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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 18 20 18
BY K. Wong ANALYST

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

13 In the Matter of the Accusation and Petition to
14 Revoke Probation Against:

15 **STEPHEN ALDEN HOCKENBURY, M.D.**
16 **1601 Dove Street, Suite 230**
17 **Newport Beach, CA 92660-1423**

18 **Physician's and Surgeon's Certificate**
19 **No. A65864,**

20 Respondent.

Case No. 800-2018-049979

**ACCUSATION AND PETITION TO
REVOKE PROBATION**

21 Complainant alleges:

PARTIES

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation and Petition to Revoke
23 Probation solely in her official capacity as the Executive Director of the Medical Board of
24 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 issued a
4 decision, effective November 18, 2016, in which Respondent's Physician's and Surgeon's
5 Certificate No. A65864 was revoked. However, the revocation was stayed and Respondent's
6 Physician's and Surgeon's Certificate No. A65864 was placed on probation for a period of three
7 (3) years with certain terms and conditions. A copy of that decision is attached as Exhibit A, and
8 is incorporated by reference as if fully set forth herein.

9 JURISDICTION

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

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

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

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

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

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

25 "(4) Be publicly reprimanded by the board. The public reprimand may include a
26 requirement that the licensee complete relevant educational courses approved by the
27 board.

28 ///

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

3 “...”

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

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

8 “...”

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

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

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

21 “...”

22 7. Section 2266 of the Code states:

23 “The failure of a physician and surgeon to maintain adequate and accurate
24 records relating to the provision of services to their patients constitutes unprofessional
25 conduct.”

26 8. At all times after the effective date of Respondent’s probation in Case No. 800-2014-
27 003623, Condition No. 12 of Respondent’s probation provided the following:

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

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

11 9. 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.¹
14 The circumstances are as follows:

15 10. 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 11. 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: (1) Seroquel²;
20 (2) Abilify³; (3) Pristiq⁴; (4) Vyvanse⁵; and (5) Adderall.⁶

21 12. 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 office visits on the following dates: (1) May 29, 2014; (2) July 17, 2014; (3) August

24 ¹ For patient privacy, the patient's name has been withheld.

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

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

⁴ Pristiq, brand name for Desvenlafaxine, is an antidepressant.

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

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

1 29, 2014; (4) November 3, 2014; (5) January 5, 2015; (6) March 5, 2015; (7) April 27, 2015; and
2 (8) July 17, 2015. Throughout this period, Respondent continued to treat Patient A by prescribing
3 Seroquel, Abilify, Pristiq, Vyvanse, and Adderall.

4 13. 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 14. 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 15. 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 16. 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 17. On or about August 18, 2016, Patient A saw S.C., who refilled Patient A's
19 medications according to the treatment plan.

20 18. 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 19. 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.

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1 20. 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 21. 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 22. 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 23. 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 24. 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 25. 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 26. 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 27. 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**
(Failure to Maintain Accurate and Adequate Medical Records)

17 28. 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 2266, of the
19 Code, in that he failed to maintain accurate and adequate medical records in his care and
20 treatment of Patient A, as more particularly alleged in paragraphs 10 through 27, above, which
21 are incorporated by reference and re-alleged, as if fully set forth herein.

22
23 **FIRST CAUSE TO REVOKE PROBATION**
(Failure to Obey All Laws)

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

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

1 30. 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 10 through 28, 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: December 18, 2018


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

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EXHIBIT A

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

In the Matter of the Accusation
Against:

STEPHEN ALDEN HOCKENBURY, M.D.

Physician's and Surgeon's
Certificate No. A 65864

Respondent

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Case No. 800-2014-003623

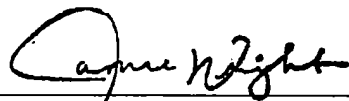
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on November 18, 2016.

IT IS SO ORDERED: October 19, 2016.

MEDICAL BOARD OF CALIFORNIA



Jamie Wright, JD, Chair
Panel A

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
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9
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.

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ACCEPTANCE


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

DATED: 8/25/16 
STEPHEN ALDEN HOCKENBURY, M.D.
Respondent

ENDORSEMENT

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

Dated: 9/1/16

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

CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2014-3623

1 KAMALA D. HARRIS
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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:

Case No. 800-2014-003623

14 **Stephen Alden Hockenbury, M.D.**
1601 Dove Street, Suite 230
15 Newport Beach, CA 92660-1423

ACCUSATION

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

Respondent.

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.

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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.”

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

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

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

“(b) Gross negligence.

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

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

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

“...”

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

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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, 2007,¹ 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 ¹ 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,² 108 mg/day; (2) Effexor XR,³ 150 mg/day;
3 (3) Eskalith CR,⁴ 450 mg 2.5 times/day; (4) Zyprexa,⁵ 10 mg/day; (5) Synthroid,⁶ 0.075
4 mg/day; and (6) Ambien,⁷ 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.

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20 _____
21 ² 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 ³ 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 ⁴ Eskalith CR, brand name for lithium carbonate, is commonly used to treat manic episodes related
28 to bipolar disorder.

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

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

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

1 (j) On or about March 16, 2007, Respondent prescribed patient B.M. a second
2 stimulant, Adderall XR,⁸ 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,⁹ 1 mg twice/day, and Inderal LA,¹⁰ 120 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 ⁸ 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 ⁹ Clonazepam, brand name Klonopin, is a sedative commonly used to treat seizures, panic disorder
and anxiety. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,
27 subdivision (d), and a dangerous drug pursuant to Business and Professions code section 4022.

28 ¹⁰ 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,¹¹ 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 ¹¹ 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 Cymbalta¹² 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,¹³ 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,¹⁴ his
24

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

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

27 ¹⁴ Ritalin, brand name for methylphenidate, is a stimulant commonly used to treat ADHD and
28 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.

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. Cytomel¹⁵ 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,¹⁶ 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 ¹⁵ Cytomel, a brand name for liothyronine, is a thyroid hormone commonly used to treat severe
27 hypothyroidism.

28 ¹⁶ 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 (c) From on or about October 2008, through on or about March 2009, Respondent
2 prescribed patient B.M. three serotonin norepinephrine reuptake inhibitors at the same
3 time without warning patient B.M. that serotonin syndrome is a potential side effect,
4 among other potential adverse reactions with the other medications he was taking; and

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

8 **THIRD CAUSE FOR DISCIPLINE**

9 **(General Unprofessional Conduct)**

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

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PRAYER

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

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

DATED: May 24, 2016


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

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