

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

**In the Matter of the First )  
Amended Accusation and )  
Petition to Revoke Probation )  
Against: )  
)  
)  
Stephen Alden Hockenbury, M.D. )  
)  
Physician's and Surgeon's )  
Certificate No. A65864 )  
)  
Respondent )  
\_\_\_\_\_ )**

**Case No. 800-2018-049979**

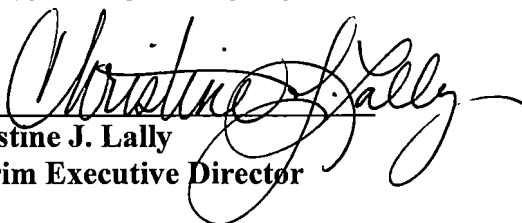
**DECISION**

**The attached Stipulated Surrender of License 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 March 4, 2020.**

**IT IS SO ORDERED February 26, 2020.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
**Christine J. Lally  
Interim Executive Director**

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

8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

12  
13 In the Matter of the First Amended Accusation  
and Petition to Revoke Probation Against:

Case No. 800-2018-049979

14 **STEPHEN ALDEN HOCKENBURY, M.D.**  
15 **120 Tustin Ave., Ste. C**  
**Newport Beach, CA 92663-4729**

OAH No. 2019050906

16 **Physician's and Surgeon's Certificate**  
17 **No. A 65864,**

**STIPULATED SURRENDER OF  
LICENSE AND DISCIPLINARY ORDER**

18 Respondent.

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical  
24 Board of California (Board). This action was brought by then Complainant Kimberly  
25 Kirchmeyer solely in her official capacity.<sup>1</sup> Complainant is represented in this matter by Xavier  
26 Becerra, Attorney General of the State of California, by Christine A. Rhee, Deputy Attorney  
27 General.

28 \_\_\_\_\_  
<sup>1</sup> Ms. Kirchmeyer became the Director of the Department of Consumer Affairs on October  
28, 2019.





1 value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either  
2 party hereto. Respondent further agrees that should this Stipulated Surrender of License and  
3 Disciplinary Order be rejected for any reason by the Interim Executive Director on behalf of the  
4 Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by  
5 its/his/her review, discussion, and/or consideration of this Stipulated Surrender of License and  
6 Disciplinary Order or of any matter or matters related hereto.

7 13. The Interim Executive Director shall have a reasonable period of time in which to  
8 consider and act upon this stipulation after receiving it. By signing this stipulation, Respondent  
9 fully understands and agrees that he may not withdraw his agreement or seek to rescind this  
10 stipulation prior to the time the Executive Director considers and acts upon it.

11 **ADDITIONAL PROVISIONS**

12 14. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
13 herein to be an integrated writing representing the complete, final, and exclusive embodiment of  
14 the agreements of the parties in the above-entitled matter.

15 15. The parties agree that copies of this Stipulated Surrender of License and Disciplinary  
16 Order, including copies of the signatures of the parties, may be used in lieu of original documents  
17 and signatures and, further, that such copies shall have the same force and effect as originals.

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

21 **ORDER**

22 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A65864, issued  
23 to Respondent Stephen Alden Hockenbury, M.D., is surrendered and accepted by the Board.

24 1. The surrender of Respondent's Physician's and Surgeon's Certificate No. A65864  
25 and the acceptance of the surrendered license by the Board shall constitute the imposition of  
26 discipline against Respondent. This stipulation constitutes a record of the discipline and shall  
27 become a part of Respondent's license history with the Board.

28 ///



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

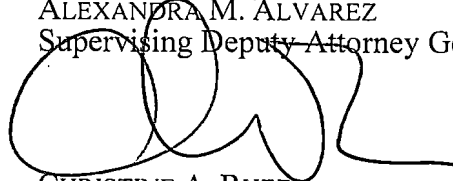
ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 4/4/20

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General



CHRISTINE A. RHEE  
Deputy Attorney General  
*Attorneys for Complainant*

SD2018702227  
Stip Surrender 02132020.docx

**Exhibit A**

**First Amended Accusation and Petition to Revoke Probation No. 800-2018-049979**



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

8 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO *Oct. 31 20 19*  
BY *[Signature]* ANALYST

9 **BEFORE THE**  
10 **MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

13 In the Matter of the First Amended Accusation  
and Petition to Revoke Probation Against:  
14 **STEPHEN ALDEN HOCKENBURY, M.D.**  
15 **120 Tustin Ave., Ste. C**  
16 **Newport Beach, CA 92663-4729**  
17 **Physician's and Surgeon's Certificate**  
**No. A 65864,**  
18 **Respondent.**

Case No. 800-2018-049979  
**FIRST AMENDED ACCUSATION AND  
PETITION TO REVOKE PROBATION**

19  
20 Complainant alleges:

21 **PARTIES**

- 22 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation and  
23 Petition to Revoke Probation solely in her official capacity as the Executive Director of the  
24 Medical Board of California, Department of Consumer Affairs.  
25 2. On or about July 1, 1998, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. A65864 to Stephen Alden Hockenbury, M.D. (Respondent). Physician's and  
27 Surgeon's Certificate No. A65864 was in full force and effect at all times relevant to the charges  
28 brought herein and will expire on July 31, 2020, unless renewed.

1 **DISCIPLINARY HISTORY**

2 3. In a disciplinary action entitled, "In the Matter of the Accusation Against: Stephen  
3 Alden Hockenbury, M.D.," Case No. 800-2014-003623, the Medical Board of California (Board)  
4 issued a decision, effective November 18, 2016, in which Respondent's Physician's and  
5 Surgeon's Certificate No. A65864 was revoked. However, the revocation was stayed and  
6 Respondent's Physician's and Surgeon's Certificate No. A65864 was placed on probation for a  
7 period of three (3) years with certain terms and conditions. A copy of that decision is attached as  
8 Exhibit A, and is incorporated by reference as if fully set forth herein.

9 **JURISDICTION**

10 4. This First Amended Accusation and Petition to Revoke Probation, which supercedes  
11 the Accusation and Petition to Revoke Probation filed on December 18, 2018, is brought before  
12 the Board, Department of Consumer Affairs, under the authority of the following laws and the  
13 Board's Decision and Order in Case No. 800-2014-003623. All section references are to the  
14 Business and Professions Code (Code) unless otherwise indicated.

15 5. Section 2227 of the Code states, in pertinent part:

16 (a) A licensee whose matter has been heard by an administrative law judge of the  
17 Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or  
18 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:

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

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

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

22 (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.

23 (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.

24 ...

25 6. Section 822 of the Code states, in pertinent part:

26 If a licensing agency determines that its licentiate's ability to practice his or her  
27 profession safely is impaired because the licentiate is mentally ill, or physically ill  
affecting competency, the licensing agency may take action by any one of the  
following methods:

28 (a) Revoking the licentiate's certificate or license.

- 1 (b) Suspending the licentiate's right to practice.  
2 (c) Placing the licentiate on probation.  
3 (d) Taking such other action in relation to the licentiate as the licensing agency in  
4 its discretion deems proper.

5 The licensing agency shall not reinstate a revoked or suspended certificate or  
6 license until it has received competent evidence of the absence or control of the  
7 condition which caused its action and until it is satisfied that with due regard for the  
8 public health and safety the person's right to practice his or her profession may be  
9 safely reinstated.

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

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

14 ...

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

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

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

27 ...

28 8. 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."

9. At all times after the effective date of Respondent's probation in Case No. 800-2014-  
003623, Condition No. 12 of Respondent's probation provided the following:

12. VIOLATION OF PROBATION. Failure to fully comply with any term or  
condition of probation is a violation of probation. If Respondent violates probation in  
any respect, the Board, after giving Respondent notice and the opportunity to be heard,  
may revoke probation and carry out the disciplinary order that was stayed. If an  
Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed  
against Respondent during probation, the Board shall have continuing jurisdiction until  
the matter is final, and the period of probation shall be extended until the matter is  
final.

///

///

1 **CAUSE FOR ACTION**  
2 **(Mental and/or Physical Illness Affecting Competency)**

3 10. Respondent is subject to action under section 822 of the Code in that his ability  
4 to practice medicine safely is impaired due to mental and/or physical illness affecting  
5 competency. The circumstances are as follows:

6 11. On or about February 28, 2019, Respondent provided the Board with  
7 documentation from his treating psychiatrist, which stated that Respondent was incapable of  
8 returning to work. The Board subsequently placed Respondent in a period of non-practice.

9 **FIRST CAUSE FOR DISCIPLINE**  
10 **(Repeated Negligent Acts)**

11 12. Respondent has subjected his Physician's and Surgeon's Certificate No. A65864 to  
12 disciplinary action under section 2227 and 2234, as defined by section 2234, subdivision (c), of  
13 the Code, in that he has committed repeated negligent acts in the care and treatment of Patient A.<sup>1</sup>  
14 The circumstances are as follows:

15 13. As of June 2017, Respondent, a psychiatrist based in Newport Beach, California, had  
16 been treating Patient A with therapy and medication management for approximately 15 years.  
17 Patient A had previously been diagnosed with bipolar disorder.

18 14. In 2014, Respondent saw Patient A approximately every three (3) weeks to three (3)  
19 months. In 2014, Respondent prescribed the following medications to Patient A: Seroquel,<sup>2</sup>  
20 Abilify,<sup>3</sup> Pristiq,<sup>4</sup> Vyvanse,<sup>5</sup> and Adderall.<sup>6</sup>

21 15. In or around March 2014, Patient A moved to Idaho. Respondent continued treating  
22 Patient A, seeing him when he returned to California for visits. Respondent's records show that  
23 Patient A had eight (8) office visits on the following dates: May 29, 2014; July 17, 2014; August

24 <sup>1</sup> For patient privacy, the patient's name has been withheld.

25 <sup>2</sup> Seroquel, brand name for Quetiapine, is an antipsychotic commonly used to treat schizophrenia,  
26 bipolar disorder, and depression.

27 <sup>3</sup> Abilify, brand name for Aripiprazole, is an antipsychotic commonly used to treat schizophrenia,  
28 bipolar disorder, and depression.

<sup>4</sup> Pristiq, brand name for Desvenlafaxine, is an antidepressant.

<sup>5</sup> Vyvanse, brand name for Lisdexamfetamine, is a stimulant commonly used to treat Attention-  
Deficit/Hyperactivity Disorder (ADHD).

<sup>6</sup> Adderall, brand name for Amphetamine/dextroamphetamine, is a stimulant commonly used to  
treat ADHD.

1 29, 2014; November 3, 2014; January 5, 2015; March 5, 2015; April 27, 2015; and July 17, 2015.  
2 Throughout this period, Respondent continued to treat Patient A by prescribing Seroquel, Abilify,  
3 Pristiq, Vyvanse, and Adderall.

4 16. On or about October 20, 2015, Patient A saw S.C., D.O., in Idaho as a new patient.  
5 S.C. is not a psychiatrist. Patient A told S.C. that he had been diagnosed with bipolar disorder  
6 and ADHD, and that he only had a week's supply of his medications. Patient A also told S.C.  
7 that he was trying to find a local psychiatrist. S.C. refilled Patient A's medications, with possible  
8 follow up in a month if Patient A was still unable to find a psychiatrist who would treat him.

9 17. On or about November 24, 2015, Patient A saw S.C. and reported that he had not  
10 been able to see a psychiatrist. S.C. refilled Patient A's prescriptions.

11 18. On or about December 22, 2015, Patient A saw S.C., who refilled Patient A's  
12 prescriptions. S.C. noted that she wanted Patient A to establish care with a psychiatrist.

13 19. On or about May 19, 2016, Patient A saw S.C. for an office visit. Patient A reported  
14 that he stopped seeing another physician who wanted to change his medication regimen. S.C.  
15 agreed to refill Patient A's medications because he had been stable for a long period of time.  
16 S.C.'s plan was to continue refilling Patient A's medications so long as he remained stable, and to  
17 refer him to psychiatry if anything changed.

18 20. On or about August 18, 2016, Patient A saw S.C., who refilled Patient A's  
19 medications according to the treatment plan.

20 21. On or about November 15, 2016, Patient A saw B.O., D.O. B.O. is another physician  
21 who worked at the same clinic as S.C. in Idaho. At this visit, Patient A reported that he needed  
22 refills on his medications, and that he only had one (1) more day of medications left. B.O.  
23 refilled Patient A's medications, and noted that Patient A should contact S.C. for any future refills  
24 between appointments.

25 22. On or about December 16, 2016, Patient A saw S.C. Patient A reported that he had  
26 an appointment with his psychiatrist in California, and would provide S.C. with a note from that  
27 psychiatrist. S.C. refilled Patient A's medications.

28 ///

1           23. On or about December 21, 2016, Respondent saw Patient A for an office visit in  
2 California. Respondent's medical record noted that Patient A was living in Idaho and going to  
3 college. Respondent also documented that Patient A's doctor in Idaho was S.C., whom Patient A  
4 last saw in December 2016. Respondent appears to have documented Patient A's current  
5 medications: Adderall, Vyvanse, Seroquel, Abilify, and Pristiq. Respondent also documented  
6 that the physician in Idaho prescribed these medications to Patient A. At this visit, Respondent  
7 wrote that a goal was to lower Patient A's Abilify dose. Respondent gave Patient A a  
8 prescription for Abilify, and noted that Patient A was to return for a follow up. Respondent's  
9 note did not document when Patient A was to return.

10           24. Patient A made an appointment to see Respondent on or about June 13, 2017 to refill  
11 his medications. Approximately one (1) hour prior to Patient A's appointment time,  
12 Respondent's office assistant called Patient A to cancel. The appointment was rescheduled for  
13 June 16, 2017.

14           25. On or about June 15, 2017, Patient A went to his family physician, D.G., M.D., in  
15 San Juan Capistrano, California. D.G. gave Patient A prescriptions for Vyvanse, Pristiq,  
16 Seroquel, and Abilify. D.G. declined to refill Patient A's Adderall prescription.

17           26. On or about June 16, 2017, Respondent's office assistant called Patient A to cancel  
18 the rescheduled appointment for that day. Patient A told Respondent's office assistant that he had  
19 run out of his medication and needed refills. Respondent's office assistant told Patient A to try to  
20 see his family doctor. The appointment with Respondent was rescheduled for June 20, 2017.  
21 Respondent never saw Patient A or refilled Patient A's medications in or around June 2017.  
22 Respondent did not arrange for alternative physician coverage while he was unavailable to Patient  
23 A in or around June 2017.

24           27. On or about July 3, 2017, Patient A voluntarily admitted himself to a hospital in  
25 Idaho for depression and suicidal thoughts. Patient A had been taking Vyvanse, Pristiq, Seroquel,  
26 and Abilify, but had run out of Adderall.

27           28. On or about July 13, 2017, Patient A went to the Idaho Department of Labor in  
28 Pocatello, Idaho, to discuss his disability claim that had been denied. Patient A was told that two

1 requests had been made for Patient A's medical records from Respondent in or around January  
2 2017, and Respondent had not provided those records. From on or about July 13, 2017 through  
3 July 19, 2017, Patient A's mother called Respondent's office every day to ask about the Idaho  
4 Department of Labor's requests for medical records, and received no response.

5 29. On or about July 20, 2017, Patient A's mother spoke on the phone to Respondent's  
6 office assistant who said that the records were being mailed and should arrive in a week's time.  
7 The Idaho Department of Labor finally received the medical records from Respondent in or  
8 around mid-August 2017.

9 30. Respondent committed repeated negligent acts in his care and treatment of Patient A  
10 for the following:

11 (a) Failing to arrange for alternative physician coverage while Respondent was  
12 unavailable to Patient A;

13 (b) Failing to respond to a request for medical records in a timely manner; and

14 (c) Failure to maintain adequate and accurate medical documentation for Patient A.

15  
16 **SECOND CAUSE FOR DISCIPLINE**

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

18 31. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
19 A65864 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
20 Code, in that he failed to maintain accurate and adequate medical records in his care and  
21 treatment of Patient A, as more particularly alleged in paragraphs 13 through 30, above, which  
22 are incorporated by reference and re-alleged, as if fully set forth herein.

23 **CAUSE TO REVOKE PROBATION**

24 **(Failure to Obey All Laws)**

25 32. At all times after the effective date of Respondent's probation in Case No. 800-2014-  
26 003623, Condition No. 6 provided for the following:

27 6. **OBEY ALL LAWS.** Respondent shall obey all federal, state and local  
28 laws, all rules governing the practice of medicine in California and remain in full  
compliance with any court ordered criminal probation, payments, and other orders.

1 33. Respondent's probation is subject to revocation because he failed to comply with  
2 Condition No. 6 of his probation in Case No. 800-2014-003623, as more directly described in  
3 paragraphs 13 through 31, above.

4 **PRAYER**

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

7 1. Revoking or suspending Physician's and Surgeon's Certificate No. A65864, issued to  
8 Respondent Stephen Alden Hockenbury, M.D.;

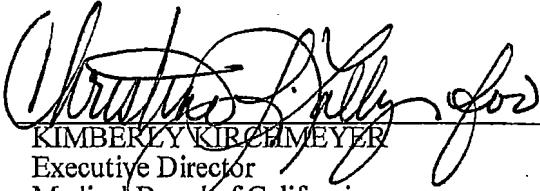
9 2. Revoking the probation that was granted by the Medical Board of California in Case  
10 No. 800-2014-003623, and imposing the disciplinary order that was stayed, thereby revoking  
11 Physician's and Surgeon's Certificate No. A65864, issued to Respondent Stephen Alden  
12 Hockenbury, M.D.;

13 3. Revoking, suspending or denying approval of Respondent Stephen Alden  
14 Hockenbury, M.D.'s authority to supervise physician assistants and advanced practice nurses;

15 4. Ordering Respondent Stephen Alden Hockenbury, M.D., if placed on probation, to  
16 pay the Board the costs of probation monitoring; and

17 5. Taking such other and further action as deemed necessary and proper.

18  
19 DATED: October 31, 2019

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

20  
21  
22  
23 SD2018702227  
24 72010334.docx  
25  
26  
27  
28



EXHIBIT A  
Decision, Case No. 800-2014-003623



1 KAMALA D. HARRIS  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 CHRISTINE A. RHEE  
Deputy Attorney General  
4 State Bar No. 295656  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9455  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2014-3623

14 **STEPHEN ALDEN HOCKENBURY, M.D.**  
15 1601 Dove Street  
Newport Beach, CA 92660-1423

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate**  
17 **No. A65864**

18 Respondent.

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
23 of California. She brought this action solely in her official capacity and is represented in this  
24 matter by Kamala D. Harris, Attorney General of the State of California, by Christine A. Rhee,  
25 Deputy Attorney General.

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

28 ///



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

3 9. Respondent further agrees that if he ever petitions for modification or early  
4 termination of probation, or if an accusation and/or petition to revoke probation is filed against  
5 him before the Medical Board of California, all of the charges and allegations contained in  
6 Accusation No. 800-2014-3623 shall be deemed true, correct, and fully admitted by Respondent  
7 for purposes of any such proceeding or any other licensing proceeding involving Respondent in  
8 the State of California or elsewhere.

9 10. Respondent agrees that his Physician's and Surgeon's Certificate No. A65864 is  
10 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
11 in the Disciplinary Order below.

12 CONTINGENCY

13 11. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the  
14 Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be  
15 submitted to the Board for its consideration in the above-entitled matter and, further, that the  
16 Board shall have a reasonable period of time in which to consider and act on this Stipulated  
17 Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully  
18 understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation  
19 prior to the time the Board considers and acts upon it.

20 12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null  
21 and void and not binding upon the parties unless approved and adopted by the Board, except for  
22 this paragraph, which shall remain in full force and effect. Respondent fully understands and  
23 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and  
24 Disciplinary Order, the Board may receive oral and written communications from its staff and/or  
25 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify  
26 the Board, any member thereof, and/or any other person from future participation in this or any  
27 other matter affecting or involving Respondent. In the event that the Board does not, in its  
28 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the

1 exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
2 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
3 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order  
4 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any  
5 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this  
6 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

7 **ADDITIONAL PROVISIONS**

8 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
9 be an integrated writing representing the complete, final and exclusive embodiment of the  
10 agreements of the parties in the above-entitled matter.

11 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
12 including copies of the signatures of the parties, may be used in lieu of original documents and  
13 signatures and, further, that such copies shall have the same force and effect as originals.

14 15. In consideration of the foregoing admissions and stipulations, the parties agree the  
15 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter  
16 the following Disciplinary Order:

17 **DISCIPLINARY ORDER**

18 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A65864 issued  
19 to Respondent STEPHEN ALDEN HOCKENBURY, M.D. is revoked. However, the revocation  
20 is stayed and Respondent is placed on probation for three (3) years from the effective date of the  
21 Board's Decision and Order on the following terms and conditions.

22 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
23 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
24 for its prior approval an educational program or course which shall not be less than 40 hours per  
25 year, for each year of probation. The educational program or course shall be aimed at correcting  
26 any areas of deficient practice or knowledge and shall be Category I certified. The educational  
27 program or course shall be at Respondent's expense and shall be in addition to the Continuing  
28 Medical Education (CME) requirements for renewal of licensure. Following the completion of

1 each course, the Board or its designee may administer an examination to test Respondent's  
2 knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of  
3 which 40 hours were in satisfaction of this condition.

4 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective  
5 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the  
6 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,  
7 University of California, San Diego School of Medicine (Program), approved in advance by the  
8 Board or its designee. Respondent shall provide the program with any information and  
9 documents that the Program may deem pertinent. Respondent shall participate in and  
10 successfully complete the classroom component of the course not later than six (6) months after  
11 Respondent's initial enrollment. Respondent shall successfully complete any other component of  
12 the course within one (1) year of enrollment. The prescribing practices course shall be at  
13 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
14 requirements for renewal of licensure.

15 A prescribing practices course taken after the acts that gave rise to the charges in the  
16 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
17 or its designee, be accepted towards the fulfillment of this condition if the course would have  
18 been approved by the Board or its designee had the course been taken after the effective date of  
19 this Decision.

20 Respondent shall submit a certification of successful completion to the Board or its  
21 designee not later than 15 calendar days after successfully completing the course, or not later than  
22 15 calendar days after the effective date of the Decision, whichever is later.

23 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
24 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
25 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
26 licenses are valid and in good standing, and who are preferably American Board of Medical  
27 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
28 relationship with Respondent, or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

4 The Board or its designee shall provide the approved monitor with copies of the Decision  
5 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the  
6 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement  
7 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,  
8 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the  
9 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed  
10 statement for approval by the Board or its designee.

11 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
12 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
13 make all records available for immediate inspection and copying on the premises by the monitor  
14 at all times during business hours and shall retain the records for the entire term of probation.

15 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
16 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
17 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
18 shall cease the practice of medicine until a monitor is approved to provide monitoring  
19 responsibility.

20 The monitor shall submit a quarterly written report to the Board or its designee which  
21 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
22 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
23 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
24 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
25 preceding quarter.

26 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar  
27 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,  
28 the name and qualifications of a replacement monitor who will be assuming that responsibility



1 within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within  
2 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
3 notification from the Board or its designee to cease the practice of medicine within three (3)  
4 calendar days after being so notified Respondent shall cease the practice of medicine until a  
5 replacement monitor is approved and assumes monitoring responsibility.

6 In lieu of a monitor, Respondent may participate in a professional enhancement program  
7 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
8 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
9 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
10 and education. Respondent shall participate in the professional enhancement program at  
11 Respondent's expense during the term of probation.

12 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
13 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
14 Chief Executive Officer at every hospital where privileges or membership are extended to  
15 Respondent, at any other facility where Respondent engages in the practice of medicine,  
16 including all physician and locum tenens registries or other similar agencies, and to the Chief  
17 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
18 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
19 calendar days.

20 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

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

23 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
24 governing the practice of medicine in California and remain in full compliance with any court  
25 ordered criminal probation, payments, and other orders.

26 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
27 under penalty of perjury on forms provided by the Board, stating whether there has been  
28 compliance with all the conditions of probation.

1 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
2 of the preceding quarter.

3 8. GENERAL PROBATION REQUIREMENTS.

4 Compliance with Probation Unit

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

7 Address Changes

8 Respondent shall, at all times, keep the Board informed of Respondent's business and  
9 residence addresses, email address (if available), and telephone number. Changes of such  
10 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
11 circumstances shall a post office box serve as an address of record, except as allowed by Business  
12 and Professions Code section 2021(b).

13 Place of Practice

14 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
15 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
16 facility.

17 License Renewal

18 Respondent shall maintain a current and renewed California physician's and surgeon's  
19 license.

20 Travel or Residence Outside California

21 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
22 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30  
23 calendar days.

24 In the event Respondent should leave the State of California to reside or to practice  
25 Respondent shall notify the Board or its designee, in writing, 30 calendar days prior to the dates  
26 of departure and return.

27 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
28 available in person upon request for interviews either at Respondent's place of business or at the

1 probation unit office, with or without prior notice throughout the term of probation.

2 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
3 its designee, in writing, within 15 calendar days of any periods of non-practice lasting more than  
4 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
5 defined as any period of time Respondent is not practicing medicine in California, as defined in  
6 Business and Professions Code sections 2051 and 2052, for at least 40 hours in a calendar month  
7 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
8 time spent in an intensive training program which has been approved by the Board or its designee  
9 shall not be considered non-practice. Practicing medicine in another state of the United States or  
10 federal jurisdiction while on probation with the medical licensing authority of that state or  
11 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
12 not be considered as a period of non-practice.

13 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
14 months, Respondent shall successfully complete a clinical training program that meets the criteria  
15 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
16 Disciplinary Guidelines" prior to resuming the practice of medicine.

17 Respondent's period of non-practice while on probation shall not exceed two (2) years.

18 Periods of non-practice will not apply to the reduction of the probationary term.

19 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
20 probationary terms and conditions with the exception of this condition and the following terms  
21 and conditions of probation: Obey All Laws and General Probation Requirements.

22 11. COMPLETION OF PROBATION. Respondent shall comply with all financial  
23 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
24 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
25 be fully restored.

26 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
27 of probation is a violation of probation. If Respondent violates probation in any respect, the  
28 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and

1 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
2 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
3 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
4 be extended until the matter is final.

5 13. LICENSE SURRENDER. Following the effective date of this Decision, if  
6 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
7 the terms and conditions of probation, Respondent may request to surrender his license. The  
8 Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
9 determining whether or not to grant the request, or to take any other action deemed appropriate  
10 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
11 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
12 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
13 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
14 application shall be treated as a petition for reinstatement of a revoked certificate.

15 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
16 with probation monitoring each and every year of probation, as designated by the Board, which  
17 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
18 California and delivered to the Board or its designee no later than January 31 of each calendar  
19 year.

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

ACCEPTANCE


I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A65864. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 8/25/16 SAH alder Hockenbury, M.D.  
STEPHEN ALDEN HOCKENBURY, M.D.  
*Respondent*

ENDORSEMENT

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

Dated: 9/1/16

Respectfully submitted,  
KAMALA D. HARRIS  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
  
CHRISTINE A. RHEE  
Deputy Attorney General  
*Attorneys for Complainant*

SD2016700803  
81428912.doc

**Exhibit A**

**Accusation No. 800-2014-3623**

1 KAMALA D. HARRIS  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 CHRISTINE A. RHEE  
Deputy Attorney General  
4 State Bar No. 295656  
-600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 645-2639  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO MAY 24 2016  
BY [Signature] ANALYST

10 BEFORE THE  
11 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:  
14 Stephen Alden Hockenbury, M.D.  
15 1601 Dove Street, Suite 230  
Newport Beach, CA 92660-1423  
16 Physician's and Surgeon's  
Certificate No. A65864,  
17  
18 Respondent.

Case No. 800-2014-003623

ACCUSATION

19 Complainant alleges:

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
23 Affairs.

24 2. On or about July 1, 1998, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. A65864 to Stephen Alden Hockenbury, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on July 31, 2016, unless renewed.

28 ///

1 JURISDICTION

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

5 4. Section 2227 of the Code states:

6 “(a) A licensee whose matter has been heard by an administrative law judge  
7 of the Medical Quality Hearing Panel as designated in Section 11371 of the  
8 Government Code, or whose default has been entered, and who is found guilty, or  
9 who has entered into a stipulation for disciplinary action with the board, may, in  
10 accordance with the 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  
13 one 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  
17 include a requirement that the licensee complete relevant educational courses  
18 approved by the board.

19 “(5) Have any other action taken in relation to discipline as part of an order  
20 of 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  
24 are agreed to with the board and successfully completed by the licensee, or other  
25 matters

26 made confidential or privileged by existing law, is deemed public, and shall be  
27 made available to the public by the board pursuant to Section 803.1.”

28 ///



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

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

5 "(a) Violating or attempting to violate, directly or indirectly, assisting in  
6 or abetting the violation of, or conspiring to violate any provision of this  
7 chapter.

8 "(b) Gross negligence.

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

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

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

22 "..."

23 6. Unprofessional conduct under Business and Professions Code section 2234 is conduct  
24 which breaches the rules or ethical code of the medical profession, or conduct which is  
25 unbecoming of a member of good standing of the medical profession, and which demonstrates an  
26 unfitness to practice medicine. (*Shea v. Bd. of Medical Examiners* (1978) 81 Cal.App.3d 564,  
27 575.)

28 ///

1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 7. Respondent has subjected his Physician's and Surgeon's Certificate No. A65864 to  
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
5 the Code, in that he committed gross negligence in his care and treatment of patient B.M., as more  
6 particularly alleged hereinafter:

7 (a) On or about January 29, 2007,<sup>1</sup> patient B.M. began treatment with Respondent  
8 when his previous psychiatrist, Dr. T.S., retired.

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

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

15 (d) On or about January 15, 2007, Dr. J.S., a nephrologist who was treating patient  
16 B.M. at the time, found that patient B.M. had renal failure and hypertension and was on  
17 long-term lithium therapy. Dr. J.S. also tested patient B.M.'s creatinine levels which were  
18 1.6 mg/dl. Respondent never attempted to contact Dr. J.S. nor obtain Dr. J.S.'s records for  
19 patient B.M. either prior to or while he was treating patient B.M.

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

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

27 <sup>1</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is for  
28 informational purposes only and is not alleged as a basis for disciplinary action.

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

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

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

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

18 ///

19 ///

20

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

25 <sup>3</sup> Effexor XR, brand name for venlafaxine, is a serotonin norepinephrine reuptake inhibitor,  
26 commonly used to treat depression, generalized anxiety disorder and social anxiety disorder.

27 <sup>4</sup> Eskalith CR, brand name for lithium carbonate, is commonly used to treat manic episodes related  
28 to bipolar disorder.

<sup>5</sup> Zyprexa, brand name for olanzapine, is an atypical antipsychotic commonly used to treat mental  
disorders including schizophrenia and bipolar disorder.

<sup>6</sup> Synthroid, brand name for levothyroxine, is a thyroid hormone commonly used to treat  
hypothyroidism.

<sup>7</sup> Ambien, brand name for zolpidem, is a nonbenzodiazepine hypnotic commonly used to treat  
insomnia. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,  
subdivision (d), and a dangerous drug pursuant to Business and Professions code section 4022.

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

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

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

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

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

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

23 ///

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

26 <sup>9</sup> Clonazepam, brand name Klonopin, is a sedative commonly used to treat seizures, panic disorder  
27 and anxiety. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,  
subdivision (d), and a dangerous drug pursuant to Business and Professions code section 4022.

28 <sup>10</sup> Inderal LA, brand name for propranolol hydrochloride, is a beta blocker commonly used to treat  
high blood pressure.

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

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

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

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

24 (t) On or about June 24, 2008, Respondent noted that patient B.M. increased his  
25 dosage of Effexor XR to 450 mg/day and Zyprexa to 70 mg/day without consulting  
26

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

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

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

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

15 (w) On or about October 30, 2008, Respondent increased patient B.M.'s dosage of  
16 immediate release Adderall to 90 mg/day and prescribed a new antidepressant, Pristiq,<sup>13</sup> at  
17 50 mg/day. Respondent maintained patient B.M.'s previous prescriptions for Concerta,  
18 Zyprexa, Effexor XR, Eskalith CR, Inderal LA, Synthroid, Adderall XR, Ambien and  
19 Cymbalta.

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

22 (y) On or about February 3, 2009, Respondent noted that patient B.M. was feeling  
23 tired and wanted to try Ritalin. Respondent prescribed patient B.M. with Ritalin,<sup>14</sup> his  
24

25 <sup>12</sup> Cymbalta, brand name for duloxetine, is a serotonin norepinephrine reuptake inhibitor commonly  
used to treat depression, anxiety, fibromyalgia and chronic muscle or bone pain.

26 <sup>13</sup> Pristiq, brand name for desvenlafaxine, is a serotonin norepinephrine reuptake inhibitor  
commonly used to treat depression.

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

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

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

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

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

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

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

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

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

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

5 (gg) On or about May 25, 2011, Respondent obtained lab results for patient B.M. for  
6 lithium levels and thyroid studies. Patient B.M.'s lithium level were elevated at  
7 1.6mEq/L.

8 (hh) On or about June 6, 2011, Respondent lowered patient B.M.'s lithium dosage to  
9 900 mg/day and his Synthroid dosage to 0.050 mg/day.

10 (ii) On or about January 12, 2012, Respondent discovered that patient B.M. had  
11 been hospitalized for seven days from on or about December 16, 2011 to on or about  
12 December 22, 2011 for motor function issues and high lithium levels, and that patient  
13 B.M. had consequently stopped taking lithium. Three and a half weeks prior to January  
14 12, 2012 and following his hospitalization, patient B.M. started taking lithium again but  
15 tapered himself off the medication without the advice or help of a medical professional.

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

18 (kk) As of Respondent's last documented prescriptions on or about September 10,  
19 2012, patient B.M. was on the following medications: (1) Zyprexa, 20 mg/day; (2)  
20 Adderall IR, 60 mg/day; (3) Ritalin, 40 mg/day; (4) Concerta, 54 mg/day; (5) Effexor XR,  
21 300 mg/day; (6) clonazepam, 1-2 mg/day at bedtime; (7) Ambien, 10 mg/day at bedtime;  
22 (8) Abilify,<sup>16</sup> 20 mg/day; (9) Cytomel, 5 mcg/day; and (10) Levothyroxine, 50 mg/day.-

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

26 <sup>15</sup> Cytomel, a brand name for liothyronine, is a thyroid hormone commonly used to treat severe  
27 hypothyroidism.

28 <sup>16</sup> Abilify, brand name for aripiprazole, is an atypical antipsychotic commonly used to treat  
schizophrenia, bipolar disorder, depression and Tourette syndrome.



1 prescribed Inderal LA, even though he prescribed it for patient B.M. on or about April 13,  
2 2007.

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

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

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

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

#### 15 SECOND CAUSE FOR DISCIPLINE

##### 16 (Repeated Negligent Acts)

17 9. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
18 A65864 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
19 subdivision (c), of the Code; in that he committed repeated negligent acts in his care and  
20 treatment of patient B.M., which includes, but is not limited to paragraphs 7 and 8, above, which  
21 are hereby incorporated by reference and realleged as if fully set forth herein. Other repeated  
22 negligent acts include, but are not limited to, the following:

23 (a) During the course of his treatment from on or about 2007, through on or about  
24 2012, Respondent failed to monitor patient B.M.'s blood pressure and pulse while  
25 prescribing stimulants;

26 (b) During the course of his treatment from on or about 2007, through on or about  
27 2012, Respondent failed to monitor patient B.M.'s weight, blood sugar or blood lipids  
28 while prescribing Zyprexa, an atypical antipsychotic;



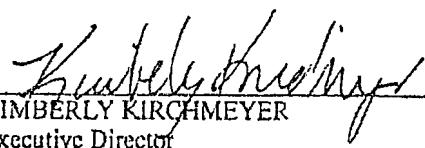
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A65864, issued to Respondent Stephen Alden Hockenbury, M.D.;
2. Revoking, suspending or denying approval of Respondent Stephen Alden Hockenbury, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Respondent Stephen Alden Hockenbury, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: May 24, 2016

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

SD2016700803  
81326948.doc