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

In the Matter of the First Amended Accusation Against:	)	
Ruth Annette Schack M.D.	)	**File No. 800-2015-012903**
Physician's and Surgeon's Certificate No. G 73053	)	
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 September 28, 2018.

IT IS SO ORDERED August 30, 2018.

MEDICAL BOARD OF CALIFORNIA

By: _____

Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
CHRISTINE A. RHEE
Deputy Attorney General
State Bar No. 295656
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9455
Facsimile: (619) 645-2061

Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **RUTH ANNETTE SCHACK, M.D.** **400 Newport Center Drive, Suite 70** **Newport Beach, CA 92660** **Physician's and Surgeon's Certificate No. G73053,** Respondent.	Case No. 800-2015-012903 OAH No. 2017120817 **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 (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 Christine A. Rhee, Deputy Attorney General.

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2. Respondent Ruth Annette Schack, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, Esq., whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071.

3. On or about December 3, 1991, the Board issued Physician's and Surgeon's Certificate No. G73053 to Respondent. Physician's and Surgeon's Certificate No. G73053 was in full force and effect at all times relevant to the charges brought in the First Amended Accusation No. 800-2015-012903, and will expire on April 30, 2019, unless renewed.

JURISDICTION

4. On or about November 1, 2017, Accusation No. 800-2015-012903 was filed before the Board. On or about July 11, 2018, First Amended Accusation No. 800-2015-012903 was filed, which superseded the Accusation filed on November 1, 2017, and is currently pending against Respondent. First Amended Accusation No. 800-2015-012903, and all other statutorily required documents were properly served on Respondent on July 11, 2018. Respondent timely filed her Notice of Defense. A true and correct copy of First Amended Accusation No. 800-2015-012903 is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in First Amended Accusation No. 800-2015-012903. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in First Amended Accusation No. 800-2015-012903; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her 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.

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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 First Amended Accusation No. 800-2015-012903, and that she has thereby subjected her license to disciplinary action.

9. Respondent further agrees that if an accusation is ever filed against her before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2015-012903 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 her Physician's and Surgeon's Certificate No. G73053 is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. 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 up on 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

12. 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.

13. 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.

14. Respondent agrees that her Physician's and Surgeon's Certificate No. G73053 is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that the Physician's and Surgeon's Certificate No. G73053 issued to Respondent Ruth Annette Schack, M.D., shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with First Amended Accusation No. 800-2015-012903, is as follows:

From on or about November 1, 2010 through May 13, 2013, in her care and treatment of Patient A[1], Respondent Ruth Annette Schack, M.D., failed to properly document the reasons why she prescribed and discontinued psychotropic medications and why she increased and decreased their dosages; failed to properly document the reasons why she ordered repeated lab testing; and prescribed thyroid and testosterone without appropriate medical indications, as more fully

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[1] For patient privacy purposes, identity is withheld.

described in First Amended Accusation No. 800-2015-012903, in violation of Business and Professions Code sections 2234 and 2266.

1. 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 education program(s) or course(s) which shall not be less than 40 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. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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

Any failure to fully comply with this term and condition of the Disciplinary Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate No. G73053 to further disciplinary action.

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

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A prescribing practices course taken after the acts that gave rise to the charges in the First 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 failure to comply with this term and condition of the Disciplinary Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate No. G73053 to further disciplinary action.

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

A medical record keeping course taken after the acts that gave rise to the charges in the First 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 failure to comply with this term and condition of the Disciplinary Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate No. G73053 to further disciplinary action.

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

A professionalism program taken after the acts that gave rise to the charges in the First 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 failure to comply with this term and condition of the Disciplinary Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate No. G73053 to further disciplinary action.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and, have fully discussed it with my attorney, Peter R. Osinoff, Esq., I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G73053. I enter into this

Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and with full knowledge of its force and effect on my Physician's and Surgeon's Certificate No. G73053. I fully understand that, after signing this stipulation, I may not withdraw from it, that it shall be submitted to the Medical Board of California for its consideration, and that the Board shall receive a reasonable period of time to consider and act on this stipulation after receiving it. By entering into this stipulation, I fully understand that, upon formal acceptance by the Board, I shall be publicly reprimanded by the Board and shall be required to comply with all of the terms and conditions of the Disciplinary Order set forth above. I also fully understand that any failure to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and will subject my Physician's and Surgeon's Certificate G73053 to further disciplinary action.

DATED: 7-13-18

Ruth Annette Schack, MD

RUTH ANNETTE SCHACK, M.D.
Respondent

I have read and fully discussed with Respondent Ruth Annette Schack, 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: 7/13/18

PETER R. OSINOFF, ESQ.
Attorney for Respondent

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

Dated: July 13, 2018

Respectfully submitted,

XAVIER BECERRA
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

First Amended Accusation No. 800-2015-012903

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
CHRISTINE A. RHEE
Deputy Attorney General
State Bar No. 295656
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9455
Facsimile: (619) 645-2061

Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **RUTH ANNETTE SCHACK, M.D.** **400 Newport Center Drive, Suite 70** **Newport Beach, CA 92660** **Physician's and Surgeon's Certificate No. G73053,** Respondent.	Case No. 800-2015-012903 OAH Case No. 2017120817 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California.

2. On or about December 3, 1991, the Medical Board issued Physician's and Surgeon's Certificate No. G73053 to Ruth Annette Schack M.D. (Respondent). Physician's and Surgeon's Certificate No. G73053 was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2019, unless renewed.

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JURISDICTION

3. This First Amended Accusation, which supersedes the Accusation filed on November 1, 2017, 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:

"...

"(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.

"..."

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. Board. of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

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 her Physician's and Surgeon's Certificate No. G73053 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in the care and treatment of Patient A.[1] The circumstances are as follows:

9. On or about January 3, 2002,[2] Respondent began treating Patient A, a then thirty-year old man who had been previously diagnosed with depression and anxiety with panic symptoms.

[1] The letter "A" is used to protect the patient's privacy.

[2] Conduct occurring more than seven (7) years from the filing date of the Accusation is for (continued...)

A previous treatment provider prescribed Patient A Paxil[3] and Celexa.[4] Respondent diagnosed Patient A with panic disorder, depression, and anxiety. Respondent provided Patient A psychotherapy and would initially meet with him weekly. Their meeting frequency switched to monthly and bi-monthly sessions as the years progressed. After the initial visit, Respondent continued prescribing Patient A Celexa, and also prescribed Klonopin[5] for anxiety.

10. In 2002, Respondent tapered Patient A off Celexa and prescribed Zoloft.[6] Respondent also prescribed Patient A Seroquel[7] for irrational thoughts, sleep, panic, and increased depression, and continued to prescribe him Klonopin for anxiety.

11. In 2003, Respondent continued to prescribe Patient A Zoloft at a decreased dose, and Klonopin.

12. In 2004, Respondent discontinued prescribing Patient A Zoloft, and lowered his Klonopin dose to 0.5 mg as needed. In or around March 2004, Patient A began experiencing panic, depression, and insomnia. Respondent began prescribing Patient A Lexapro,[8] 10 mg a day, and continued prescribing Klonopin.

13. In 2005, Respondent continued to prescribe Patient A an increased dose of Lexapro at 15 mg a day, Ambien[9] as needed for sleep, and Klonopin.

14. In 2006, Patient A reported that he was still feeling depressed. Respondent increased Patient A's Lexapro dose to 30 mg a day. In or around February 2006, Patient A reported feeling groggy, and Respondent prescribed Patient A Provigil,[10] 200 mg. Patient A later reported to

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(...continued)
informational purposes only and is not alleged as a basis for disciplinary action.

[3] Paxil, brand name for Paroxetine, is a selective serotonin reuptake inhibitor (SSRI) used to treat depression and anxiety disorders.

[4] Celexa, brand name for Citalopram, is a SSRI used to treat depression.

[5] Klonopin, brand name for Clonazepam, is a benzodiazepine commonly used to treat panic disorder and anxiety.

[6] Zoloft, brand name for Sertraline, is a SSRI used to treat depression.

[7] Seroquel, brand name for Quetiapine, is an antipsychotic used to treat schizophrenia, bipolar disorder, and depression.

[8] Lexapro, brand name for Escitalopram, is a SSRI used to treat depression and generalized anxiety disorder (GAD).

[9] Ambien, brand name for Zolpidem Tartrate, is a hypnotic sedative used to treat insomnia.

[10] Provigil, brand name Modafinil, is a stimulant used to treat narcolepsy and sleep apnea.

Respondent that he never took Provigil. In or around June 2006, Respondent added Wellbutrin,[11] 300 mg a day, which Patient A later reported that he never took. In or around October 2006, Respondent reduced Patient A's Lexapro dose to 20 mg, and his Klonopin dose to 0.5 mg, one tablet in the morning and half a tablet in the afternoon.

15. In 2007, Patient A decompensated. Respondent discontinued prescribing Patient A Lexapro, added Prozac,[12] 10 mg a day, and Adderall,[13] 10 mg, as needed, for depression and low energy. In or around April 2007, Respondent noted in her records that she had diagnosed Patient A with Attention Deficit Hyperactivity Disorder (ADHD). Respondent also continued to prescribe Klonopin to Patient A.

16. In or around March 2008, Patient A told Respondent that the medications were not working. Patient A had stopped taking Prozac in or around February 2008. On or about April 23, 2008, Respondent noted that Patient A had low testosterone and DHEA.[14] Respondent began treating Patient A with DHEA, 25 mg a day, for depression, cognition, energy, weight issues, and lack of libido, and topical testosterone.[15] The previous lab report in the medical records dated April 4, 2008, showed that Patient A's free testosterone and thyroid levels were within normal reference ranges.

17. On or about May 21, 2008, Respondent prescribed Patient A Armour Thyroid,[16] half a grain, one tablet every morning, and increased the DHEA dose to 50 mg to 75 mg a day. Respondent's medical records fail to document why she increased the DHEA dose. Respondent later told Board investigators that she treated Patient A with thyroid medication to augment his anti-depressant medication.

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[11] Wellbutrin, brand name for Bupropion, is an anti-depressant commonly used to treat depression.

[12] Prozac, brand name for Fluoxetine, is a SSRI used to treat depression and panic disorder.

[13] Adderall, brand name for Amphetamine Sulfate, is a stimulant used to treat ADHD.

[14] DHEA, or Dehydroepiandrosterone, is a steroid hormone produced by the adrenal glands. DHEA is sold as an over-the-counter supplement.

[15] Testosterone is a steroid hormone used to treat male hypogonadism, which is a condition in which the body does not produce enough testosterone.

[16] Armour Thyroid, is a natural preparation derived from porcine thyroid glands and is used to treat hypothyroidism, which is a condition in which the thyroid is not producing enough thyroid hormone.

18. In or around September 2008, Respondent had decreased Patient A's Wellbutrin and Adderall doses, and had added Trileptal,[17] 150 mg every evening, to target anxiety. In or around October 2008, Patient A had stopped taking Wellbutrin, and Respondent had discontinued prescribing Patient A Wellbutrin and Adderall. At that time, Respondent was prescribing Patient A Klonopin, Trileptal, DHEA, Armour Thyroid, one and a quarter grain, one tablet every morning, and testosterone.

19. In 2009, Respondent discontinued Trileptal but continued to prescribe Patient A Adderall, Klonopin, Armour Thyroid, DHEA, and testosterone. Respondent discontinued prescribing Patient A testosterone on or about April 15, 2009, but continued prescribing Nature Thyroid,[18] 60 mg, one tablet every morning, and DHEA, 100 mg, one capsule every morning. Respondent restarted Patient A on testosterone gel on or about July 20, 2009. Lab reports from 2009 show Patient A had testosterone and thyroid levels within normal reference ranges. On or about August 26, 2009, Respondent diagnosed Patient A with hypogonadism, ADD, Panic Disorder, and social anxiety.

20. In 2010, Respondent continued to prescribe Patient A Adderall, Klonopin, Nature Thyroid, testosterone, and DHEA. Respondent also restarted Patient A on Wellbutrin, between 100 mg to 300 mg, every morning. On or about August 31, 2010, Respondent started Patient A on Trazodone,[19] 50 mg, one tablet in the evening.

21. On or about October 27, 2010, Respondent was prescribing Patient A the following: (1) Adderall, 10 mg, 2 tablets every morning; (2) Klonopin, 1 mg, one to two tablets every morning with a half tablet to be taken as needed for severe anxiety; (3) Trazodone, 50 mg, one tablet at bedtime as needed; and (4) Wellbutrin, 300 mg, one tablet every morning. Respondent's assessment of Patient A included Panic Disorder, ADD, Mood Disorder – Not Otherwise Specified, and Personality Disorder – Not Otherwise Specified.

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[17] Trileptal, brand name for Oxcarbazepine, is an anti-convulsant commonly used to treat epileptic seizures.

[18] Nature Thyroid is a medication derived from desiccated porcine thyroid, used to treat hypothyroidism.

[19] Trazodone is a tetracyclic anti-depressant used to treat depression and anxiety disorders.

22. According to a lab report dated November 12, 2010, for a specimen taken on or about November 5, 2010, Patient A's general chemistry, insulin, cholesterol, cortisol, growth factor, and DHEA levels were tested. A complete blood count (CBC) was also done. Patient A's thyroid-stimulating hormone (TSH), free T3 (free triiodothyronine), free T4 (free thyroxine), testosterone, and DHEA levels were within normal limits.

23. On or about November 29, 2010, Respondent discontinued prescribing Patient A testosterone and DHEA, but had Patient A continue his other medications.

24. In 2011, Respondent maintained Patient A on the same regimen as described in paragraph 21, above. On or about March 16, 2011, Respondent prescribed Patient A Nature Thyroid, 60 mg, one tablet every morning, quantity 100.

25. On or about April 13, 2011, Respondent continued to prescribe Patient A Nature Thyroid, 60 mg, one tablet every morning, quantity 30, with one refill.

26. According to a lab report dated April 26, 2011, for a specimen taken on or about April 20, 2011, Patient A's general chemistry, prostate-specific antigen (PSA), cortisol, growth factor, insulin, testosterone, and DHEA levels were tested. Patient A's TSH, free T3, free T4, and DHEA levels were within normal limits. Respondent failed to document why lab testing was necessary for Patient A, when lab testing was previously done five months prior.

27. On or about May 16, 2011, Respondent documented in a progress note that she had reviewed the lab report. Respondent's plan was that Patient A was to continue with his medications, and prescribed Klonopin, Adderall, Trazodone, and Wellbutrin. Respondent's records at this time failed to document the medical indication for Respondent's continued prescribing of Nature Thyroid for Patient A.

28. On or about June 14, 2011, in addition to the medications listed in paragraph 27, above, Respondent prescribed Patient A Nature Throid,[20] 64.8 mg, one capsule every morning, quantity 30, with one refill, despite the fact that his thyroid levels were with normal limits.

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[20] Respondent switched Patient A from "Nature Thyroid" to "Nature Throid" and vice versa.

29. On or about July 18, 2011, Respondent prescribed Patient A Nature Thyroid, 60 mg, one tablet every morning, quantity 100, with the instruction to the pharmacy that 30 tablets may also be given. Respondent continued to prescribe Patient A Klonopin, Adderall, and Wellbutrin.

30. On or about August 17, 2011, Respondent lowered Patient A's Wellbutrin dose to 150 mg, one tablet every morning, without documenting the reason why she decreased the dose. After Patient A reported that he had independently decreased his Klonopin dose, Respondent prescribed him Klonopin, 0.5 mg, one to two tablets every morning.

31. According to a lab report dated September 21, 2011, for a specimen taken on or about September 15, 2011, Patient A's PSA, glucose, cortisol, growth factor, insulin, testosterone, and DHEA levels were tested. A CBC and a complete metabolic panel were also done. Patient A's TSH, free T3, free T4, and DHEA levels were within normal limits. Respondent failed to document why this lab testing was necessary for Patient A, when lab testing was previously done five months prior.

32. On or about September 23, 2011, Respondent documented in a progress note that she had discussed the labs with Patient A. Despite the fact that Patient A's DHEA level was within normal reference ranges, Respondent noted that his DHEA levels were low, and wrote that Patient A was to restart DHEA, 50 mg, one capsule every morning, quantity 60, and to continue all other refilled medications, which included Nature Thyroid, 60 mg, one tablet every morning, quantity 30.

33. On or about October 17, 2011, Respondent documented in a progress note that Patient A was to increase DHEA to two 50 mg capsules every morning, without documenting the medical indication for increasing the dose.

34. Respondent continued to prescribe Patient A DHEA and/or Nature Thyroid on or about November 28, 2011 and January 9, 2012, despite the normal results on the prior labs. Respondent also continued to prescribe Patient A Wellbutrin, Klonopin, and Adderall.

35. According to a lab report dated January 20, 2012, for a specimen taken on or about January 17, 2012, Patient A's PSA, lipids, glucose, growth factor, insulin, testosterone, and DHEA levels were tested. Patient A's TSH, free T4, and DHEA levels were within normal limits.

Respondent failed to document why lab testing was necessary for Patient A, when lab testing was previously done four months prior.

36. On or about February 6, 2012, Respondent documented that she had discussed the labs with Patient A, and that Patient A was to continue taking his current medications, including Nature Thyroid and DHEA, despite the fact that the labs showed Patient A was euthyroid and had a DHEA level within normal limits.

37. On or about April 4, 2012, Respondent prescribed Patient A Nature Thyroid, 60 mg, one tablet every morning, quantity 30, and DHEA, 25 mg, one capsule per day, quantity 30. Respondent failed to document in the medical record why she lowered the DHEA dose from 100 mg to 25 mg. Respondent also lowered Patient A's Wellbutrin dose from 150 mg to 100 mg.

38. In or about June 6, 2012, Respondent documented that Patient A had stopped taking Adderall and Klonopin, and was taking Wellbutrin, 50 mg every morning, and thyroid, 60 mg a day. Respondent's assessment of Patient included Panic Disorder, social anxiety, Mood Disorder – Not Otherwise Specified, and that Patient A was doing well off his medications. Respondent officially discontinued Adderall and Klonopin.

39. On or about July 3, 2012, Respondent documented that she discontinued prescribing Wellbutrin for Patient A at his request. On or about the same date, Respondent prescribed Patient A Nature Thyroid, 60 mg, one tablet every morning, quantity 30 with two refills. Respondent failed to document the medical indication for her continued prescribing of Nature Thyroid.

40. According to a lab report dated July 26, 2012, for a specimen taken on or about July 23, 2012, Patient A's basic metabolic panel, DHEA, and cholesterol were tested. Patient A's DHEA level was within normal limits. Respondent failed to document why lab testing was necessary for Patient A, when lab testing was previously done seven months before.

41. On or about August 13, 2012, Respondent documented that Patient A was reporting increased anxiety, and told Patient A to resume Klonopin, 0.5 mg, up to two tablets a day.

42. On or about October 11, 2012, Respondent prescribed Patient A Nature Throid, 64.8 mg, one tablet every morning and failed to document the medical indication for her continued prescribing of this medication.

43. On or about November 12, 2012, Respondent documented that Patient A had increased anxiety, sleep disturbance, and depression. In the October 11, 2012 progress note, Respondent references lab tests showing decreased TSH and testosterone levels, although Respondent's medical records fail to contain a lab report contemporaneous to this date. Respondent assessed Patient A with Panic Disorder and anxiety. Respondent prescribed Patient A Doxepin,[21] 25 mg every evening, Nature Thyroid, three-quarters of a grain, one tablet ever morning, quantity 30, with one refill, and restarted Patient A on testosterone transdermal cream. Patient A stopped taking Doxepin because of the side effects. Respondent failed to document why Nature Thyroid and testosterone were medically indicated.

44. According to a lab report dated November 21, 2012, for a specimen taken on or about November 16, 2012, Patient A's PSA, testosterone, and DHEA were tested. Patient A's DHEA and testosterone levels were within normal limits.

45. On or about November 28, 2012, Respondent documented that Patient A was reporting severe anxiety, sleep disturbance, and stress from work. Respondent also noted that labs were discussed with Patient A and were normal. Respondent discontinued testosterone and instructed Patient A to restart Wellbutrin, 150 mg, Trazodone, and begin Lunesta,[22] 3 mg, one tablet at bedtime. Respondent also prescribed Klonopin.

46. On or about December 14, 2012, Respondent documented that Patient A was reporting anxiety, an inability to be alone or to drive, and separation anxiety. Respondent discontinued Wellbutrin and prescribed Patient A the following: (1) Effexor,[23] 150 mg every morning; (2) Seroquel, 25 mg; (3) Remeron,[24] 15 mg, (4) Klonopin; and (5) Lunesta. Respondent failed to document the medical indications for adding Seroquel and Remeron.

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[21] Doxepin, brand name Silenor, is a nerve pain medication and anti-depressant used to treat depression, anxiety, and sleep disorders.

[22] Lunesta, brand name for Eszopiclone, is a sedative used to treat insomnia.

[23] Effexor, brand name for Venlafaxine, is a nerve pain medication and anti-depressant used to treat

[24] Remeron, brand name Mirtazapine, is an anti-depressant commonly used to treat depression.

47. On or about January 7, 2013, Patient A reported that he had started a brain balancing treatment with a separate provider. Respondent continued to prescribe Patient A Effexor, Seroquel, Remeron, Klonopin, and Lunesta.

48. On or about January 11, 2013, Respondent met with Patient A and his parents. Respondent assessed Patient A with Panic Disorder, Generalized Anxiety Disorder, social anxiety, and Mood Disorder – Not Otherwise Specified. Patient A's family agreed that Patient A should go on work disability. Respondent instructed Patient A to continue his medications for the next three weeks.

49. On or about January 30, 2013, Respondent prescribed Patient A Nature Throid, 48.75 mg, one tablet every morning, quantity 30, with one refill. Respondent failed to document the medical indication to continue prescribing this medication to Patient A.

50. From in or around February 2013 through in or around March 2013, Respondent continued to prescribe Patient A Effexor, Seroquel, Remeron, Klonopin, Lunesta and Nature Thyroid. Respondent failed to document the medical indication for continuing to prescribe Nature Thyroid to Patient A. On or about March 7, 2013, Respondent documented that Patient A was to see an endocrinologist.

51. On or about March 13, 2013, Respondent documented that Patient A had gone to an endocrinologist who had recommended that Patient A stop taking his medications and supplements. Patient A planned to see another endocrinologist, and Respondent increased Patient A's Effexor dose to 187.5 mg every morning.

52. According to a lab report dated March 22, 2013, for a specimen taken on or about March 16, 2013, Patient A's PSA, testosterone, DHEA, glucose, growth hormone, lipids, cortisol and insulin levels were tested. A CBC was also done. Patient A's TSH, free T3, and free T4 were within normal limits, while Patient A's free testosterone was above normal limits. Patient A's dihydrotestosterone levels were reported as low. Respondent failed to document why lab testing was necessary for Patient A, when lab testing was previously done four months prior.

53. In a progress note dated on or about March 27, 2013, Respondent documented that she discussed the lab results with Patient A and noted that all results were within normal limits

with the exception of the white blood count (which was low), low-density lipoprotein or LDL (which was high), dihydrotestosterone (which was low), and T4 (which Respondent wrote was low). Patient A reported less anxiety in the morning, and his progress with transcranial magnetic stimulation, or TMS. Respondent's records note that Patient A was being prescribed Silenor by his endocrinologist.

54. On or about May 13, 2013, Respondent saw Patient A for the last office visit. Respondent noted that Patient A was continuing to take Silenor, but had stopped taking Seroquel two weeks prior. Respondent prescribed Patient A Klonopin.

55. Respondent committed repeated negligent acts in her care and treatment of Patient A for the following reasons:

a. Failing to properly document the reasons why she prescribed and discontinued psychotropic medications and why she increased and decreased their dosages;

b. Failing to properly document the reasons why she ordered repeated lab testing; and

c. Prescribing thyroid and testosterone without appropriate medical indications.

SECOND CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and/or Accurate Records)

56. Respondent has further subjected her Physician's and Surgeon's Certificate No. G73053 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that she failed to maintain adequate and accurate medical records in her care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 55, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE
(Unprofessional Conduct)

57. Respondent has further subjected her Physician's and Surgeon's Certificate No. G73053 to disciplinary action under sections 2227 and 2234 of the Code, in that she 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 9 through 56, 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. G73053, issued to Respondent Ruth Annette Schack, M.D.;

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

3. Ordering Respondent Ruth Annette Schack, 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: July 12, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
State of California
Complainant

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