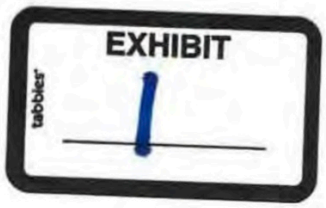

Chronic Pain Patients of Dr. David Bockoff,
(in formation)(incorporated by reference)

Intervenors

In the Matter of David Bockoff, M.D.
Docket No. 23-5

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1. Rebecca Snyder

I am writing this on behalf of my wife, Rebecca Snyder; she is 70 yo and has been an extremely severe intractable pain patient for over twenty years. She grew up with scoliosis involving her thoracic and lumbar spine. She also suffered stress fractures of both lower extremities during U.S. Army basic training in the late 70's. She was hospitalized for several weeks but she was allowed to complete basic training because she would become an enlisted legal clerk instead of becoming a combatant. My name is Vance Snyder; I am 72yo, a U.C. Berkeley graduate and a U.S. Army-trained physician assistant. My wife and I met in the Army in 1979 and were married several months later. The combination of the spine damaging (due to impingement) scoliosis and stress fractures has made her an extremely severe intractable pain patient with two of the most painful conditions known to medicine, Complex Regional Pain Syndrome, known as the "suicide disease" and officially (McGill Pain Index) the most painful chronic condition known to medicine, as well as Adhesive Arachnoiditis. Now she is nearly always bedridden due to horrifying, nearly unimaginable pain. Rebecca's pain physician for seventeen years once told me that one of the most important goals of a pain physician is to prevent, if possible, their patients from becoming or remaining bedridden, because once a patient becomes bedridden their chances of any extended life are greatly reduced. When Becky had pain medication we could, with difficulty and her in a wheelchair, actually go places and she could get some exercise in her bedroom. Now she cannot.

If she loses Dr. Bockoff as her pain physician, we will certainly strongly consider assisted suicide, which is a legal option in California; it is an option we have often discussed in the past. We both pray daily that she be allowed to continue her pain medication regimen under Dr. Bockoff's care.
Vance Snyder, M.S., Physician Assistant, [redacted]

2. **Gemi Spaulding**

November 8, 2022

From: Gemi Lea Spaulding

Approved OWCP Federal Workers Compensation Claimant

Subject: Outline of Accepted Medical Injury/Dr. Bockoff MD Patient

Here is a brief outline of how I got to where I am today as a HIGH dose opioid pain patient. 2172 MED/DAY accepted by federal work comp.

I was working as a Biological Laboratory Technician/ Laboratory Animal Technologist, VA Medical Center, Division of Research and Development Wichita, Kansas 1991. In 1991 I contracted a rare bacterial infection: Mycobacterium Chelone (group IV) atypical TB Mastitis. I was the first person reported in medical history to have this infection in breast tissue. Several medical publications are on file. Unfortunately, there were no antibiotics that this organism would respond to then. National Jewish hospital and the CDC, Tyler, TX, ran the test. I spent a month locked away in a quarantine room in the hospital.

In addition to IV antibiotic chemotherapy, I had 11 incisions and drain procedures on the left breast. I had heparin locks, shunts, and a central line treating me with three and four IV antibiotics four times a day until finally, a drug that was still in the testing stage was tried and the bacteria did respond.

As a result of this extensive treatment, I ended up with severe nerve damage. The antibiotics damaged all the nerves that were close to the veins. Nerves tell blood vessels when to dilate or contract and help with direct immune responses and absorption of nutrients, medications, etc. Damage identified via Nerve Conduction Study.

In addition, I have severe pain in my left breast due to all the extensive abscesses I had to have drained. The incision and drain procedures left scar tissue in my left breast. My mammary glands are very painful; I get a fever from my pain due to my autoimmune system, and my blood pressure is very high if my pain goes untreated.

With my prescribed medications, my pain has been controlled, and I have been able to function in my family and my community. I take care of my grandchildren while my daughter is at work. If I lose access to Dr. Bockoff's care and the medications he prescribes, I will no longer be able to function. I will bedbound and unable to care for myself and I will not be able to take care of my grandchildren

3. Wilbert Louis Ogden (Louis)

I have been troubled by severe chronic intractable pain since childhood beginning at age 6 in 1956. I am now 72 years old. My pain continued to get worse body-wide but the worst pain of all was in my neck and upper back and this caused me to have incredibly severe head pain. The sensation felt as if someone had made a mold of my head that was too small and then crammed my head into it. It felt as if my skull was being crushed in every direction. The pain got so bad as an adult that, in my mid-40s, I was couch-bound and I could not continue my career doing electrical construction. At this point in my life, I went on a thirteen-year search to find a solution to this painful existence. I saw many physicians and tried many treatments, medications, and therapies. Unfortunately, none of the therapies or medications I tried helped to ease my pain.

After thirteen years of failed treatments, I sought out more aggressive pain care using opioid therapy as a last resort. Dr. Forest Tennant of West Covina, California took over my care in October 2010. After thorough review of prior medical records, physical evaluation and assessments, he prescribed OxyContin. He titrated me up to where I was comfortable and, finally at age 60, I was enjoying the highest quality of life I'd ever had as an adult. Dr. Tennant titrated me up to a daily dose of 1440 mg of OxyContin (2160 Morphine Milligram Equivalent) plus 30 mg IR Oxycodone and Morphine Sulfate for breakthrough pain; that dose was stabilized as of December 2010. For 8 years, I continued on that same regimen with no escalation in doses. I did not need, nor did I ask for, a higher dose as I was doing great on the daily dose as stabilized.

In short, I was a very happy, well-adjusted person with a high quality of life, again able to participate in social activities and taking care of my yard...no longer couch-bound in agony.

It took many years to arrive at correct diagnoses for the causes of my body-wide, complex constant severe incurable pain.

My primary diagnoses are the genetic connective tissue disorder Ehlers-Danlos Syndrome, Arachnoiditis of the cervical spine, and Adhesive Arachnoiditis of the Lumbar Spine. I believe I inherited Ehlers-Danlos Syndrome from my mother, her mother and the maternal line of descent going back at least 6 generations, based on documented family history. I am also diagnosed with anxiety, depression, and panic disorder. I have received treatment for these conditions for 30 years from an expert psychiatrist in my home state of Virginia.

Dr. Tennant retired June 30, 2018. He turned his clinic over to Dr. Margaret Aranda and she provided my care until the summer of 2021 when she moved her practice to Oklahoma. I sought a new Pain Specialist and found Dr. David Bockoff in Beverly Hills. He accepted me as his patient. He prescribes compounded immediate release oxycodone. I take 8 200 mg capsules per day for a daily total of 1600 mg (or 2400 MME) with no additional opioids prescribed for breakthrough pain, making my current daily dose slightly less than my regimen with OxyContin plus breakthrough medications.

I use my pain medications exactly as Dr. Bockoff prescribes them. Under his care, I have continued to enjoy effective pain relief. I am able to engage in activities around my home and take care of my yard. With Dr. Bockoff's care and my prescribed medications, I am able to enjoy a good quality of life with my wife. Without Dr. Bockoff's care and the medications he prescribes, my life will again be one of couch-bound agony likely leading to death by cardiac arrest or stroke from untreated pain.

4. Clarisa Knopf

My name is Ted Knopf and I am writing on behalf of my wife, Clarisa Knopf. I am the caretaker for my wife, who is a patient of Dr. David Bockoff. I have played the role of caretaker for many years because my wife's pain struggle has been so debilitating and more recently, she is also experiencing cognitive related issues. I retired from a senior management position at Yum! Brands where I was Senior Vice President of Finance. One of the reasons I retired was to more fully assist my wife, Clarisa. We now live year-round in Wareham, MA, although in past years have had second homes in Santa Barbara and Woodland Hills, CA.

I believe Dr. Bockoff is the reason Clarisa is here today and she would not be able to continue living, with nearly constant and extreme pain, without his treatment. Her suffering would be too great and unrelenting for anyone to endure.

Clarisa has had multiple traumatic head and neck injuries from serious car accidents that resulted in both head and neck intractable pain, at levels that made it impossible for her to function. The ongoing pain as well as seizures made it impossible for her to do basic things at home, getting out of bed, household activities, or even reading. For years we would rush to emergency rooms for treatment and went to countless clinics and doctors who tried to help her but did not find meaningful relief. Under Dr. Bockoff's care the pain level is manageable, no more days in sheer agony, seizures and emergency room visits. Clarisa is now able to function and enjoy life a little.

My wife and I are terrified at the thought of her living the rest of her life in agony without Dr Bockoff's care. It would have a devastating impact on my wife and to so many others if Dr. Bockoff is forced to curtail his practice in any way.

5. Dustin Parker

My name is Dustin L Parker. I am 46-year-old man treated by Dr. Bockoff for Lumbar Sacral Adhesive Arachnoiditis (AA). In May 1996, I suffered a broken back as the result of being a passenger in a serious auto accident. I was not able to stand and walk and went to rehabilitation. After that injury I continue to suffer from severe pain and eventually was referred to a Pain Specialist in 2002. The non-opioid treatment plan prescribed three Epidural Steroid Injections in my spine, two of which were "wet taps". A wet tap is when a doctor injects an Epidural Steroid Injection past myelin sheath infiltrating the dura delivering the methylprednisolone inside the spinal cord itself. Introducing chemicals into this pristine environment creates the disease AA: life-long spinal nerve inflammation and subsequent clumping and scarring of the spinal cord nerves. Dr. Bockoff treats my severe intractable pain caused by Adhesive Arachnoiditis, a life-long disease which has no cure. My Adhesive Arachnoiditis was diagnosed by MRI in 2014.

Severe intractable pain limits every aspect of my life. There is severe intractable pain and neuropathy in both my left and right legs, feet, arms, hands, mid to lower back and buttocks. I benefit

greatly from Dr. Bockoff's opioid pain regimen. The opioid medical treatment dulls the severe intractable pain enough to get out of bed in the morning...albeit slowly, after taking opioid medication the pain subsides enough to get dressed with the assistance of my wife. Opioid pain medication makes it possible for me to go to work every day and function as a professional Analyst utilizing ergonomically correct chair, keyboard, mouse, and desk. With adequate pain treatment I am able to attend training and maintain employment. I'm limited by the distance I can walk and I am not able to bend, stoop, or lift 50 pounds. Dr. Bockoff's medical treatment provides the necessary pain relief which I utilize to have a life outside of the home that I can be proud of. Adhesive Arachnoiditis and the severe intractable pain it creates is unfortunately part of my life but with Dr. Bockoff's adequate pain management I'm able to participate in the one activity that is most important to me, working to provide for my family.

Losing Dr. Bockoff's medical treatment means I am no longer able to get out of bed and get ready for work. I cannot put clothes on, nor shoes on my feet, nor put on my socks. I am unable to tie my own shoes. I cannot sit up for periods of time greater than a couple hours nor stand up unassisted without pain medication. I will lose my career because I am disabled and unable to perform normal duties without opioid pain treatment. I have searing throbbing pain and numbness in both legs, mid to lower back, buttocks, and both arms and hands. It's serious and I am helpless to overcome it. I have tried numerous non-opioid treatments. Yes, some do help but those treatments do not provide adequate relief and some also have side effects. There are few options for someone like me. Dr. Bockoff treats my rare extremely painful disease Advanced Lumbar Sacral Adhesive Arachnoiditis and his treatment enables me to work and participate in a more normal life.

[ADDENDUM by Shelley D Parker, his caretaker.]

My name is Shelley Parker. My husband suffers from Adhesive Arachnoiditis. He is a patient of Dr. David Bockoff. Dustin's Lumbar MRI presents a diagnosis of Adhesive Arachnoiditis. He has sought out and tried nearly all known non-opioid standard treatment with very little or no success. He has cyp450 enzyme defects which are absorption deficiencies. Dr. Bockoff is my last hope and he is the reason my husband has been able to utilize his education of higher learning and obtain gainful employment after 20 years of disability. It has never been an easy road but I love my husband and after a long arduous and difficult journey to seek adequate medical care for my husband's disease we found this care with Dr. Bockoff. If he did not have his current treatment protocol he would not be able to work,

provide for his family, or have the sense of self-worth every working man that cares for his family has. My husband has come so far from his house-bound fate unable to tolerate even the most mundane daily activities. His outlook on life has been dramatically changed by this care. For many years, decades now, my husband has required a treatment that is not the "norm". His medical records document that he has failed all standard treatments. He has been able to hold his head up and be proud to be able to support his family financially without government aide. He was able to achieve his MS-HCA, and return to work after 20 years of disability - all on high dose opioids. IT HAS BEEN HIS MIRACLE! Please don't take this away from him; reconsider the families you are affecting and how much it has helped, not harmed, our family. Thank you.

6. [redacted]

It pains me to have to write this letter, but circumstances have required I do so. I have been a pain patient taking prescribed opioids under a doctor's supervision for roughly 15 years. It started with rare post viral immune disorder in my early 20s leaving me constantly achy and myalgic. I also developed debilitating Arachnoiditis, and Ehlers Danlos Syndrome—both creating debilitating pain. My battle with pain only intensified when I was hit by a car going 45 mph while crossing the street as a pedestrian. I had intense surgery on a completely mangled Tibia Plateau. To make things more complicated, during my years receiving proper pain management, I came to find out that my body only metabolizes a certain portion of my pain medication due to certain genetic markers.

Before receiving proper pain management, my stress hormones were off the charts, due to the uncontrolled pain. At one point, they reached 10 times normal levels. I tried everything from mainstream to holistic practices. I was unable to function optimally, feeling hopeless and fighting a ceaseless despair. Since I have received proper care and pain management, I have been able to give back and contribute to society. I am a social worker who runs an assisted living for seniors that employs 40+ people. I have been able to dedicate my life to help others keep their quality of life. I have been able to care for my small children and even play with them. All of that is now in jeopardy because of what has recently happened.

Recently, my pain management doctor (Dr. David B. Bockoff) has unfairly and quite suddenly had his DEA registration revoked and is, therefore, unable to prescribe the medication that has kept me—and

hundreds like me—stable and functioning members of society for years. It is, frankly, unconscionable and extremely dangerous to force any doctor to suddenly stop prescribing medication for patients who have relied on it for stability and pain management for years without any warning nor any allowance for that doctor to gradually taper their patients off of their prescribed regimen. This is especially true when, as is the case with Dr. Bockoff, the doctor in question hasn't done anything wrong, illegal, unethical, or dangerous to warrant such intervention by any governmental agency.

Please, as a wife, mother, and as a contributing member of society who is, thanks to the care that is provided by Dr. Bockoff, able to be the administrator of an assisted living facility that cares for over 100 senior citizens, I humbly request that you please do whatever you can to help Dr. Bockoff continue to provide the excellent medical care he has provided for years. I fear that the well-being and quality of life for myself and others are being robbed. Thank you for your time reading this letter and any consideration you may give to this matter.

7. Lera Anne Fuqua (Anne)

I suffer from primary generalized dystonia, arachnoiditis, osteoporosis, and atrial fibrillation. I am 42 years old. I have a BS in Nursing and worked as a hospice nurse until my illnesses became disabling. As I explain below, the symptoms of my dystonia are especially disabling. I take the following medications to control my severe constant pain and symptoms. I have had no dose increase in my opioid medications since 2008 – and I have not felt I needed an increase. Oxycodone was originally higher than this, but I was able to decrease dose as my neuropathy from arachnoiditis improved between 2015-2018 (was being treated with anti-inflammatory protocol by Dr. Tennant). I have continued to take the over-the-counter agents from his protocol with good success.

Medications: fentanyl patch 200 mcg/h, oxycodone 30mg po q4h and compounded sublingual fentanyl/dextromethorphan troches 1000mcg/10mg #48/month

Per my prescription, I can take up to 2 troches per day. There are times where I can go 4-5 days without needing even one dose. At other times, I average about 1.5 per day. I take these troches during sudden episodes of severe dystonia/myoclonus; this stops these episodes within a few

minutes. In the past these episodes would lead me to falling out of wheelchair, dislocating shoulder, etc. There were instances where these episodes progressed to the point that I would need to be hospitalized multiple days at a time. I have used these troches at the same dose since 2008, have not needed to be hospitalized due to dystonia, and they have been a key part of why I'm able to safely live on my own. I am definitely open to trying new things that could replace this medication if I'm able to maintain my current quality of life. I have gone from needing a power wheelchair with a seatbelt and shoulder straps to be able to sit in chair to now using a lightweight manual chair. I can stand holding on to a counter and do this frequently throughout the day. I can walk short distances holding on to counter and am even able to walk up and down stairs now if I have someone with me.

Medications (continued): apixaban 5mg po BID, diltiazem ER 180mg QD, Adderall 30mg BID, Vitamin D2 50,000IU Q/week, Folic acid 1mg QD, pregnenolone 200mg QD, DHEA 100mg QD

My quality of life and ability to be independent improved dramatically with meds. At my worst, dystonia caused involuntary movements/spasms severe enough that I was unable to sit up straight, required a powerchair with tilt/recline, shoulder straps, and lateral supports. My fingers were curled up, I couldn't cut my own food. My overall health was not very good, I was constantly developing infections. Once meds were in current range (Fall 2008), my life improved dramatically. This improvement has been sustained for the past 14 years, and with time and lots of effort, I continued to make additional gains. I am a volunteer advocate for chronic pain patients. I have traveled alone several times to FDA in Silver Spring, MD to participate in meetings about chronic pain and make presentations. I am able to travel unaccompanied to California for medical appointments.

Until I lost access to my medication last week, I was getting around easily with a lightweight manual chair and able to stand and walk short distances if I had a counter or wall to hold onto. Barring a new miracle treatment, I will be unable to continue living independently unless meds are restored. I am unwilling to continue living long term if I can't regain the quality of life I worked so hard to build. I do not wish to be confined to a facility and may choose to end my life inside my home by ceasing to eat and drink until I succumb.

8. Regina Dolan

I have been suffering from intractable pain (IPS) since 1999, when I was 26 years of age. At that time, I was diagnosed with Fibromyalgia, Epstein-Barr, Chronic Fatigue Syndrome (CFS), autoimmune disorder, and a benign brain tumor that was ultimately treated with radiation which also caused lingering side effects. Due to the onset of my pain symptoms and chronic fatigue, I was unable to continue working full-time and could no longer carry on a normal life. The incredible pain I was having on a daily basis was unbearable and kept me bedridden.

None of the doctors (over a dozen) that I sought for help could effectively treat my pain or provide me therapeutic treatment. The use of opioid pain medication provided me some relief, but the doses I needed to achieve pain relief were significantly higher than average. This made it very difficult for me to find professional care for my condition, as nearly all physicians had become fearful and reluctant to prescribe opioids to patients due to DEA scrutiny on prescribing of opioids.

Over the past 23 years, I have only found 4 doctors that understand my condition and were able to safely and effectively control my pain. In 2012, my doctor (Dr. Tennant at that time) ran genetic testing on me and found that I have multiple genetic defects that cause my body to rapidly metabolize opioid analgesics, hence the need for higher doses to attain relief. He was able to better tailor my medications based on his findings and very effectively stabilize my pain levels. I no longer have severe pain flare-ups that would send me to an emergency room, begging for help. I am no longer bedridden with pain.

My average pain level (1-10) went from 8+ to 3+ with thanks to him and I am able to take on more daily activities. His protocol for managing my pain has been the same for the past 10 years with only minor adjustments, and it continues to keep me leading a seminormal and active life. His protocol includes stretching, hot baths, diet, and the use of prescribed opioid pain medication. As of today, my pain has been carefully managed by Dr. David Bockoff, who understands my case and is confident in continuing the effective pain management protocol established by Dr. Tennant. It is my hope that I can continue under his care, as it will be very difficult for me to find another physician as competent, knowledgeable, and caring as Dr. Bockoff. Without his professional care and access to my prescriptions, aside from the likelihood of complications of medication withdrawal, the quality of my life would

rapidly decline and revert back to how it was 23 years ago, when I was suffering daily with unbearable high levels of uncontrolled pain.

9. Jessica Fujimaki

I am one of Dr. Bockoff's palliative care patients. My story began in Hawaii where I resided with my husband and two young daughters ages 9 and 12 at the time. On March 11, 2020, at the beginning of Covid, I was pressured by a pain management doctor to have another round of Epidural Steroid Injections (ESI) but had no clue how this procedure would change the rest of my life as I knew it, and the lives of my family. Previously a different doctor had given me four ESI injections over a three-year period, which provided temporary relief at best. This doctor assured me that his ESI would provide the relief I needed because he performed a Transforaminal Steroid Injection, which I had never received before.

Two hours after receiving the ESI, both my calf muscles started to have the most painful, intense deep muscle spasms. This had never happened before; I knew something was terribly wrong. The spasms quickly moved through my entire body. I felt my body going into paralysis, even losing my ability to speak. I could not stand or support myself and my entire body went into spasms and convulsions. The doctor who gave me the injection was not available to see me and had no back-up for emergencies. My husband was calling all over the island trying to find a doctor. We were terrified to go to the ER because of Covid. My decline was rapid, and we were alone! We had no family on the island to help … my children were witnessing it all; they thought I was dying. It was, and still is, traumatic for my precious girls.

This pain was different from anything I'd had before. It ran throughout every part of my body, and it was constant and intense. I couldn't control it, and nothing was helping. My husband again and again had to pick me up and carry my limp body, all the while it was in full-body convulsions. I was later told by my doctors they believe I was having mini-strokes. I did not want to die but I started to feel extremely suicidal. I did not think I could take this type of pain any longer. I wanted someone to put me out of my misery. It felt like my arm and leg muscles were being ripped off my bones, like my arms and legs were being torn off my body. Sharp, stabbing, electrocution-type pain. My spasms were visual; you

could see my skin moving up and down and these nodules would slowly protrude out of my skin. The bone pain was deep and intense.

The doctor who performed the ESI had left me without care, and now, with the suspension of Dr. Bockoff's license, I am left without care again. It took over a year to find the protocol that work for me and allowed me to have some quality of life. Until I established my current team of doctors, I was treated like I was a drug-seeking patient. The first time my body went into full paralysis, I was admitted to the hospital and the neurosurgeon on-call said "this could be psychosomatic." It was typical for doctors to have little knowledge or understanding about the severity of what I was describing or how to properly diagnose my symptoms.

For months, I did my own research, looking for answers or specialists that may be able to help me. This too was excruciatingly painful. I came across the Tennant Foundation. After reviewing the extensive information on the Tennant Foundation websites, I finally understood what was happening to me. I was very fortunate to find Dr. David Bockoff who accepted me as his patient and has been able to treat me in accordance with the treatment protocol that works for me. This treatment protocol changed my life and gave me hope.

My current diagnoses are Adhesive Arachnoiditis, Small Fiber Neuropathy, Ehlers Danlos Syndrome (Hypermobile), Carotid Stenosis, Mast Cell, POTS

How small-dose injectable hydromorphone treatment has drastically changed my life: This medication has allowed me the quality of life to walk and to live each day. The palliative care and treatment has given me my quality of life back. I am able to walk most days unless I am in a huge flare. Without Dr. Bockoff's care and prescribed medication, I would be bedbound, unable to walk, unable to function, and certainly unable to care for my children.

The medication I take is: .25mg of hydromorphone every 2 hours.

10. Piper McKee-Wright

My name is Piper McKee-Wright. In 2005, my spinal cord was cut during a spinal fusion surgery

(T10-S1) to repair my scoliosis. I was paralyzed and have had my left hip replaced 3x as a result. I started having true, intractable pain in 2008. It was at this time that I was diagnosed by Dr. F. Tennant. Dr. Tennant told me and my family, point blank that if I did not keep my pain under control, I would probably not live to see the age of 40. I was 31.

Several injuries as a result of my SCI later, I found myself struggling to get and keep my pain under control. In the 3 years before I found Dr. Bockoff, I was indeed struggling to live; I could not eat or sleep, and became too weak to move. My family and friends, as well as myself, thought that I was going to die. Dr. Bockoff saved my life. There are no 2 ways about it. I am frightened for my life once again, as a direct result from the actions taken against Dr. Bockoff by the DEA.

Sincerely,
Piper McKee-Wright
DOB 08/24/1979

11. Rodney Summers

I was injured while working for the MO dept. of transportation in 2005. I have had 2 failed back surgeries and have tried every therapy and procedure my doctors thought could help. On top of the damage to my L4-L5, L5-S1 I have been diagnosed with Adhesive Arachnoiditis, a degenerative spine disease. In 2019 I was denied pain meds for three months till I found a new doctor. I was basically confined to bed and lost approximately 35 pounds due to pain overriding hunger. I have had genetic testing and am opioid resistant.

In 17 years I have been prescribed every available pain medication and have only received minimal relief from Fentanyl patches. I have not been without pain since May of 2005.

When I was diagnosed at that time I was told I would be on pain medication for the rest of my life and a work comp judge granted me full disability so I would have access to the medication I would need. Now I am being denied my promised medication even as my condition worsens.

Even with my current dosage my quality of life is a shadow of what it was before my injury, half what it was 6 years ago. If denied my right to pain management as promised I would be unable to participate in my teenage son's life in any capacity. I would basically be convicted to a life hardly able to function, a burden to my loved ones having to rely on them for practically everything due to the debilitating pain left unchecked.

[Addendum from Robin Summers]

He will quickly waste away from not eating and may end up in hospice.

UNITED STATES DISTRICT COURT

for the

Central District of California

In the Matter of the Search of *(Briefly describe the property to be searched or identify the person by name and address)*	Case No. 2:21-MJ-04189
8455 Fountain Avenue, Apartment 418, West Hollywood, California 90069	

WARRANT BY TELEPHONE OR OTHER RELIABLE ELECTRONIC MEANS

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the Central District of California *(identify the person or describe the property to be searched and give its location)*:

See Attachment A-2

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal *(identify the person or describe the property to be seized)*:

See Attachment B

YOU ARE COMMANDED to execute this warrant on or before 14 days from the date of its issuance *(not to exceed 14 days)*

X in the daytime 6:00 a.m. to 10:00 p.m. ☐ at any time in the day or night because good cause has been established.

You must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to the U.S. Magistrate Judge on duty at the time of the return through a filing with the Clerk's Office.

Paul L. Abrams

Date and time issued: September 9, 2021, at 2:50 p.m.

Judge's signature

City and state: Los Angeles, CA

Paul L. Abrams, U.S. Magistrate Judge

Printed name and title

AUSA: *Marina A. Torres x8231*

ATTACHMENT B

I. ITEMS TO BE SEIZED

1. The items to be seized are evidence, contraband, fruits, or instrumentalities of violations of 21 U.S.C. §§ 841(a)(1), 846 (conspiracy to distribute and distribution of controlled substances), and 18 U.S.C. § 1956, 1957 (money laundering and engaging in financial transactions with the proceeds of specified unlawful activity), for the date range of January 1, 2018 to the present, namely:

a. Schedule II narcotic controlled substances (including oxycodone);

b. Records, patient files, sign-in sheets, charts, billing information, payment records, and identification documents for or that refer to patients receiving a controlled substance or a prescription for a controlled substance. If a patient or customer file includes records that both pre- and post-date January 1, 2018, the entire file may be seized.

c. Documents, including but not limited to emails, check registers, cancelled checks, deposit items, financial instruments, facsimile transmissions, ledgers, or correspondence that refer or relate to: (1) the prescribing, dispensing, ordering, or other distribution or acquisition of any controlled drug or to any person to whom a controlled substance was prescribed or dispensed; or (2) the receipt of payment of any compensation in exchange for such prescribing, dispensing, ordering, or other distribution or acquisition.

d. Documents, including but not limited to customer lists, appointment books, pharmacy information, notations, logs,

receipts, journals, books, records, or correspondence (including letters, e-mails, text messages, etc.) that refer or relate to (1) the ordering, prescribing, or dispensing of any controlled drug, or (2) that identifies the employees or practitioners providing such services from or on behalf of **Subject Location #1**.

e. Documents, including check registers, cancelled checks, deposit items, financial instruments, facsimile transmissions, ledgers, which refer or relate to any compensation for the ordering, prescribing, or dispensing of any controlled drug.

f. United States currency, financial instruments, and precious metals in an aggregate value exceeding $1,000.

g. Not more than twenty (20) indicia of occupancy, residency, rental, ownership, or control of each of the **Subject Locations**, including but not limited to utility bills, telephone bills, loan payment receipts, rent receipts, trust deeds, lease or rental agreements, and escrow documents.

h. Keys to show ownership of storage facilities, businesses, locked containers, cabinets, safes, conveyances, and/or other residences.

i. With respect to any digital device containing evidence falling within the scope of the foregoing categories of items to be seized:

i. evidence of who used, owned, or controlled the device at the time the things described in this warrant were created, edited, or deleted, such as logs, registry entries, configuration files, saved usernames and passwords, documents,

browsing history, user profiles, e-mail, e-mail contacts, chat and instant messaging logs, photographs, and correspondence;

ii. evidence of the presence or absence of software that would allow others to control the device, such as viruses, Trojan horses, and other forms of malicious software, as well as evidence of the presence or absence of security software designed to detect malicious software;

iii. evidence of the attachment of other devices;

iv. evidence of counter-forensic programs (and associated data) that are designed to eliminate data from the device;

v. evidence of the times the device was used;

vi. passwords, encryption keys, biometric keys, and other access devices that may be necessary to access the device;

vii. applications, utility programs, compilers, interpreters, or other software, as well as documentation and manuals, that may be necessary to access the device or to conduct a forensic examination of it;

viii. records of or information about Internet Protocol addresses used by the device;

ix. records of or information about the device's Internet activity, including firewall logs, caches, browser history and cookies, "bookmarked" or "favorite" web pages, search terms that the user entered into any Internet search engine, and records of user-typed web addresses.

2. As used herein, the terms "records," "documents," "programs," "applications," and "materials" include records, documents, programs, applications, and materials created, modified, or stored in any form, including in digital form on any digital device and any forensic copies thereof.

3. As used herein, the term "digital device" includes any electronic system or device capable of storing or processing data in digital form, including central processing units; desktop, laptop, notebook, and tablet computers; personal digital assistants; wireless communication devices, such as telephone paging devices, beepers, mobile telephones, and smart phones; digital cameras; gaming consoles (including Sony PlayStations and Microsoft Xboxes); peripheral input/output devices, such as keyboards, printers, scanners, plotters, monitors, and drives intended for removable media; related communications devices, such as modems, routers, cables, and connections; storage media, such as hard disk drives, floppy disks, memory cards, optical disks, and magnetic tapes used to store digital data (excluding analog tapes such as VHS); and security devices.

II. SEARCH PROCEDURE FOR DIGITAL DEVICES

4. In searching digital devices or forensic copies thereof, law enforcement personnel executing this search warrant will employ the following procedure:

a. Law enforcement personnel or other individuals assisting law enforcement personnel (the "search team") will, in their discretion, either search the digital device(s) on-site or

seize and transport the device(s) and/or forensic image(s) thereof to an appropriate law enforcement laboratory or similar facility to be searched at that location. The search team shall complete the search as soon as is practicable but not to exceed 120 days from the date of execution of the warrant. The government will not search the digital device(s) and/or forensic image(s) thereof beyond this 120-day period without obtaining an extension of time order from the Court.

b. The search team will conduct the search only by using search protocols specifically chosen to identify only the specific items to be seized under this warrant.

i. The search team may subject all of the data contained in each digital device capable of containing any of the items to be seized to the search protocols to determine whether the device and any data therein falls within the list of items to be seized. The search team may also search for and attempt to recover deleted, "hidden," or encrypted data to determine, pursuant to the search protocols, whether the data falls within the list of items to be seized.

ii. The search team may use tools to exclude normal operating system files and standard third-party software that do not need to be searched.

iii. The search team may use forensic examination and searching tools, such as "EnCase" and "FTK" (Forensic Tool Kit), which tools may use hashing and other sophisticated techniques.

c. If the search team, while searching a digital device, encounters immediately apparent contraband or other evidence of a crime outside the scope of the items to be seized, the team shall immediately discontinue its search of that device pending further order of the Court and shall make and retain notes detailing how the contraband or other evidence of a crime was encountered, including how it was immediately apparent contraband or evidence of a crime.

d. If the search determines that a digital device does not contain any data falling within the list of items to be seized, the government will, as soon as is practicable, return the device and delete or destroy all forensic copies thereof.

e. If the search determines that a digital device does contain data falling within the list of items to be seized, the government may make and retain copies of such data, and may access such data at any time.

f. If the search determines that a digital device is (1) itself an item to be seized and/or (2) contains data falling within the list of other items to be seized, the government may retain the digital device and any forensic copies of the digital device, but may not access data falling outside the scope of the other items to be seized (after the time for searching the device has expired) absent further court order.

g. The government may also retain a digital device if the government, prior to the end of the search period, obtains an order from the Court authorizing retention of the device (or while an application for such an order is pending),

including in circumstances where the government has not been able to fully search a device because the device or files contained therein is/are encrypted.

h. After the completion of the search of the digital devices, the government shall not access digital data falling outside the scope of the items to be seized absent further order of the Court.

5. In order to search for data capable of being read or interpreted by a digital device, law enforcement personnel are authorized to seize the following items:

a. Any digital device capable of being used to commit, further, or store evidence of the offense(s) listed above;

b. Any equipment used to facilitate the transmission, creation, display, encoding, or storage of digital data;

c. Any magnetic, electronic, or optical storage device capable of storing digital data;

d. Any documentation, operating logs, or reference manuals regarding the operation of the digital device or software used in the digital device;

e. Any applications, utility programs, compilers, interpreters, or other software used to facilitate direct or indirect communication with the digital device;

f. Any physical keys, encryption devices, dongles, or similar physical items that are necessary to gain access to the digital device or data stored on the digital device; and

g. Any passwords, password files, biometric keys, test keys, encryption codes, or other information necessary to access the digital device or data stored on the digital device.

6. The special procedures relating to digital devices found in this warrant govern only the search of digital devices pursuant to the authority conferred by this warrant and do not apply to any search of digital devices pursuant to any other court order.

III. PROCEDURE FOR PATIENT REQUESTS FOR MEDICAL RECORDS

7. We believe that the majority of BOCKOFF's practice is illegitimate, that BOCKOFF does not legally practice medicine, and thus that the majority (if not all) of BOCKOFF's patients are being treated outside of the scope of legitimate medical practice.

8. In an abundance of caution, the following procedures will be followed in order to minimize disruption to the legitimate medical needs of lawfully-treated patients (if any):

a. Agents will quickly notify any patients who may appear to be lawfully treated by BOCKOFF.

b. A patient whose medical information has been seized pursuant to this search warrant may request that a copy of that seized information be returned to the patient. These requests must be in writing and shall be submitted to Diversion Investigator Stephanie Woolley, Drug Enforcement Administration, 255 East Temple Street, Los Angeles, CA 90012. Requests may also be faxed to (571) 387-6846 or emailed to [redacted].

c. The government must provide to the patient making the request a copy of any medical information it has regarding the patient within five days (excluding weekends and holidays) of receiving the request.

Patient List

#	Name	DOB	Age
1	[redacted]	1982-03-03	39
2		1973-07-30	48
3		1971-11-08	49
4		1958-02-11	63
5		1968-02-14	53
6		1971-05-06	50
7		1971-05-06	50
8		1989-03-16	32
9		1960-11-01	60
10		1972-06-01	49
11		1965-06-04	56
12		1961-08-25	60
13		1956-10-27	64
14		1970-11-19	50
15		1963-04-28	58
16		1974-09-27	46
17		1964-07-08	57
18		1960-12-04	60
19		1981-02-23	40
20		1988-07-29	33
21		1988-07-29	33
22		1980-05-10	41
23		1977-03-02	44
24		1962-12-06	58
25		1966-09-01	55
26		1967-07-01	54
27		1960-11-03	60
28		1981-12-09	39
29		1966-05-17	55
30		1976-11-25	44
31		1971-06-15	50
32		1960-01-30	61
33		1978-04-29	43
34		1979-11-29	41
35		1989-06-16	32
36		1974-09-27	46
37		1958-06-24	63
38		1968-09-11	52
39		1958-07-22	63
40		1968-06-04	53
41		1966-07-08	55
42		1977-05-21	44

Patient List

#	Name	DOB	Age
43	[redacted]	1958-08-11	63
44		1959-07-14	62
45		1960-06-06	61
46		1959-05-30	62
47		1980-01-20	41
48		1974-08-16	47
49		1978-06-03	43
50		1964-08-17	57
51		1962-12-15	58
52		1964-08-17	57
53		1954-05-06	67
54		1966-05-07	55
55		1960-02-24	61
56		1963-09-25	57
57		1985-11-29	35
58		1982-01-02	39
59		1981-07-26	40
60		1980-08-31	41
61		1968-07-22	53
62		1981-02-19	40
63		1968-09-02	53
64		1962-05-10	59
65		1961-01-26	60
66		1963-09-17	57
67		1957-12-12	63
68		1986-07-09	35
69		1966-03-21	55
70		1976-05-23	45
71		1988-09-16	32
72		1978-02-20	43
73		1960-05-10	61
74		1960-02-01	61
75		1989-03-02	32
76		1984-06-21	37
77		1987-03-29	34
78		1958-09-09	62
79		1977-04-06	44
80		1963-04-05	58
81		1964-01-20	57
82		1980-07-05	41
83		1986-06-19	35
84		1957-06-03	64

Patient List

#	Name	DOB	Age
85	[redacted]	1974-02-22	47
86		1954-06-12	67
87		1984-03-21	37
88		1969-08-18	52
89		1979-10-14	41
90		1987-08-06	34
91		1987-08-06	34
92		1964-09-29	56
93		1961-08-08	60
94		1997-12-21	23
95		1991-07-30	30
96		1974-05-25	47
97		1988-11-30	32
98		1964-04-02	57
99		1963-11-01	57
100		1959-08-30	62
101		1970-02-09	51
102		1970-09-15	50
103		1982-07-01	39
104		1982-07-01	39
105		1981-06-09	40
106		1945-09-06	76
107		1963-10-10	57
108		1970-12-09	50
109		1983-08-26	38
110		1984-09-15	36
111		1986-10-02	34
112		1966-11-05	54
113		1960-07-18	61
114		1979-06-24	42
115		1960-09-30	60
116		1975-09-09	45
117		1971-02-05	50
118		1956-12-18	64
119		1980-03-20	41
120		1956-08-20	65
121		1960-05-02	61
122		1961-07-08	60
123		1954-07-02	67
124		1967-01-14	54
125		1984-06-18	37

Patient List

#	Name	DOB	Age
126	[redacted]	1974-04-30	47
127		1958-10-10	62
128		1958-03-09	63
129		1965-06-03	56
130		1960-02-24	61
131		1963-09-23	57
132		1996-11-01	24
133		1988-07-28	33
134		1964-05-13	57
135		1981-02-26	40
136		1973-12-04	47
137		1987-02-24	34
138		1972-06-01	49
139		1943-06-07	78
140		1965-04-21	56
141		1974-08-13	47
142		1979-08-08	42
143		1990-03-07	31
144		1973-11-12	47
145		1985-04-16	36
146		1962-04-02	59
147		1985-07-30	36
148		1971-04-11	50
149		1980-03-07	41
150		1975-03-14	46
151		1993-12-10	27
152		1993-01-21	28
153		1958-04-03	63
154		1985-12-04	35
155		1987-01-19	34
156		1962-08-31	59
157		1976-03-21	45
158		1980-08-16	41
159		1983-03-26	38
160		1982-02-16	39
161		1975-05-10	46
162		1963-08-12	58
163		1956-07-03	65
164		1960-09-13	60
165		1960-09-13	60

Patient List

#	Name	DOB	Age
166	[redacted]	1960-07-31	61
167		1965-04-11	56
168		1956-09-11	64
169		1991-09-12	29
170		1986-02-09	35
171		1959-09-19	61
172		1972-02-26	49
173		1976-05-31	45
174		1966-03-04	55
175		1960-07-28	61
176		1972-01-30	49
177		1992-08-24	29
178		1985-03-20	36
179		1985-03-20	36
180		1985-05-03	36
181		1975-02-16	46
182		1972-09-19	48
183		1963-06-06	58
184		1977-02-27	44
185		1961-03-08	60
186		1969-07-28	52
187		1961-05-18	60
188		1960-09-07	61
189		1984-09-09	36
190		1983-04-07	38
191		1949-06-24	72
192		1991-09-15	29
193		1969-01-21	52
194		1974-03-21	47
195		1966-11-07	54
196		1964-01-27	57
197		1976-08-17	45
198		1989-01-05	32
199		1988-01-27	33
200		1988-07-07	33
201		1970-02-28	51
202		1986-12-24	34
203		1977-08-27	44
204		1963-09-29	57
205		1965-07-16	56

Patient List

#	Name	DOB	Age
206	[redacted]	1968-03-13	53
207		1982-10-16	38
208		1975-09-23	45
209		1950-02-21	71
210		1980-09-26	40
211		1977-08-12	44
212		1976-07-07	45
213		1960-08-18	61
214		1984-06-14	37
215		1969-01-20	52
216		1973-04-18	48
217		1982-05-14	39
218		1966-03-25	55
219		1969-12-10	51
220		1968-03-29	53
221		1980-04-08	41
222		1976-08-15	45
223		1965-07-26	56
224		1991-02-22	30
225		1958-10-02	62
226		1958-06-24	63
227		1981-03-09	40
228		1973-03-08	48
229		1960-08-22	61
230		1960-06-30	61
231		1965-03-31	56
232		1957-12-05	63
233		1983-10-10	37
234		1961-12-15	59
235		1979-12-05	41
236		1974-03-15	47
237		1975-08-13	46

EXHIBIT 3

U.S. DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION
SUBPOENA

In the matter of the investigation of
Case No: R1-20-2010
Subpoena No. R1-23-031355

TO: David B. Bockoff
ATTN: David B. Bockoff
AT: 8500 Wilshire Blvd. Suite 926
Beverly Hills, CA 90211

Phone: 310-652-5800

By the service of this subpoena on you by Stephanie L Woolley who is authorized to serve it, you are hereby commanded and required to appear before Stephanie L Woolley, an officer of the Drug Enforcement Administration, to give testimony and bring with you and produce for examination the following books, records, and papers at the time and place hereinafter set forth:

Pursuant to an investigation of violations of 21 U.S.C.Section 801 et seq., please provide the following for the dates between 09/14/2021 - 11/01/2022 Pacific (PST)

- Pursuant to an investigation of violations of 21 U.S.C. Section 801 et seq., please provide patient files for the individuals listed below: 1.Brant BRUNER, DOB: 12/09/1981 2.Erica CHAVEZ, DOB: 11/29/1979 3.Philip JIMENEZ, DOB: 02/05/1971 4.Fazi LEE, DOB: 02/26/1981 5.Andrew WALLA, DOB: 04/18/1973 All records in your custody in any medium or format created or maintained pursuant to providing of medical services, including, without limitation information relating to the health history diagnosis, or condition of a patient, or relating to treatment provided. See California Health and Safety Code §123100 et seq. Records of your prescribing controlled substances including the date; controlled substance name, strength, and quantity, and any refills prescribed; the pathology and purpose for such prescription, and any other pertinent information related to the prescribing of controlled substances. See California Health and Safety Code §11190. Any and all records (other than the patient medical records) that your practice maintained pursuant to providing medical treatment and the writing of prescriptions for controlled substances within the usual course of your professional practice of medicine. See Title 21 Code of Federal Regulations §1306.04. Any other documentation kept by your practice in connection with providing medical treatment for this individual, including, without limitation, communications with the patient, prescription history, dispensing reports, billing records, prescription monitoring data related to the patient, urine drug screen records, and communications with other medical professionals or any other persons regarding diagnosis, treatment, and medical care provided or contemplated. Please do not disclose the existence of this request or investigation for an indefinite time period. Any such disclosure could impede the criminal investigation being conducted and interfere with the enforcement of the Controlled Substances Act.

Please do not disclose the existence of this request or investigation for an indefinite time period. Any such disclosure could impede the criminal investigation being conducted and interfere with the enforcement of the Controlled Substances Act.

Please direct questions concerning this subpoena and/or responses to DI Stephanie L Woolley, 571-387-6846.

Please complete and execute a Certification of Records and return the fully executed Certification of Records with your response.

Place and time for appearance: At 255 E TEMPLE Street 17th LOS ANGELES, CA 90012-3332 US on the 11 day of November 2022 at 05:00 PM. In lieu of personal appearance, please email records to Stephanie.L.Woolley@dea.gov.

Failure to comply with this subpoena will render you liable to proceedings in the district court of the United States to enforce obedience to the requirements of this subpoena, and to punish default or disobedience.

Issued under authority of Sec. 506 of the Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law No. 91-513 (21 U.S.C. 876)

ORIGINAL

Signature: Marlon C. Whitfield
Marlon C Whitfield, DPM

Issued this 28th day of October 2022

Public Law 513-91st Congress

2nd Session

H.R. 18583

AN ACT

SEC. 506 (a) In any investigation relating to his functions under this title with respect to controlled substances, listed chemicals, tableting machines, or encapsulating machines, the Attorney General may subpoena witnesses, compel the attendance and testimony of witnesses, and require the production any records (including books, papers, documents, and other tangible things which constitute or contain evidence) which the Attorney General finds relevant or material to the investigation. The attendance of witnesses and the production of records may be required from any place in any State or in any territory or other place subject to the jurisdiction of the United States at any designated place of hearing; except that a witness shall not be required to appear at any hearing more than 500 miles distant from the place where he was served with a subpoena. Witnesses summoned under this section shall be paid the same fees and mileage that are paid witnesses in the courts of the United States

(b) A subpoena issued under this section may be served by the person designated in the subpoena to serve it. Service upon a natural person may be made by personal delivery of the subpoena to him. Service may be made upon a domestic or foreign corporation or upon a partnership or other unincorporated association which is subject to suit under a common name, by delivering the subpoena to an officer, to a managing or general agent, or to any other agent authorized by appointment or by law to receive service of process. The affidavit of the person serving the subpoena entered on a true copy thereof by the person serving it shall be proof of service.

(c) In the case of contumacy by or refusal to obey a subpoena to any person, the Attorney General may invoke the aid of any court in the United States within the jurisdiction of which the investigation is carried on or of which the subpoenaed person is an inhabitant, or in which he carries on business or may be found, to compel compliance with the subpoena. The court may issue an order requiring the subpoenaed person to appear before the Attorney General to produce records, if so ordered, or to give testimony touching the matter under investigation. Any failure to obey the order of the court may be punished by the court as a contempt thereof. All process in any such case may be served in any judicial district in which such person may be found.

U.S. DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION
SUBPOENA

In the matter of the investigation of
Case No: R1-20-2010
Subpoena No. R1-23-031355

TO: David B. Bockoff
ATTN: David B. Bockoff
AT: 8500 Wilshire Blvd. Suite 926
Beverly Hills, CA 90211

Phone: 310-652-5800

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Please direct questions concerning this subpoena and/or responses to DI Stephanie L Woolley, 571-387-6846.

Please complete and execute a Certification of Records and return the fully executed Certification of Records with your response.

Place and time for appearance: At 255 E TEMPLE Street 17th LOS ANGELES, CA 90012-3332 US on the 11 day of November 2022 at 05:00 PM. In lieu of personal appearance, please email records to Stephanie.L.Woolley@dea.gov.

Failure to comply with this subpoena will render you liable to proceedings in the district court of the United States to enforce obedience to the requirements of this subpoena, and to punish default or disobedience.

Issued under authority of Sec. 506 of the Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law No. 91-513 (21 U.S.C. 876)

ATTESTED COPY

Signature: _____
Marlon C Whitfield, DPM

Issued this 28th day of October 2022

Department of Justice
Drug Enforcement Administration

FAX Transmittal Sheet for DEA Sensitive Information Only

11/02/2022
Transmission Date (MM/dd/yyyy)

Number of pages being Transmitted _____
(Including this transmittal sheet)

Subpoena Nbr.R1-23-031355 Case Nbr: R1-20-2010

TO: FAX:
NAME: David B. Bockoff
ATTN: David B. Bockoff
Phone: 310-652-5800

From: FAX:
NAME: Drug Enforcement Administration
ATTN: DI Stephanie L Woolley
255 E TEMPLE Street 17th LOS ANGELES, CA 90012-3332 US
Phone: 571-387-6846

Additional Comments

NOTICE: This is an official government communication that may contain privileged or sensitive information intended solely for the individual or entity to which it is addressed. Any review, retransmission, dissemination, or other use or action taken upon this information by persons or entities other than the intended recipient is prohibited. If you are not the intended recipient or believe you received this communication in error, please contact the sender immediately.

Note: If you have any problems with this transmission (incorrect number of pages/poor quality), call the sender and request retransmission.

U.S. Department of Justice
Drug Enforcement Administration

Office of the Administrator

Springfield, VA 22153

OCT 2 5 2022

IN THE MATTER OF

Dr. David Bockoff, M.D.
8500 Wilshire Blvd, Suite 926
Beverly Hills, CA 90211-3107

DEA Certificate of Registration Number BB4591839

ORDER TO SHOW CAUSE AND IMMEDIATE SUSPENSION OF REGISTRATION

PURSUANT to Sections 303 and 304 of the Controlled Substances Act, Title 21, United States Code, Sections 823 and 824,

NOTICE is hereby given to inform Dr. David Bockoff, M.D. of the immediate suspension of Drug Enforcement Administration (DEA) Certificate of Registration (COR) No. BB4591839, pursuant to 21 U.S.C. § 824(d), because your continued registration constitutes "an imminent danger to the public health or safety." Notice is also given to afford you an opportunity to show cause before DEA at the DEA Hearing Facility located at 700 Army Navy Drive, 2nd Floor, Arlington, VA 22202, or at a location designated by the Administrative Law Judge, on November 29, 2022, or on such a subsequent date designated by the Administrative Law Judge (if you request such a hearing), as to why DEA should not revoke your registration pursuant to 21 U.S.C. § 824(a)(4), and deny any pending applications for renewal or modification of such registration, or for additional DEA registrations, because your continued registration is inconsistent with the public interest, as that term is defined in 21 U.S.C. § 823(f).

As detailed below, this order states DEA's basis for this Order to Show Cause and Immediate Suspension of Registration, including a ***non-exhaustive summary*** of facts and law at issue, as well as citations to laws and regulations that you have violated (*see* 21 C.F.R. §§ 1301.36(e) and 1301.37(e), which DEA construes *in pari materia*). In order to preserve your rights in these proceedings, you may appear in these revocation proceedings by filing a notice of appearance or request for hearing in the manner prescribed by regulations within 30 days from the receipt of this Order.

LEGAL REQUIREMENTS

A prescription for a controlled substance is legitimate only if "issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." 21 C.F.R. § 1306.04(a); *see, e.g., MacKay v. DEA*, 664 F.3d 808, 815 (10th Cir. 2011) (applying state law to determine if a prescription complied with 21 C.F.R. § 1306.04(a)); *Marcia L. Sills, M.D.*, 82 Fed. Reg. 36,423, 36,443-44 (2017) (discussing 21 C.F.R. § 1306.04(a)). "Careless or negligent handling of controlled substances creates the opportunity for diversion and [can] justify revocation or denial." *Paul J. Caragine, Jr.*, 63 Fed. Reg. 51,592, 51,601 (1998).

In addition to complying with the above-cited federal statutes and regulations, as a California practitioner, you also are required to comply with applicable California law and regulations including, but not limited to, the following:

- Cal. Health & Safety Code § 11153(a) which states that "[a] prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice."

- Cal. Bus. & Prof. Code § 725(a) which defines unprofessional conduct subject to sanction to include "[r]epeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs."

- Cal. Bus. & Prof. Code § 2234 which defines unprofessional conduct subject to sanction to include "[g]ross negligence;" "[r]epeated negligent acts;" "[i]ncompetence;" or "[t]he commissions of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon."

- Cal. Bus. & Prof. Code § 2242(a) which defines unprofessional conduct subject to sanction to include "[p]rescribing, dispensing, or furnishing [controlled substances] without an appropriate prior examination and a medical indication."

- Cal. Bus. & Prof. Code § 2266 which defines unprofessional conduct subject to sanction to include "failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients."

STANDARD OF CARE

1. California's applicable standard of care for the practice of medicine as outlined in Medical Board of California, *Guide to the Laws Governing the Practice of Medicine by Physicians and Surgeons*, (7th ed. 2013) (the Guide) indicates that during an examination the prescribing physician must:

    a. assess the patient's pain, physical and psychological functions, substance abuse history, and history of prior pain treatment;

b. assess any underlying or coexisting diseases or conditions, and order and perform diagnostic testing if necessary;

c. discuss the risks and benefits of using controlled substances and any other treatment modalities;

d. periodically review the course of pain treatment or gather any new information, if any, about the etiology of a patient's state of health;

e. give special attention to patients who, by their own words and actions, pose a risk for medication misuse and/or diversion; and

f. document the presence of a recognized medical indication for the use of a controlled substance.

Id. at 57-59.

2. In its *"Guidelines for the Prescription of Opioids for Chronic Pain,"* dated March 18, 2016, (CDC Guidelines), the Centers for Disease Control and Prevention (CDC) set forth principles that reflect the standard of care (including in the State of California) regarding the prescribing of opioids for chronic pain. Among other things, and as relevant here, the CDC Guidelines provide that "[c]linicians should continue opioid therapy only if there is a clinically meaningful improvement in pain and function that outweighs risk to patient safety." *Id.* at 19. Additionally, the Guidelines direct clinicians to address aberrant urine drug screen results with the patients. *Id.* at 31. They also instruct that "[c]linicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible," further cautioning that co-prescribing muscle relaxants and or sedative hypnotics together with opioids may also pose a danger to patient safety. *Id.* at 31-32.

BACKGROUND

3. You are registered with DEA as a practitioner to handle controlled substances in Schedules II through V under DEA COR No. BB4591839. Your registered address is 8500 Wilshire Blvd., Suite 926, Beverly Hills, CA 90211. Your DEA COR expires by its own terms on July 31, 2025.

4. You are presently licensed in the State of California as a medical doctor with License No. C31290. Your state medical license expires by its own terms on July 31, 2024.

5. Your DEA COR should be revoked and any pending application for registration, modification, or renewal should be denied because you have committed such acts as would render your registration inconsistent with the public interest. *See* 21 U.S.C. §§ 823(f), 824(a)(4). DEA's investigation found that from at least January 2020, through June 2022, you issued numerous controlled substance prescriptions unlawfully. This conduct reflects negative experience in prescribing with respect to controlled substances

in violation of 21 U.S.C. § 823(f)(2). You also failed to comply with applicable federal and state laws relating to controlled substances in violation of 21 U.S.C. § 823(f)(4).

UNLAWFUL PRESCRIBING OF CONTROLLED SUBSTANCES

6. As described below, as recently as June 2022, you violated federal and California law by issuing prescriptions to five patients for Schedule II through V controlled substances outside the usual course of professional practice and not for a legitimate medical purpose.

PATIENT B.B.

7. Between January 2020, through June 2022, you issued prescriptions for controlled substances to Patient B.B. approximately on a monthly basis. These prescriptions included morphine sulfate 100mg (a Schedule II opioid), oxycodone 30mg (a Schedule II opioid), methadone 10mg (a Schedule II opioid).

8. You did so without conducting an appropriate evaluation, without appropriately establishing a medical justification, without proper medical records, without establishing appropriate medical necessity, and without conducting proper ongoing monitoring of the patient. Among other things:

   a. You failed to take an appropriate history, complete an appropriate examination, detail your assessment, or adequately document the medical plan.

   b. You failed to obtain informed consent prior to, and during, your prescribing of controlled substances.

   c. You failed to mitigate the risks of addiction and diversion by attempting to reduce controlled substance use or by utilizing safer alternatives.

   d. You failed to monitor patient compliance with your opioid prescribing. Specifically, you failed to order regular urine drug screening, and failed to properly address the results.

   e. You prescribed combinations of morphine sulfate 100mg, oxycodone 30mg, and methadone 10mg – opioids common for diversion and abuse – in high dosages. Further, you prescribed a significantly elevated daily dose of between 225-720 Morphine Milligram Equivalent (MME)[1], with no evidence of improvement in pain and function.

[1] Morphine milligram equivalency is a common numerical standard used to compare the potency of various opioids. During the time in which you were prescribing these opioids, the CDC has notified practitioners that patients are exposed to increased risk of overdose when receiving opioids in amounts greater than the equivalent of 50 MME per day, and has cautioned that providing a patient with over 90 MME per day should be avoided absent a "careful justification based on diagnosis and on [an] individualized assessment of benefits and risks." *See* CDC Guidelines at 22-23.

PATIENT E.C.

9. Between January 2020, through June 2022, you issued prescriptions for controlled substances to Patient E.C. approximately on a monthly basis. These prescriptions included fentanyl (a Schedule II opioid) in dosage amounts, 0.2, 0.4, 0.6, 0.8, and 1.2 mg., methadone 10mg, and meperidine 50mg (a Schedule II opioid).

10. You did so without conducting an appropriate evaluation, without appropriately establishing a medical justification, without proper medical records, without establishing appropriate medical necessity, and without conducting appropriate ongoing monitoring of the patient. Among other things:

    a. You failed to take an appropriate history, complete an appropriate examination, detail your assessment, or adequately document the medical plan.

    b. You failed to obtain informed consent prior to, and during, your prescribing of controlled substances.

    c. You failed to mitigate the risks of addiction and diversion by attempting to reduce controlled substance use or by utilizing safer alternatives.

    d. You failed to monitor patient compliance with your opioid prescribing. Specifically, you failed to order regular urine drug screening.

    e. You prescribed various dosages of fentanyl while also prescribing methadone 10mg and meperidine 50mg – all opioids common for diversion and abuse – in high dosages. Further, you prescribed a significantly elevated daily dose of between 598 and 918 MME, with no evidence of improvement in pain and function.

11. Your treatment regimen of fentanyl is not consistent with FDA approved usage.[2] Moreover, you failed to document why this drug was needed initially, reasons for its continued use, or that you obtained informed consent from the patient. These failures put the patient at higher risk for harm, including addiction, overdose, and death.

PATIENT P.J.

12. Between January 2020, through June 2022, you issued prescriptions for controlled substances to Patient P.J. approximately on a monthly basis. These prescriptions included oxycodone 30mg, methadone 10mg, and alprazolam 2mg (a Schedule IV benzodiazepine).

13. You did so without conducting an appropriate evaluation, without appropriately establishing a medical justification, without proper medical records, without establishing

[2] The FDA label for the ACTIQ® (fentanyl citrate) oral transmucosal lozenge, states that the primary purpose of the drug is for breakthrough cancer pain. Cephalon, Inc. (2021). https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/020747s053lbl.pdf

appropriate medical necessity, and without conducting proper ongoing monitoring of the patient. Among other things:

a. You failed to take and an appropriate history, complete an appropriate examination, detail your assessment, or adequately document the medical plan.

b. You failed to obtain informed consent prior to, and during, your prescribing of controlled substances.

c. You failed to mitigate the risks of addiction and diversion by attempting to reduce controlled substance use by utilizing safer alternatives.

d You failed to monitor patient compliance with your opioid prescribing. Specifically, you failed to order regular urine drug screening.

e. You prescribed oxycodone while also prescribing methadone – both opioids common for diversion and abuse – in high dosages. Further, you prescribed a significantly elevated daily dose of between 780 and 960 MME, with no evidence of improvement in pain and function.

14. On multiple occasions, you prescribed opioids and a benzodiazepine, disregarding the CDC guidance to "avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible." Deborah Dowell, MD et al., *CDC Guidelines for Prescribing Opioids for Chronic Pain – United States, 2016*, 65 Morbidity and Mortality Weekly Report 1, 16, 31-32, March 18,2016.

15. DEA has held that these cocktails and are associated with diversion. *See, e.g., Jacobo Dreszer, M.D.*, 76 Fed. Reg. 19,386, 19,389 (2011). To the extent that prescribing the opioid and benzodiazepine cocktail was for a legitimate medical purpose while you were acting in the usual course of your professional practice, you failed to adequately document your reasoning.

PATIENT F.L.

16. Between January 2020, through June 2022, you issued prescriptions for controlled substances to Patient F.L. approximately on a monthly basis. These prescriptions included oxymorphone (a Schedule II opioid) in dosage amounts 10, 20, and/or 40mg, ketamine 5.75mg (a Schedule III sedative), and carisoprodol 350mg (a Schedule IV muscle relaxant).

17. You did so without conducting an appropriate evaluation, without appropriately establishing a medical justification, without proper medical records, without establishing appropriate medical necessity, and without conducting proper ongoing monitoring of the patient. Among other things:

a. You failed to take an appropriate history, complete an appropriate examination, detail your assessment, or adequately document the medical plan.

b. You failed to obtain informed consent prior to, and during, your prescribing of controlled substances.

c. You failed to mitigate the risks of addiction and diversion by attempting to reduce controlled substance use by utilizing safer alternatives.

d. You failed to monitor patient compliance with your opioid prescribing. Specifically, you failed to order regular urine drug screening.

e. You prescribed oxymorphone (an opioid) in various dosages while also prescribing carisoprodol (a muscle relaxant), and ketamine (a sedative) while the patient was receiving stimulant prescriptions from another doctor. Patient F.L. also suffered from asthma. These combinations, in combination with Patient F.L.'s asthma, placed the patient at risk for abuse and harm. Further, you prescribed a significantly elevated daily opioid dose of between 660 and 900 MME, with no evidence of improvement in pain and function.

PATIENT A.W.

18. Between January 2020, through June 2022, you issued prescriptions for controlled substances to Patient A.W. approximately on a monthly basis. These prescriptions included oxycodone 30mg and 80mg.

19. You did so without conducting an appropriate evaluation, without appropriately establishing a medical justification, without proper medical records, without establishing appropriate medical necessity, and without conducting proper ongoing monitoring of the patient. Among other things:

a. You failed to take and an appropriate history, complete an appropriate examination, detail your assessment, or adequately document the medical plan.

b. You failed to obtain informed consent prior to, and during, your prescribing of controlled substances.

c. You failed to mitigate the risks of addiction and diversion by attempting to reduce controlled substance use by utilizing safer alternatives.

d. You failed to monitor patient compliance with your opioid prescribing. Specifically, you failed to order regular urine drug screening, and failed to properly address the results.

e. You failed to adequately address Patient A.W.'s mental health diagnoses of schizoaffective and bipolar disorders, which could put Patient A.W. at higher risk for abuse and misuse of controlled substances.

f. You prescribed oxycodone in various dosages while the patient was receiving stimulant and opioid prescriptions from another doctor. These combinations placed the patient at risk for diversion, abuse and death. Further, you prescribed a

significantly elevated daily dose of 1,320 MME, with no evidence of improvement in pain and function.

INADEQUATE, ILLEGIBLE AND UNORGANIZED PATIENT RECORDS

20. Your documentation in patient records was poor and often illegible. The patient records were either blank, or provided minimal information. Upon execution of the warrant, patient records were found in several locations, including a garage storage facility and various locations within your office.

EXPERT REVIEW

21. DEA retained an independent medical expert to review (among other materials), information regarding all of the above-noted controlled substance prescriptions, as well as your patient files for Patients B.B., E.C., P.J., F.L., and A.W. Based on your numerous deviations from the standard of care in issuing the above-noted prescriptions, DEA's medical expert concluded that all of the above-noted controlled substance prescriptions violated minimal medical standards applicable to the practice of medicine in the State of California.

IMMINENT DANGER

22. As recently as June 2022, you have continued to unlawfully prescribe controlled substances. Given your significant history of unlawful prescribing set forth above, your ongoing prescribing of controlled substances in violation of the standard of care poses an "imminent danger" within the meaning of 21 U.S.C. § 824(d).

IN view of the foregoing, and pursuant to 21 U.S.C. §§ 823(f) and 824(a)(4), it is the Agency's preliminary finding that your continued registration is inconsistent with the public interest. It is the Agency's preliminary finding that you repeatedly dispensed controlled substances while repeatedly failing to provide effective controls and procedures to guard against diversion of controlled substances, which is inconsistent with the public interest. It is also the Agency's preliminary finding, based on the facts and circumstances described above and in light of the rampant and deadly problem of prescription controlled substance abuse, that your continued registration during the pendency of these proceedings would constitute "an imminent danger to the public health or safety" because of the substantial likelihood of an imminent threat that death, serious bodily harm, or abuse of controlled substances will occur in the absence of this suspension. Under the facts and circumstances described herein, it is the Agency's conclusion that your continued registration while these proceedings are pending constitutes "an imminent danger to the public health or safety." *See* 21 U.S.C. § 824(d). Accordingly, pursuant to the provisions of 21 U.S.C. § 824(d) and 21 C.F.R. § 1301.36(e), and the authority granted to the Agency under 28 C.F.R. § 0.100, DEA COR No. BB4591839 is hereby suspended effective immediately. Such suspension shall remain in effect until a final determination is reached in these proceedings.

PURSUANT to 21 U.S.C. § 824(f) and 21 C.F.R. § 1301.36(f), the Special Agents and Diversion Investigators of DEA who serve this Order to Show Cause and Immediate Suspension

of Registration are authorized to place under seal or to remove for safekeeping all controlled substances that you possess pursuant to the registration that the Agency has herein suspended. The said Agents and Investigators are also directed to take into their possession your DEA COR No. BB4591839 and any unused 222 and ordering forms.

THE following procedures are available to you in this matter.

1. Within 30 days after the date of receipt of this Order to Show Cause and Immediate Suspension of Registration, you may file with DEA a written request for a hearing in the form set forth in 21 C.F.R. § 1316.47. *See* 21 C.F.R. § 1301.43(a). If you fail to file such a request, the hearing shall be cancelled in accordance with paragraph 3, below.

2. Within 30 days after the date of receipt of this Order to Show Cause and Immediate Suspension of Registration, you may file with DEA a waiver of hearing together with a written statement regarding your position on the matters of fact and law involved. *See* 21 C.F.R. § 1301.43(c).

3. Should you decline to file a request for a hearing, or should you request a hearing and then fail to appear at the designated hearing, you shall be deemed to have waived the right to a hearing and DEA may cancel such hearing, and the Agency may enter its final order in this matter without a hearing based upon the evidence presented to the Agency. *See* 21 C.F.R. §§ 1301.43(d) and 1301.43(e).

Requests for hearing should be filed by email with the Office of Administrative Law Judges at the following address: ECF-DEA@dea.gov, with a copy simultaneously provided to the Government at the following address: DEA.Registration.Litigation@dea.gov. Other correspondence concerning this matter, including requests referenced in paragraphs 1 and 2 above, should be addressed to the Hearing Clerk, Office of Administrative Law Judges, Drug Enforcement Administration, 8701 Morrissette Drive, Springfield, Virginia 22152. A copy of the same shall also be served on Government counsel Vanea A. Morrell and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation Section, 8701 Morrissette Drive, Springfield, Virginia 22152. Matters are deemed filed upon receipt by the Hearing Clerk. *See* 21 C.F.R. § 1316.45.

Anne Milgram
Administrator

cc: Hearing Clerk, Office of Administrative Law Judges
Vanea A. Morrell, Attorney for the Government

Signs of Withdrawal

- Agitation
- Anxiety
- Muscle Aches
- Watery Eyes
- Insomnia
- Runny Nose
- Sweating
- Yawning
- Abdominal cramping
- Vomiting

Local Hospitals and Emergency Rooms

LAC+USC MEDICAL CENTER

Open 24 Hours
(323) 409-1000
2051 Marengo St, Los Angeles, CA 90033

HARBOR-UCLA MEDICAL CENTER

Open 24 Hours
(310) 222-2345
1000 W Carson St, Torrance, CA 90502

CEDARS-SINAI MEDICAL CENTER

Open 24 Hours
(3[illegible] 423-3277
8700 Beverly Blvd, Los Angeles, CA 90048

RONALD REAGAN UCLA MEDICAL CENTER

Open 24 Hours
(310) 825-9111
757 Westwood Plaza, Los Angeles, CA 90095

OLIVE VIEW-UCLA MEDICAL CENTER

Open 24 Hours
(747) 210-3000
14445 Olive View Dr, Sylmar, CA 91342

PROVIDENCE SAINT JOHN'S HEALTH CENTER

Open 24 Hours
(310) 829-5511
2121 Santa Monica Blvd, Santa Monica, CA 90404

K[illegible]AISER PERMANENTE

Open 24 Hours
(323) 783-4011
4867 Sunset Blvd, Los Angeles, CA 90027

QUESTIONS? CONCERNS?

Contact the Addiction Medicine Service at LAC+USC Medical Center

Email us:
lacuscaddictionmedicine@dhs.lacounty.g

for personalized assistance, call the toll-free, 24 hour Substance Abuse Service Helpline:

SASH
(844) 804-7500