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7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10
11 In the Matter of the Accusation Against:

Case No. 800-2018-042395

12 **Bruce Hamilton Lockwood, M.D.**
13 **23805 Stuart Ranch Rd. #210**
14 **Malibu, CA 90265**

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. C 40102,**

Respondent.

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18
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
22 (Board).

23 2. On or about November 9, 1981, the Medical Board issued Physician's and Surgeon's
24 Certificate Number C 40102 to Bruce Hamilton Lockwood, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on January 31, 2023, unless renewed.

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1 **JURISDICTION**

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

27 **STATUTORY PROVISIONS**

28 5. Section 2234 of the Code, states:

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

(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 (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
3 (2) When the standard of care requires a change in the diagnosis, act, or
4 omission that constitutes the negligent act described in paragraph (1), including, but
5 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 (d) Incompetence.

7 (e) The commission of any act involving dishonesty or corruption that is
8 substantially related to the qualifications, functions, or duties of a physician and
surgeon.

9 (f) Any action or conduct that would have warranted the denial of a certificate.

10 (g) The failure by a certificate holder, in the absence of good cause, to attend
and participate in an interview by the board. This subdivision shall only apply to a
certificate holder who is the subject of an investigation by the board.

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12 6. Section 2239 of the Code states:

13 (a) The use or prescribing for or administering to himself or herself, of any
14 controlled substance; or the use of any of the dangerous drugs specified in Section
15 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous
or injurious to the licensee, or to any other person or to the public, or to the extent that
16 such use impairs the ability of the licensee to practice medicine safely or more than
one misdemeanor or any felony involving the use, consumption, or
17 self-administration of any of the substances referred to in this section, or any
combination thereof, constitutes unprofessional conduct. The record of the
conviction is conclusive evidence of such unprofessional conduct.

18 (b) A plea or verdict of guilty or a conviction following a plea of nolo
19 contendere is deemed to be a conviction within the meaning of this section. The
Medical Board may order discipline of the licensee in accordance with Section 2227
20 or the Medical Board may order the denial of the license when the time for appeal has
elapsed or the judgment of conviction has been affirmed on appeal or when an order
21 granting probation is made suspending imposition of sentence, irrespective of a
subsequent order under the provisions of Section 1203.4 of the Penal Code allowing
22 such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or
setting aside the verdict of guilty, or dismissing the accusation, complaint,
23 information, or indictment.

24 7. Section 2242 of the Code states:

25 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
26 4022 without an appropriate prior examination and a medical indication, constitutes
unprofessional conduct. An appropriate prior examination does not require a
27 synchronous interaction between the patient and the licensee and can be achieved
through the use of telehealth, including, but not limited to, a self-screening tool or a
28 questionnaire, provided that the licensee complies with the appropriate standard of
care.

1 (b) No licensee shall be found to have committed unprofessional conduct within
2 the meaning of this section if, at the time the drugs were prescribed, dispensed, or
3 furnished, any of the following applies:

4 (1) The licensee was a designated physician and surgeon or podiatrist serving in
5 the absence of the patient's physician and surgeon or podiatrist, as the case may be,
6 and if the drugs were prescribed, dispensed, or furnished only as necessary to
7 maintain the patient until the return of the patient's practitioner, but in any case no
8 longer than 72 hours.

9 (2) The licensee transmitted the order for the drugs to a registered nurse or to a
10 licensed vocational nurse in an inpatient facility, and if both of the following
11 conditions exist:

12 (A) The practitioner had consulted with the registered nurse or licensed
13 vocational nurse who had reviewed the patient's records.

14 (B) The practitioner was designated as the practitioner to serve in the absence
15 of the patient's physician and surgeon or podiatrist, as the case may be.

16 (3) The licensee was a designated practitioner serving in the absence of the
17 patient's physician and surgeon or podiatrist, as the case may be, and was in
18 possession of or had utilized the patient's records and ordered the renewal of a
19 medically indicated prescription for an amount not exceeding the original prescription
20 in strength or amount or for more than one refill.

21 (4) The licensee was acting in accordance with Section 120582 of the Health
22 and Safety Code.

23 8. Section 725 of the Code states:

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

(b) Any person who engages in repeated acts of clearly excessive prescribing or
administering of drugs or treatment is guilty of a misdemeanor and shall be punished
by a fine of not less than one hundred dollars (\$100) nor more than six hundred
dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than
180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing,
dispensing, or administering dangerous drugs or prescription controlled substances
shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to
this section for treating intractable pain in compliance with Section 2241.5.

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1 9. Section 2266 of the Code states:

2 The failure of a physician and surgeon to maintain adequate and accurate
3 records relating to the provision of services to their patients constitutes unprofessional
4 conduct.

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Gross Negligence)**

7 10. Respondent Bruce Hamilton Lockwood, M.D. is subject to disciplinary action under
8 section 2234, subdivision (b), of the Code in that he was grossly negligent in the care of Patient
9 1.¹ The circumstances are as follows:

10 11. Respondent is a psychiatrist with offices in Malibu and Westlake Village.

11 12. On or about February 27, 2014, Respondent began treating Patient 1. Patient 1 had a
12 history of abusing Oxycontin and heroin. The patient reported that he had been treating with
13 another psychiatrist for two years and took Subutex,² Xanax³ and Celexa⁴ to treat bad panic
14 attacks. Respondent did not obtain the patient's medical records from his prior treating
15 psychiatrist. He did not confirm Patient 1's medication by reviewing a Controlled Substance
16 Utilization Review & Evaluation System (CURES)⁵ Report or performing a biological sample
17 drug screen. Respondent diagnosed Patient 1 with opioid abuse, heroin abuse, major depression-
18 recurrent, panic disorder and generalized anxiety disorder. Respondent prescribed Subutex 8mg
19 (written as twice per day), Xanax 2 mg twice a day and Celexa 20 mg once a day, for Patient 1,
20 advised him to read "Peace from Nervous Suffering" for alternative ways to deal with anxiety and
21 to return in one month. Respondent did not provide Patient 1 with a rescue dose of naloxone.⁶

22 13. Patient 1 returned to see Respondent on March 20, 2014. The summary of the
23 patient's chart indicates that he was "stable and same meds." It should be noted that Respondent
24 states that he provided a summary of Patient 1's chart to the Board. Thereafter, Respondent

25 ¹ The patient is identified by number in this Accusation to protect his privacy.

26 ² Subutex, also known as buprenorphine is a mixed opioid agonist-antagonist. It is used in
the treatment of opiate addiction.

27 ³ Xanax, also known as alprazolam, is an anxiolytic.

28 ⁴ Celexa is a selective serotonin reuptake inhibitor (SSRI) used to treat depression.

⁵ CURES is a database, maintained by the Department of Justice, of Schedule II through
IV controlled substance prescriptions dispensed to patients.

⁶ Naloxone is an opioid antagonist used to rapidly reverse opioid overdose.

1 destroyed Patient 1's chart.

2 14. Patient 1 returned to see Respondent on April 17, 2014. He reported trouble sleeping
3 and more cravings for opioids. Respondent increased his dose of Subutex to 8mg twice a day,
4 from 1 ½ tabs per day, and prescribed trazodone, a sleeping pill.

5 15. Respondent saw Patient 1 on June 12, 2014, July 8, 2014, August 26, 2014, October
6 21, 2014, December 19, 2014, and January 6, 2015. All entries on the summary of patient care
7 are virtually identical: "stable, same meds."

8 16. The February 3, 2015, entry notes that Patient 1 was instructed to take only two
9 Xanax per day. Respondent explained that Patient 1 was taking more Xanax per day than
10 prescribed.

11 17. On March 3, 2015, there is no chart entry for the visit. On April 16, 2015,
12 Respondent only listed Patient 1's medications. The next eight visits of May 21, 2015, June 30,
13 2015 (no chart entry), August 14, 2015, September 1, 2015 (no chart entry), September 29, 2015
14 and November 10, 2015 (no chart entry), where entries are made, only "same meds" is charted.
15 On December 8, 2015, Respondent notes that Patient 1 is stable but gradually increasing Xanax.
16 There is no entry for the January 14, 2016, visit.

17 18. At the February 11, 2016, visit, Respondent increased Patient 1's dose of Xanax to 2
18 mg three times per day. The patient was advised not to take more than three Xanax per day.
19 There is no indication why the dose of Xanax had been increased.

20 19. It is unknown if Patient 1 returned for his next scheduled appointment of March 10,
21 2016, because there is no note for the visit. Patient 1 missed his next two scheduled
22 appointments. His next appointment on June 30, 2016, was telephonic. Respondent notes that he
23 advised Patient 1 to find another physician to write Subutex and Xanax for him and provided him
24 with the names of two physicians. However, Respondent also told Patient 1 that he would cover
25 his prescriptions until he found a new physician.

26 20. On September 9, 2016, Respondent was contacted by a pharmacist requesting
27 confirmation that a prescription for Xanax had been called in for Patient 1. Respondent had not
28 called in the prescription. Respondent contacted Patient 1 who allegedly admitted that he had

1 faxed a prescription for himself using Respondent's credentials.

2 21. Because he did not have Patient 1's address, Respondent sent Patient 1 a text on
3 October 21, 2016, advising him that he would no longer be treating him and recommended that
4 Patient 1 seek treatment at a "rehab facility." According to Patient 1's CURES Report,
5 Respondent continued to prescribe Subutex to Patient 1 until October 25, 2016. Respondent
6 charted that Patient 1 came to his office on October 25, 2016, demanding drugs. Respondent
7 notes that he sent him to urgent care.

8 22. The standard of care requires a physician to perform a complete history and
9 examination before prescribing medication to a new patient. The examination could consist of a
10 mental status examination for a psychiatrist.

11 23. Respondent was grossly negligent in the care and treatment of Patient 1 in that he
12 prescribed Subutex, Xanax and Celexa without conducting a mental status examination.

13 24. The standard of care when starting a patient on Subutex is to safely suppress opioid
14 withdrawal with adequate dosing. The protocol requires close monitoring with daily follow up.

15 25. When treating a patient for heroin use disorder, the standard of care requires that the
16 practitioner have an understanding of the use of naloxone.

17 26. Respondent was grossly negligent in the care and treatment of Patient 1 in that he
18 prescribed Subutex 8 mg for Patient 1 at his first visit, without having a full knowledge of the
19 patient's true dose, if any. Respondent failed to obtain Patient 1's prior treating psychiatrist's
20 records or even place a call to the physician to confirm the dose of Subutex. Respondent did not
21 check CURES or perform a drug screen on Patient 1. Respondent only followed up with Patient
22 1 on a monthly basis after prescribing Subutex for him. Respondent also failed to prescribe
23 Naloxone for Patient 1.

24 27. The standard of care requires physicians to document subjective and objective
25 information regarding their patients. Physicians must also include a working diagnosis,
26 consistent with pertinent findings and a treatment plan, which follows from the diagnosis. It is
27 also important that the physician document clinical judgments formed.

28 28. Respondent was grossly negligent in documenting of his care and treatment of Patient

1 1. Respondent failed to document a mental status examination of Patient 1. Further, there is no
2 documented basis for the diagnosis of Major Depression-recurrent or generalized anxiety disorder
3 rendered for Patient 1. There is no documentation of collateral information with the prior
4 provider of Subutex and Xanax. There is no documentation of any assessment of suicide risk
5 even though the diagnoses of Major Depression-recurrent, generalized anxiety disorder, opioid
6 abuse, and heroin abuse, placed Patient 1 at high risk for suicide. Many chart entries for visits
7 have no notes at all (March 3, 2015, June 30, 2015, September 1, 2015, November 10, 2015,
8 January 14, 2016, and March 10, 2016). After he submitted a summary of Patient 1's chart to the
9 Board, Respondent destroyed the original patient chart.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Repeated Negligent Acts)**

12 29. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
13 the Code in that he committed repeated negligent acts in the care and treatment of Patient 1. The
14 circumstances are as follows:

15 30. The allegations of the First Cause for Discipline are incorporated herein as if fully set
16 forth.

17 **THIRD CAUSE FOR DISCIPLINE**

18 **(Prescribing Without Prior Examination or Medical Indication)**

19 31. Respondent is subject to disciplinary action under section 2242, subdivision (a), of
20 the Code in that he prescribed Subutex and Xanax to Patient 1 without a prior examination and
21 without medical indication. The circumstances are as follows:

22 32. The allegations of the First Cause for Discipline are incorporated herein as if fully set
23 forth.

24 **FOURTH CAUSE FOR DISCIPLINE**

25 **(Excessive Prescribing)**

26 33. Respondent is subject to disciplinary action under section 725, subdivision (a), of the
27 Code in that he excessively prescribed Xanax to Patient 1. The circumstances are as follows:

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1 34. On or about February 27, 2014, Respondent prescribed Xanax to Patient 1 without
2 performing a medical examination and without medical indication.

3 35. On or about February 3, 2015, Respondent charted that Patient 1 was taking more
4 Xanax than was prescribed.

5 36. On or about December 8, 2015, Respondent notes that Patient 1 is stable but
6 gradually increasing Xanax. There is no entry for the January 14, 2016 visit.

7 37. On or about February 11, 2016, Respondent increased Patient 1's dose of Xanax to 2
8 mg three times per day. There is no indication why the dose of Xanax had been increased.

9 38. According to Patient 1's CURES Report, Respondent prescribed Xanax 2 mg, to
10 Patient 1 in quick succession and without corresponding chart entries. For example, on January
11 2, 2016, Xanax 2 mg, #30, was prescribed. The next day, January 3, 2016, Respondent
12 prescribed or authorized a refill of Xanax 2 mg, #30. Less than a month later, on January 22,
13 2016, Respondent prescribed Xanax 2 mg, #80. Five days later, on January 27, 2016, Respondent
14 prescribed Xanax 2 mg, #15. The next day, January 28, 2016, Respondent prescribed Xanax 2
15 mg, #25. Twelve days later, on February 9, 2016, Respondent prescribed Xanax 2 mg, #80.
16 Then, on June 25, 2016, Xanax 2 mg, #30 was prescribed. Two days later, on June 27, 2016,
17 Respondent prescribed or authorized a refill for Xanax 2 mg, #30. Approximately one month
18 later on July 29, 2016, Respondent prescribed Xanax 2 mg, #60. Two days later, on July 31,
19 2016, Respondent prescribed Xanax 2 mg #10.

20 39. Typically, Xanax is prescribed in monthly doses. If abuse is suspected, it is
21 prescribed in weekly doses.

22 **FIFTH CAUSE FOR DISCIPLINE**

23 **(Self-Prescribing of a Dangerous Drug)**

24 40. Respondent is subject to disciplinary action under section 2239, subdivision (a), of
25 the Code in that he self-prescribed testosterone, a controlled substance and dangerous drug. The
26 circumstances are as follows:

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1 41. According to his CURES Report, between January 9, 2017, and April 30, 2018,
2 Respondent self-prescribed testosterone, a steroid hormone, which is also a controlled substance
3 and a dangerous drug pursuant to Code section 4022, four times.

4 **SIXTH CAUSE FOR DISCIPLINE**

5 **(Failure to Maintain Adequate and Accurate Medical Records)**

6 42. Respondent is subject to disciplinary action under section 2266 of the Code. The
7 circumstances are as follows:


8 43. The allegations of the First, Second, Third and Fourth Cause for Discipline are
9 incorporated herein as if fully set forth.

10 **PRAYER**

11 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
12 and that following the hearing, the Medical Board of California issue a decision:

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 40102,
14 issued to Bruce Hamilton Lockwood, M.D.;
- 15 2. Revoking, suspending or denying approval of Bruce Hamilton Lockwood, M.D.'s
16 authority to supervise physician assistants and advanced practice nurses;
- 17 3. Ordering Bruce Hamilton Lockwood, M.D., if placed on probation, to pay the Board
18 the costs of probation monitoring; and,
- 19 4. Taking such other and further action as deemed necessary and proper.

20
21 DATED: MAR 11 2021

22 
23 WILLIAM PRASICKA
24 Executive Director
25 Medical Board of California
26 Department of Consumer Affairs
27 State of California
28 *Complainant*

26 LA2021600679