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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO NOV. 1 2017
BY [signature] ANALYST

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

In the Matter of the Accusation Against: **RUTH ANNETTE SCHACK, M.D.** **400 Newport Center Drive, Suite 70** **Newport Beach, CA 92660** **Physician's and Surgeon's Certificate No. G 73053,** Respondent.	Case No. 800-2015-012903 **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.

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 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 725 of the Code states, in pertinent part:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"..."

6. 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.

"...

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

7. 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.)

8. Section 2242 of the Code states, in pertinent part:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

"..."

9. 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."

10. Section 4022 of the Code states, in pertinent part:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use in humans or animals, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.

"...

"(c) Any drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

FIRST CAUSE FOR DISCIPLINE

(Excessive Prescribing of Drugs and Repeated Acts of Clearly Excessive Use of Diagnostic Procedures)

11. Respondent has subjected her Physician's and Surgeon's Certificate No. G73053 to disciplinary action under sections 2227 and 2234, as defined by section 725, subdivision (a), of the Code, in that she has excessively prescribed drugs and committed repeated acts of clearly

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excessive use of diagnostic procedures in the care and treatment of Patient A.K.[1] The circumstances are as follows:

12. On or about January 3, 2002,[2] Respondent began treating Patient A.K., a then thirty-year old man who had been previously diagnosed with depression and anxiety with panic symptoms. Patient A.K. was initially treated with Paxil,[3] and then Celexa.[4] Respondent diagnosed Respondent with panic disorder, depression, and anxiety. Respondent provided Patient A.K. 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.K. Celexa, and also prescribed Klonopin[5] for anxiety.

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

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

15. In 2004, Respondent discontinued prescribing Patient A.K. Zoloft, and lowered his Klonopin dose to 0.50 mg as needed. In or around March 2004, Patient A.K. began experiencing panic, depression, and insomnia. Respondent began prescribing Patient A.K. Lexapro,[8] 10 mg a day, and continued prescribing Klonopin.

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

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[1] The patient's initials are used to protect the patient's privacy.

[2] 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.

[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.

17. In 2006, Patient A.K. reported that he was still feeling depressed. Respondent increased Patient A.K.'s Lexapro dose to 30 mg a day. In or around February 2006, Patient A.K. reported feeling groggy, and Respondent prescribed Patient A.K. Provigil,[10] 200 mg. In or around June 2006, Respondent added Wellbutrin,[11] 300 mg a day, which Patient A.K. later reported that he never took. In or around October 2006, Respondent reduced Patient A.K.'s Lexapro dose to 20 mg, and his Klonopin dose to 0.50 mg, four times a day.

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

19. In or around March 2008, Patient A.K. told Respondent that he wanted to try Wellbutrin and stop taking Prozac. On or about April 23, 2008, Respondent noted that Patient A.K. had low testosterone and DHEA. Respondent began prescribing Patient A.K. with DHEA,[14] 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.K.'s free testosterone and thyroid levels were within normal ranges.

20. On or about May 21, 2008, Respondent prescribed Patient A.K. Armour Thyroid,[16] half a grain, one tablet every morning, despite the fact that Patient A.K. was euthyroid, and increased the DHEA dose to 50 mg to 75 mg a day.

21. In or around September 2008, Respondent had decreased Patient A.K.'s Wellbutrin and Adderall doses, and had added Trileptal,[17] 150 mg every evening, to target anxiety. In or

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[10] Provigil, brand name for Modafinil, is a stimulant used to treat narcolepsy and sleep apnea.
[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.
[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 used to treat hypothyroidism, which is a condition in which the thyroid is not producing enough thyroid hormone.
[17] Trileptal, brand name for Oxcarbazepine, is an anti-convulsant commonly used to treat epileptic

(continued...)

around October 2008, Respondent had discontinued prescribing Patient A.K. Wellbutrin and Adderall. At that time, Respondent was prescribing Patient A.K. Klonopin, Trileptal, DHEA, Armour Thyroid, one and a quarter grain, one tablet every morning, and testosterone.

22. In 2009, Respondent discontinued Trileptal but continued to prescribe Patient A.K. Adderall, Klonopin, Armour Thyroid, DHEA, and testosterone. Respondent discontinued prescribing Patient A.K. testosterone on or about April 15, 2009, but continued prescribing Nature Thyroid,[18] 60 mg, one tablet every morning, and DHEA, 100 mg, 1 capsule every morning. Respondent restarted Patient A.K. on testosterone gel on or about July 20, 2009. Lab reports from 2009 show Patient A.K. had testosterone and thyroid levels within normal limits. On or about August 26, 2009, Respondent diagnosed Patient A.K. with hypogonadism, ADD, Panic Disorder, and social anxiety.

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

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

25. According to a lab report dated November 12, 2010, for a specimen taken on or about November 5, 2010, Patient A.K.'s general chemistry, insulin, cholesterol, testosterone, cortisol, growth factor, and DHEA levels were tested. A complete blood count (CBC) was also done.

(...continued)
seizures.

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

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

Patient A.K.'s thyroid-stimulating hormone (TSH), free T3 (free triiodothyronine), free T4 (free thyroxine), testosterone, and DHEA levels were within normal limits.

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

27. In 2011, Respondent maintained Patient A.K. on the same regimen as described in paragraph 24, above. On or about March 16, 2011, Respondent prescribed Patient A.K. Nature Thyroid,[20] 60 mg, 1 tablet every morning, quantity 100.

28. On or about April 13, 2011, Respondent continued to prescribe Patient A.K. Nature Thyroid, 60 mg, 1 tablet every morning, quantity 30, with one refill.

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

30. 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.K. was to continue with his medications, and prescribed Klonopin, Adderall, Trazadone, and Wellbutrin. Respondent's records at this time failed to document a medical indication for Respondent's continued prescribing of Nature Thyroid for Patient A.K., who was euthyroid.

31. On or about June 14, 2011, in addition to the medications listed in paragraph 30, Respondent prescribed Patient A.K. Nature Throid,[21] 64.8 mg, one capsule every morning, quantity 30, with one refill, despite the fact that his thyroid levels were within normal limits. Respondent also failed to document the medical indication justifying Patient A.K.'s continued consumption of Nature Throid in the medical record.

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

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

32. On or about July 18, 2011, Respondent prescribed Patient A.K. Nature Thyroid, 60 mg, 1 tablet every morning, quantity 100, with the instruction to the pharmacy that quantity 30 may also be given. Respondent continued to prescribe Patient A.K. Klonopin, Adderall, and Wellbutrin.

33. On or about August 17, 2011, Respondent lowered Patient A.K.'s Wellbutrin dose to 150 mg, 1 tablet every morning. After Patient A.K. reported that he had independently decreased his Klonopin dose, Respondent prescribed him Klonopin, 0.5 mg, 1-2 tablets every morning.

34. According to a lab report dated September 21, 2011, for a specimen taken on or about September 15, 2011, Patient A.K.'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.K.'s TSH, free T3, free T4, and DHEA levels were within normal limits. Respondent failed to indicate why lab testing was necessary for Patient A.K., when lab testing was previously done five months prior.

35. On or about September 23, 2011, Respondent documented in a progress note that she had discussed the labs with Patient A.K. Despite the fact that Patient A.K.'s DHEA level was within normal limits, Respondent noted that the DHEA levels were low, and wrote that Patient A.K. was to restart DHEA, 50 mg, 1 capsule every morning, quantity 60, and to continue all other refilled medications, which included Nature Thyroid, 60 mg 1 tablet every morning, quantity 30.

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

37. Respondent continued to prescribe Patient A.K. DHEA and/or Nature Thyroid on or about November 28, 2011 and January 9, 2012, despite the fact that Patient A.K. was euthyroid and had normal DHEA levels on his last labs. Respondent also continued to prescribe Patient A.K. Wellbutrin, Klonopin, and Adderall.

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

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

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

40. On or about April 4, 2012, Respondent prescribed Patient A.K. Nature Thyroid, 60 mg, 1 tablet every morning, quantity 30, and DHEA, 25 mg, 1 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.K.'s Wellbutrin dose from 150 mg to 100 mg.

41. On or about June 6, 2012, Respondent documented that Patient A.K. 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 A.K. included Panic Disorder, social anxiety, Mood Disorder, Not Otherwise Specified, and that Patient A.K. was doing well off of his medications. Respondent discontinued Adderall and Klonopin.

42. On or about July 3, 2012, Respondent documented that she discontinued prescribing Wellbutrin for Patient A.K. at his request. On or about the same date, Respondent prescribed Patient A.K. Nature Thyroid, 60 mg, 1 tablet every morning, quantity 30 with two refills, despite the fact that Patient A.K. was euthyroid. Respondent failed to document a medical indication for her continued prescribing of Nature Thyroid.

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

44. On or about August 13, 2012, Respondent documented that Patient A.K. was reporting increased anxiety, and told Patient A.K. to resume Klonopin, 0.50 mg, up to two tablets a day.

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45. On or about October 11, 2012, Respondent prescribed Patient A.K. Nature Throid, 64.8 mg, one tablet every morning, despite the fact that Patient A.K.'s last labs showed that he was euthyroid.

46. On or about November 12, 2012, Respondent documented that Patient A.K. 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.K. with Panic Disorder and social anxiety. Respondent prescribed Patient A.K. Doxepin,[22] 25 mg every evening, Nature Thyroid, ¾ of a grain, 1 tablet every morning, quantity 30, with one refill, and restarted Patient A.K. on testosterone transdermal cream. Respondent failed to document why Nature Thyroid and testosterone were medically indicated.

47. According to a lab report dated November 21, 2012, for a specimen taken on or about November 16, 2012, Patient A.K.'s PSA, testosterone, DHEA, and insulin levels were tested. Patient A.K.'s DHEA and testosterone levels were within normal limits. Respondent failed to indicate why lab testing was necessary for Patient A.K., when lab testing was previously done four months prior.

48. On or about November 28, 2012, Respondent documented that Patient A.K. was reporting severe anxiety, sleep disturbance, and stress from work. Respondent also noted that labs were discussed with Patient A.K. and were normal. Respondent discontinued testosterone and instructed Patient A.K. to restart Wellbutrin, 150 mg, Trazadone, and begin Lunesta,[23] 3 mg, one tablet at bedtime. Respondent also prescribed Klonopin.

49. On or about December 14, 2012, Respondent documented that Patient A.K. was reporting anxiety, an inability to be alone or to drive, and separation anxiety. Respondent discontinued Wellbutrin, and prescribed Patient A.K. the following: (1) Effexor,[24] 150 mg every

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

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

[24] Effexor, brand name for Venlafaxine, is a nerve pain medication and anti-depressant used to treat (continued...)

morning; (2) Seroquel, 25 mg; (3) Remeron,[25] 15 mg; (4) Klonopin; and (5) Lunesta. Respondent failed to document the medical indications for adding Seroquel and Remeron.

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

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

52. On or about January 30, 2013, Respondent prescribed Patient A.K. Nature Throid, 48.75 mg, 1 tablet every morning, quantity 30 with one refill. Respondent failed to document the medical indication to continue prescribing this medication to a euthyroid patient.

53. From in or around February 2013 through in or around March 2013, Respondent continued to prescribe Patient A.K. Effexor, Seroquel, Remeron, Klonopin, Lunesta and Nature Thyroid. Respondent failed to document the medical indication to continue prescribing a Nature Thyroid to a euthyroid patient. On or about March 7, 2013, Respondent documented that Patient A.K. was to see an endocrinologist.

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

55. According to a lab report dated March 22, 2013, for a specimen taken on or about March 16, 2013, Patient A.K.'s PSA, testosterone, DHEA, glucose, growth hormone, lipids, cortisol, and insulin levels were tested. A CBC was also done. Patient A.K.'s TSH, free T3, and

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depression, GAD, panic disorder, and social anxiety disorder.

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

free T4 levels were within normal limits, while Patient A.K.'s free testosterone was above normal limits. Patient A.K.'s dihydrotestosterone levels were reported as low. Respondent failed to indicate why lab testing was necessary for Patient A.K., when lab testing was previously done four months prior.

56. In a progress note dated on or about March 27, 2013, Respondent documented that she discussed the lab results with Patient A.K., 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.K. reported less anxiety in the morning, and his progress with transcranial magnetic stimulation, or TMS. Respondent prescribed Silenor, 3 mg at night, as needed. Respondent failed to document the medical indication for prescribing Patient A.K. Silenor.

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

58. Respondent violated Business and Professions Code section 725 in that she excessively prescribed Patient A.K. with psychotropic medications without following the standard prescribing algorithms, and that she excessively ordered laboratory testing for Patient A.K.

SECOND CAUSE FOR DISCIPLINE

(Prescribing, Dispensing, or Furnishing Dangerous Drugs without Appropriate Medical Indication)

59. 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 2242, subdivision (a), of the Code, in that she prescribed dangerous drugs without appropriate medical indication, as more particularly alleged in paragraphs 11 through 58, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

60. 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 2234,

subdivision (c), of the Code, in that she committed repeated negligent acts in her care and treatment of patient A.K., as more particularly in paragraphs 11 through 59, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein, and as described below:

a. Respondent excessively prescribed Patient A.K. psychotropic medication without following the standard prescribing algorithms;

b. Respondent excessively ordered laboratory testing for Patient A.K.; and

c. Respondent prescribed Patient A.K., an otherwise euthyroid, non-hypogonadal patient, with thyroid and testosterone, without appropriate medical indications.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

61. 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.K., as more particularly alleged in paragraphs 11 through 60, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

62. 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 11 through 61, 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:

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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: November 1, 2017

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

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