerta, and that Respondent discussed lowering Zyprexa from 50 mg/day to 40 or 45 mg/day with patient B.M. Respondent prescribed B.M. Concerta, 108 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Zyprexa, Effexor XR, Eskalith CR, Inderal LA, Synthroid, Ambien and clonazepam.

(t) On or about June 24, 2008, Respondent noted that patient B.M. increased his dosage of Effexor XR to 450 mg/day and Zyprexa to 70 mg/day without consulting

[11] Vyvanse, brand name for lisdexamfetamine, is a stimulant commonly used to treat ADHD and binge-eating disorder. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions code section 4022.

Respondent. Respondent gave patient B.M. a new prescription of Cymbalta[12] at 30 mg/day. Respondent increased patient B.M.'s prescriptions for Effexor XR dosage to 450 mg/day, his Zyprexa dosage to 60 mg/day, and his Adderall IR dosage to 30 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Concerta, Eskalith CR, Inderal LA, Synthroid, Adderall XR, Ambien and clonazepam.

(u) On or about July 24, 2008, Respondent lowered patient B.M.'s dosages of Effexor XR to 300 mg/day. Respondent increased patient B.M.'s Cymbalta dosage to 60 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Zyprexa, Concerta, Eskalith CR, Synthroid, Inderal LA, Adderall XR, Adderall IR, clonazepam and Ambien.

(v) On or about August 6, 2008, Respondent raised patient B.M.'s Cymbalta dosage to 90 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Concerta, Zyprexa, Effexor XR, Eskalith CR, Inderal LA, Synthroid, Adderall XR, Adderall IR, Ambien and clonazepam.

(w) On or about October 30, 2008, Respondent increased patient B.M.'s dosage of immediate release Adderall to 90 mg/day and prescribed a new antidepressant, Pristiq,[13] at 50 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Concerta, Zyprexa, Effexor XR, Eskalith CR, Inderal LA, Synthroid, Adderall XR, Ambien and Cymbalta.

(x) On or about November 6, 2008, Respondent increased patient B.M.'s dosage of Pristiq to 100 mg/day.

(y) On or about February 3, 2009, Respondent noted that patient B.M. was feeling tired and wanted to try Ritalin. Respondent prescribed patient B.M. with Ritalin,[14] his

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[12] Cymbalta, brand name for duloxetine, is a serotonin norepinephrine reuptake inhibitor commonly used to treat depression, anxiety, fibromyalgia and chronic muscle or bone pain.

[13] Pristiq, brand name for desvenlafaxine, is a serotonin norepinephrine reuptake inhibitor commonly used to treat depression.

[14] Ritalin, brand name for methylphenidate, is a stimulant commonly used to treat ADHD and narcolepsy. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions code section 4022.

fourth stimulant, at 20 mg twice/day. On or about February 3, 2009, Respondent also prescribed patient B.M. Concerta, Adderall XR, and Adderall IR.

(z) On or about March 4, 2009, Respondent noted that patient B.M. had independently decided to stop taking Effexor XR, clonazepam and Ambien, and that patient B.M. would try to lower his dosages for lithium and Zyprexa. On or about the same day, Respondent maintained patient B.M.'s previous prescriptions for Cymbalta, Inderal LA, Eskalith CR, Zyprexa, Synthroid, Pristiq, Concerta, Adderall XR, Adderall IR and Ritalin. Respondent also wrote patient B.M. a new prescription for Ambien.

(aa) On or about March 4, 2009, Respondent raised patient B.M.'s dosage for Ritalin to 60 mg/day, the maximum recommended dosage for adults.

(bb) On or about April 13, 2009, Respondent lowered patient B.M.'s dosages for Ritalin to 40 mg/day and Adderall IR to 60 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Cymbalta, Inderal LA, Eskalith CR, Zyprexa, Synthroid, Pristiq, Effexor XR, Concerta, Adderall XR and Adderall IR.

(cc) On or about July 6, 2009, Respondent raised patient B.M.'s dosage for Ritalin back to 60 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Inderal LA, Eskalith CR, Zyprexa, Synthroid, Pristiq, Effexor XR, Adderall XR and Adderall IR.

(dd) On or about September 24, 2009, Respondent raised patient B.M.'s dosage for Adderall IR to 90 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Inderal LA, Eskalith CR, Zyprexa, Synthroid, Pristiq and Ritalin.

(ee) On or about November 19, 2009, Respondent raised patient B.M.'s dosage for Pristiq to 100 mg twice/day and lowered patient B.M.'s dosage for Concerta to 54 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Inderal LA, Ritalin and Adderall IR.

(ff) On or about January 7, 2011, Respondent obtained lab results for patient B.M. showing an elevated creatinine level of 2.2 mg/dL, a lithium level of 1.5 mEq/L. Respondent makes no mention of the elevated creatinine level in his charts, other than

noting on or about February 17, 2011 that he reviewed the lab report from January 3, 2011 and prescribed patient B.M. Cytomel[15] at 5 mcg/day and lowered his Synthroid dosage. At or around this time, Respondent continued prescribing patient B.M. Concerta, Ritalin, Adderall, Eskalith CR, Effexor XR, Inderal and Zyprexa.

(gg) On or about May 25, 2011, Respondent obtained lab results for patient B.M. for lithium levels and thyroid studies. Patient B.M.'s lithium level were elevated at 1.6mEq/L.

(hh) On or about June 6, 2011, Respondent lowered patient B.M.'s lithium dosage to 900 mg/day and his Synthroid dosage to 0.050 mg/day.

(ii) On or about January 12, 2012, Respondent discovered that patient B.M. had been hospitalized for seven days from on or about December 16, 2011 to on or about December 22, 2011 for motor function issues and high lithium levels, and that patient B.M. had consequently stopped taking lithium. Three and a half weeks prior to January 12, 2012 and following his hospitalization, patient B.M. started taking lithium again but tapered himself off the medication without the advice or help of a medical professional.

(jj) On or about February 2, 2012, Respondent learned that patient B.M. had problems with his kidney and instructed him to stop taking lithium.

(kk) As of Respondent's last documented prescriptions on or about September 10, 2012, patient B.M. was on the following medications: (1) Zyprexa, 20 mg/day; (2) Adderall IR, 60 mg/day; (3) Ritalin, 40 mg/day; (4) Concerta, 54 mg/day; (5) Effexor XR, 300 mg/day; (6) clonazepam, 1-2 mg/day at bedtime; (7) Ambien, 10 mg/day at bedtime; (8) Abilify,[16] 20 mg/day; (9) Cytomel, 5 mcg/day; and (10) Levothyroxine, 50 mg/day.

(ll) On or about January 27, 2016, Respondent was interviewed by a Medical Investigator and Medical Consultant regarding his care and treatment of patient B.M. During his interview, Respondent stated that he did not know why patient B.M. was being

[15] Cytomel, a brand name for liothyronine, is a thyroid hormone commonly used to treat severe hypothyroidism.

[16] Abilify, brand name for aripiprazole, is an atypical antipsychotic commonly used to treat schizophrenia, bipolar disorder, depression and Tourette syndrome.

prescribed Inderal LA, even though he prescribed it for patient B.M. on or about April 13, 2007.

8. Respondent committed gross negligence in his care and treatment of patient B.M. which included, but was not limited to, the following:

(a) Respondent failed to adequately monitor patient B.M.'s lithium and creatinine levels to protect patient B.M. from the potential side effects of lithium, which included Respondent's failure to communicate with patient B.M.'s internist or nephrologist, failure to request or obtain patient B.M.'s prior lab results related to his lithium and creatinine levels, and failure to order periodic studies of patient B.M.'s lithium and creatinine levels throughout his treatment;

(b) Respondent failed to properly diagnose and treat patient B.M. when he received the lab results showing an elevated creatinine level on or about January 3, 2011; and

(c) Respondent prescribed patient B.M. excessive doses of up to four different stimulants at the same time.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

9. Respondent has further subjected his Physician's and Surgeon's Certificate No. A65864 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.M., which includes, but is not limited to paragraphs 7 and 8, above, which are hereby incorporated by reference and realleged as if fully set forth herein. Other repeated negligent acts include, but are not limited to, the following:

(a) During the course of his treatment from on or about 2007, through on or about 2012, Respondent failed to monitor patient B.M.'s blood pressure and pulse while prescribing stimulants;

(b) During the course of his treatment from on or about 2007, through on or about 2012, Respondent failed to monitor patient B.M.'s weight, blood sugar or blood lipids while prescribing Zyprexa, an atypical antipsychotic;

(c) From on or about October 2008, through on or about March 2009, Respondent prescribed patient B.M. three serotonin norepinephrine reuptake inhibitors at the same time without warning patient B.M. that serotonin syndrome is a potential side effect, among other potential adverse reactions with the other medications he was taking; and

(d) Respondent prescribed patient B.M. Inderal LA without knowing why the prescription was necessary, and without adequately monitoring patient B.M.'s pulse and blood pressure.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

10. Respondent has subjected his Physician's and Surgeon's Certificate No. A65864 to disciplinary action under sections 2227 and 2234 in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession as more particularly alleged in paragraphs 7 through 9, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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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. A65864, issued to Respondent Stephen Alden Hockenbury, M.D.;

2. Revoking, suspending or denying approval of Respondent Stephen Alden Hockenbury, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering Respondent Stephen Alden Hockenbury, 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: May 24, 2016

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

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