IN AND BEFORE THE OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. OKLAHOMA STATE BOARD	} FILED
OF MEDICAL LICENSURE AND SUPERVISION,	JAN 14 2021
Plaintiff,	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION
v.) Case No. 20-12-5951
HAZEM HUSSEIN SOKKAR, M.D. LICENSE NO. MD 20856,)))
Defendant.	,

VERIFIED COMPLAINT

The State of Oklahoma, ex rel. Oklahoma State Board of Medical Licensure and Supervision ("Board"), for its Verified Complaint against HAZEM HUSSEIN SOKKAR, M.D. ("Defendant"), alleges and states as follows:

I. JURISDICTION

- 1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, et seq. and Okla. Admin. Code 435:5-1-1 et seq.
- 2. In Oklahoma, Defendant holds medical license no. 20856.
- 3. The acts and omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

- 4. This action arises out of unprofessional conduct by the Defendant in regards to his treatment of patients and prescribing practices.
- 5. Complaints regarding Defendant's treatment and prescribing practices have been received by Board staff, prompting an investigation and review of patient records.
- 6. An investigation was opened and, upon review of the records of several of Defendant's patients, the following has been determined in regard to the patient records reviewed:

- a. Despite heavy reliance on benzodiazepines in treatment of patients, there is a lack of screening, or inadequate screening, by Defendant for patient substance abuse or history of substance use.
- b. With regard to prescribing benzodiazepines and other medications, there appears to be a lack of warning or inadequate warning to patients of the risks/benefits of use and the risk of dependence on and withdrawal from the same. There appears to be a lack of counseling or inadequate counseling regarding the potential for serious interaction between benzodiazepines, opiates, sedative hypnotics, and/or other substances. There are inadequate controlled substance patient agreements or any monitoring plan for patient abuse or diversion of controlled substances.
- c. There appears to be a lack of effort to determine whether patients to whom Defendant prescribes are also prescribed or otherwise are taking opioids or other medications which may have serious interactions with the medications prescribed by Defendant. There is a lack of counseling or inadequate counseling regarding the risk of serious interactions for patients prescribed benzodiazepines who also take opioids or other substances.
- d. With regard to treatment and prescribing, Defendant failed to obtain prescription records to determine what, if any, other medications are prescribed to patients.
- e. In many instances, documentation is inadequate and does not support treatment decisions.
- f. There appears to be inadequate ongoing assessment of treatment provided at patient follow-up visits.
- g. There is lack of monitoring, or inadequate monitoring, of long-term patient use of benzodiazepines. Defendant prescribes unnecessarily high doses of benzodiazepines, sedative hypnotics, or other medications. There appears to be a lack of concern regarding long-term prescribing of benzodiazepines and a lack of effort to reduce high doses of benzodiazepines. There appears to be a lack of consideration of other, more appropriate front-line treatment options for management of anxiety.
- h. Defendant's assessment, treatment, and prescribing fall below the standard of care.

III. VIOLATIONS

- 7. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
 - a. Indiscriminate or excessive prescribing of Controlled drugs, in violation of OAC 435:10-7-4(1).
 - Prescribing of Controlled substances in excess of the amount considered good medical practice or prescribing controlled substances without medical need in

- accordance with published standard, in violation of OAC 435:10-7-4(2) and (6) and 59 O.S. § 509(16)(a) and (b).
- c. Conduct likely to harm the public, in violation of 59 O.S. § 509(8) and Okla. Admin. Code § 435:10-7-4(11).
- d. Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient, or failure to maintain adequate medical records to support treatment or prescribed medications in violation of OAC 435:10-7-4(41) and 59 O.S. § 509(18).
- e. Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of any action, stipulation, or agreement of the Board in violation of Okla. Admin. Code § 435:10-7-4(39).

V. CONCLUSION

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,

Amanda R. Everett, OBA # 30107

Assistant Attorney General

OKLAHOMA STATE BOARD OF MEDICAL

LICENSURE AND SUPERVISION

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VERIFICATION

I, Melissa Davis, RN, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

- I have read the above Complaint regarding Hazem Hussein Sokkar, M.D.; and 1.
- The factual statements contained therein are true and correct to the best of my knowledge 2. and belief.

Melissa Davis, RN, Investigator

OKLAHOMA STATE BOARD OF MEDICAL

LICENSURE AND SUPERVISION

Date: // le/203/
OK OK
County, State of Execution