

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

In the Matter of the Accusation
Against:

Sanyasi R. Ganta, M.D.

Physician's & Surgeon's
Certificate No A 70985

Respondent.

Case No. 800-2019-051969

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 March 3, 2021.

IT IS SO ORDERED February 1, 2021.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JASON J. AHN
Deputy Attorney General
4 State Bar No. 253172
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8 *Attorneys for Complainant*

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. 800-2019-051969

14 **SANYASI R. GANTA, M.D.**
15 **27455 Krishna Ct.**
Hemet, CA 92544

OAH No. 2020040735

16 **Physician's and Surgeon's Certificate**
17 **No. A 70985**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18 Respondent.

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

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Executive Director of the Medical Board
24 of California (Board)¹. This action was brought by then Complainant Christine J. Lally, Interim
25 Executive Director, solely in her official capacity. Complainant is represented in this matter by
26 Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn, Deputy Attorney
27 General.

28 ¹ Mr. Prasifka became the Executive Director of the Medical Board on June 15, 2020.

1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 800-2019-051969, a copy of which is attached hereto as Exhibit A, and that he has thereby
5 subjected his Physician's and Surgeon's Certificate No. A 70985 to disciplinary action.

6 10. Respondent agrees that if an accusation is ever filed against him before the Medical
7 Board of California, all of the charges and allegations contained in Accusation No. 800-2019-
8 051969 shall be deemed true, correct, and fully admitted by Respondent for purposes of that
9 proceeding or any other licensing proceeding involving Respondent in the State of California.

10 11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 70985 is
11 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
12 in the Disciplinary Order below.

13 CONTINGENCY

14 12. This stipulation shall be subject to approval by the Medical Board of California.
15 Respondent understands and fully agrees that counsel for Complainant and the staff of the
16 Medical Board of California may communicate directly with the Board regarding this stipulation
17 and settlement, without notice to or participation by Respondent or his counsel. By signing the
18 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
19 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
20 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
21 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
22 action between the parties, and the Board shall not be disqualified from further action by having
23 considered this matter.

24 13. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null
25 and void and not binding upon the parties unless approved and adopted by the Board, except for
26 this paragraph, which shall remain in full force and effect. Respondent fully understands and
27 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and
28 Disciplinary Order, the Board may receive oral and written communications from its staff and/or

1 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify
2 the Board, any member thereof, and/or any other person from future participation in this or any
3 other matter affecting or involving Respondent. In the event that the Board does not, in its
4 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the
5 exception of this paragraph, it shall not become effective, shall be of no evidentiary value
6 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
7 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order
8 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any
9 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this
10 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

11 **ADDITIONAL PROVISIONS**

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

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

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

21 **DISCIPLINARY ORDER**

22 IT IS HEREBY ORDERED that Respondent, Sanyasi R. Ganta, M.D., holder of
23 Physician's and Surgeon's Certificate No. A 70985, shall be and hereby is Publicly Reprimanded
24 pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued
25 in connection with the allegations as set forth in Accusation No. 800-2019-051969, is as follows:

26 Between 2014 and 2017, Respondent departed from the standard of care, as more fully
27 described in Accusation No. 800-2019-051969.

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1 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this
2 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
3 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
4 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
5 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
6 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
7 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
8 completion of each course, the Board or its designee may administer an examination to test
9 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
10 hours of CME of which 40 hours were in satisfaction of this condition.

11 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
12 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
13 advance by the Board or its designee. Respondent shall provide the approved course provider
14 with any information and documents that the approved course provider may deem pertinent.
15 Respondent shall participate in and successfully complete the classroom component of the course
16 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
17 complete any other component of the course within one (1) year of enrollment. The prescribing
18 practices course shall be at Respondent's expense and shall be in addition to the Continuing
19 Medical Education (CME) requirements for renewal of licensure.

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

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the course, or not later than
27 15 calendar days after the effective date of the Decision, whichever is later.

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1 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
2 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
3 advance by the Board or its designee. Respondent shall provide the approved course provider
4 with any information and documents that the approved course provider may deem pertinent.
5 Respondent shall participate in and successfully complete the classroom component of the course
6 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
7 complete any other component of the course within one (1) year of enrollment. The medical
8 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
9 Medical Education (CME) requirements for renewal of licensure.

10 A medical record keeping course taken after the acts that gave rise to the charges in the
11 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
12 or its designee, be accepted towards the fulfillment of this condition if the course would have
13 been approved by the Board or its designee had the course been taken after the effective date of
14 this Decision.

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

18 4. FAILURE TO COMPLY.

19 Any failure by Respondent to comply with the terms and conditions of the Disciplinary
20 Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary
21 action.

22 5. FUTURE ADMISSIONS CLAUSE.

23 If Respondent should ever apply or reapply for a new license or certification, or petition for
24 reinstatement of a license, by any other health care licensing action agency in the State of
25 California, all of the charges and allegations contained in Accusation No. 800-2019-051969 shall
26 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
27 Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, David M. Balfour Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 12-7-20 
SANYASI R. GANTA, M.D.
Respondent

I have read and fully discussed with Respondent Sanyasi R. Ganta, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 12/7/2020 
DAVID M. BALFOUR ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: December 21, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-051969

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14 In the Matter of the Accusation Against:

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15 **Sanyasi R. Ganta, M.D.**
27455 Krishna Ct.
16 Hemet, CA 92544

A C C U S A T I O N

17 **Physician's and Surgeon's**
Certificate No. A 70985,

18 Respondent.

19
20 **PARTIES**

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

24 2. On or about March 3, 2000, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 70985 to Sanyasi R. Ganta, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on September 30, 2021, unless renewed.

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JURISDICTION

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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

28 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:

...

(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.

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

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

9 ...

10 6. Section 2266 of the Code states:

11 The failure of a physician and surgeon to maintain adequate and accurate
12 records relating to the provision of services to their patients constitutes unprofessional
13 conduct.

14 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct
15 which breaches the rules or ethical code of the medical profession, or conduct which is
16 unbecoming a member in good standing of the medical profession, and which demonstrates an
17 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
18 575.)

19 FIRST CAUSE FOR DISCIPLINE

20 (Gross Negligence)

21 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 70985 to
22 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
23 the Code, in that he committed gross negligence in his care and treatment of Patients A,¹ B, and
24 C, as more particularly alleged hereinafter:

25 Patient A

26 9. On or about April 15, 2016, Patient A first presented to Respondent. At the time of
27 this visit, Patient A was a sixty-four (64) year-old female who complained of low back pain.

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¹ References to "Patient A, B, and C" are used to protect patient privacy.

1 10. From on or about April 15, 2016 through on or about August 31, 2016, Respondent
2 prescribed the following controlled substances to Patient A:

Date	Medication	Quantity
08/31/2016	Carisoprodol ² 350 MG 120	120
08/15/2016	Hydrocodone Bitartrate – Acetaminophen ³ 325 MG – 10 MG	90
08/10/2016	Alprazolam ⁴ 0.5 MG	90

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8 ² Soma® (carisoprodol) is a Schedule IV controlled substance pursuant to Health and
9 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
10 Professions Code section 4022. When properly prescribed and indicated, it is used for the short-
11 term treatment of acute and painful musculoskeletal conditions. Soma® is commonly used by
12 those who abuse opioids to potentiate the euphoric effect of opioids, to create a better “high.”
13 According to the DEA, Office of Diversion Control, “[c]arisoprodol abuse has escalated in the
14 last decade in the United States. According to Diversion Drug Trends, published by the DEA on
the trends in diversion of controlled and noncontrolled pharmaceuticals, carisoprodol continues to
be one of the most commonly diverted drugs. Diversion and abuse of carisoprodol is prevalent
throughout the country. As of March 2011, street prices for [carisoprodol] Soma® ranged from
\$1 to \$5 per tablet. Diversion methods include doctor shopping for the purposes of obtaining
multiple prescriptions and forging prescriptions.”

15 ³ Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of
16 hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled
17 substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous
18 drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA
19 published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of
20 the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled
21 substances are substances that have a currently accepted medical use in the United States, but also
22 have a high potential for abuse, and the abuse of which may lead to severe psychological or
23 physical dependence. When properly prescribed and indicated, it is used for the treatment of
24 moderate to severe pain. In addition to the potential for psychological and physical dependence,
25 there is also the risk of acute liver failure which has resulted in a black box warning being issued
26 by the Federal Drug Administration (FDA). The FDA black box warning provides that
27 “Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver
28 transplant and death. Most of the cases of liver injury are associated with use of the
acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one
acetaminophen containing product.”

23 ⁴ Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a
24 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision
25 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When
26 properly prescribed and indicated, it is used for the management of anxiety disorders.
27 Concomitant use of Xanax® with opioids “may result in profound sedation, respiratory
28 depression, coma, and death.” The Drug Enforcement Administration (DEA) has identified
benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide
(2011 Edition), at p. 53.)

1	08/02/2016	Temazepam ⁵ 30 MG	30
2	08/01/2016	Carisoprodol 350 MG	120
3	07/13/2016	Alprazolam 0.5 MG	90
4	07/04/2016	Temazepam 30 MG	30
5	06/13/2016	Alprazolam 0.5 MG	90
6	06/06/2016	Temazepam 30 MG	30
7	05/13/2016	Alprazolam 0.5 MG	90
8	05/13/2016	Carisoprodol 350 MG	120
9	05/06/2016	Temazepam 30 MG	30
10	04/15/2016	Carisoprodol 350 MG	120
11	04/15/2016	Alprazolam 0.5 MG	90

12
13 11. Before Respondent began prescribing controlled substances to Patient A, on or about
14 April 15, 2016, Respondent failed to execute and/or failed to document having executed a pain
15 management agreement.

16 12. During the time period Respondent prescribed controlled substances to Patient A,
17 from on or about April 15, 2016 through August 31, 2016, Respondent failed to utilize and/or
18 enforce and/or failed to document having utilized and/or enforced a pain management agreement
19 with Patient A; Respondent failed to periodically review CURES⁶ reports and/or failed to
20 document having conducted a periodic review of CURES reports; Respondent failed to check
21 and/or failed to document having conducted urine toxicology screens of Patient A.

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23 ⁵ Restoril® (temazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is
24 a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,
25 subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.
26 When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders.
27 Concomitant use of Restoril® with opioids “may result in profound sedation, respiratory
28 depression, coma, and death.” The Drug Enforcement Administration (DEA) has identified
benzodiazepines, such as Restoril®, as drug of abuse. (Drugs of Abuse, DEA Resource Guide
(2011 Edition), at p. 53.)

⁶ CURES is the Controlled Substances Utilization Review and Evaluation System.
(CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in
California, serving the public health, regulatory oversight agencies, and law-enforcement.

1 13. Respondent committed gross negligence in his care and treatment of Patient A, which
2 included, but was not limited to, the following:

3 (a) Respondent concurrently prescribed opiate(s) with central nervous system (CNS)
4 depressant muscle relaxant(s) and benzodiazepine(s) without a medical
5 indication; and

6 (b) Respondent failed to use a signed pain management and/or failed to document
7 having used a pain management agreement; Respondent failed to periodically check
8 CURES reports and/or failed to document having periodically checked CURES reports;
9 Respondent failed to periodically use urine toxicology screens and/or failed to document
10 having periodically used urine toxicology screens.

11 **Patient B**

12 14. In or around 2006,⁷ Patient B first presented to Respondent. At that time Patient B
13 was a seventy-two (72) year-old male with a prior medical history including, but not limited to,
14 chronic low back pain, dementia,⁸ hypertension,⁹ benign prostatic hypertrophy,¹⁰ osteoporosis,¹¹
15 hyperlipidemia,¹² and GERD.¹³

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18 ⁷ Conduct occurring more than seven (7) years from the filing date of this Accusation is
19 for informational purposes only and is not alleged as a basis for disciplinary action.

20 ⁸ Dementia refers to a group of thinking and social symptoms that interferes with daily
21 living.

22 ⁹ Hypertension, commonly known as high blood pressure, refers to a condition in which
23 the force of the blood against the artery walls is too high.

24 ¹⁰ Benign prostatic hypertrophy, also known as benign prostatic hyperplasia, refers to an
25 age-associated prostate gland enlargement that can cause urination difficulty.

26 ¹¹ Osteoporosis refers to a condition in which bones become weak and brittle.

27 ¹² Hyperlipidemia is a condition in which there are high levels of fat particles (lipids) in
28 the blood.

¹³ GERD (Gastroesophageal reflux disease) is a digestive disorder that affects the lower
esophageal sphincter (LES), the ring of muscle between the esophagus and stomach.

1 15. Between on or about January 7, 2014 through December 15, 2017 Respondent
2 prescribed the following controlled substances to Patient B:

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Date	Medication	Quantity
12/15/2017	Oxycodone HCL ¹⁴ 30 MG	180
11/16/2017	Oxycodone HCL 30 MG	180
10/12/2017	Oxycodone HCL 30 MG	180
09/07/2017	Oxycodone HCL 30 MG	180
08/07/2017	Oxycodone HCL 30 MG	180
07/07/2017	Oxycodone HCL 30 MG	180
05/26/2017	Oxycodone HCL 30 MG	180
04/24/2017	Oxycodone HCL 30 MG	180
03/20/2017	Oxycodone HCL 30 MG	180
02/03/2017	Oxycodone HCL 30 MG	180
12/31/2016	Oxycodone HCL 30 MG	180
12/01/2016	Oxycodone HCL 30 MG	180
11/03/2016	Oxycodone HCL 30 MG	180
10/01/2016	Oxycodone HCL 30 MG	180
08/31/2016	Oxycodone HCL 30 MG	150
07/30/2016	Oxycodone HCL 30 MG	150
07/01/2016	Oxycodone HCL 30 MG	150

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¹⁴ Oxycodone HCL (OxyContin®) is a Schedule II controlled substances pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, Oxycodone HCL is used for the management of pain severe enough to require daily, around-the-clock, long term opioid treatment for which alternative treatment options are inadequate. The Drug Enforcement Administration (DEA) has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression.

05/31/2016	Oxycodone HCL 30 MG	150
04/30/2016	Oxycodone HCL 30 MG	150
02/29/2016	Oxycodone HCL 30 MG	150
01/29/2016	Oxycodone HCL 30 MG	150
09/14/2014	Hydrocodone Bitartrate-Acetaminophen 325 MG – 10 MG	180
08/05/2014	OxyContin ¹⁵ 15 MG	140
07/01/2014	OxyContin 15 MG	140
06/10/2014	Hydrocodone Bitartrate-Acetaminophen 325 MG – 10 MG	180
04/30/2014	OxyContin 15 MG	135
04/28/2014	Hydrocodone Bitartrate-Acetaminophen 325 MG – 10 MG	180
03/21/2014	OxyContin 15 MG	140
02/26/2014	Hydrocodone Bitartrate-Acetaminophen 325 MG – 10 MG	180
02/14/2014	OxyContin 15 MG	140
01/07/2014	OxyContin 15 MG	140

16. During the time period Respondent prescribed controlled substances to Patient B, from on or about January 7, 2014 through December 15, 2017, Respondent failed to periodically review CURES reports and/or failed to document having conducted a periodic review of CURES reports; Respondent failed to check and/or failed to document having conducted urine toxicology screens of Patient B.

¹⁵ Oxycodone HCL (OxyContin®) is a Schedule II controlled substances pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, Oxycodone HCL is used for the management of pain severe enough to require daily, around-the-clock, long term opioid treatment for which alternative treatment options are inadequate. The Drug Enforcement Administration (DEA) has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression.

1 17. Respondent committed gross negligence in his care and treatment of Patient B, which
2 included, but was not limited to, the following:

3 (a) Respondent prescribed excessive morphine equivalency doses (MEDs)¹⁶ of
4 controlled substances; and

5 (b) Respondent failed to periodically check and/or failed to document having
6 periodically checked CURES reports and/or failed to periodically use and/or failed to
7 document having periodically used urine toxicology screens.

8 **Patient C**

9 18. In or around 2010, Patient C first presented to Respondent. At the time of this visit,
10 Patient C was a sixty-three (63) year-old male with a prior medical history including, but not
11 limited to, EtOH abuse,¹⁷ Schizophrenia,¹⁸ chronic low back pain, COPD,¹⁹ and esophageal
12 strictures²⁰/esophagitis.²¹

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16 ¹⁶ Morphine equivalency dose (MED) is a value assigned to opioids to represent their
17 relative potencies. MED is determined by using an equivalency factor to calculate a dose of
18 morphine that is equivalent to the prescribed opioid. Daily MED is the sum total of all opioids,
19 with conversion factors applied, that are being taken within a 24-hour period, which is used to
20 determine if a patient is at risk of addiction, respiratory depression, or other delirious effects
associated with opioids. The process of converting opioid doses to an overall morphine
equivalency dose can be accomplished by using a MED calculator or a morphine equivalency
table, also known as opioid conversion chart.

21 ¹⁷ EtOH is a shortened medical abbreviation for the word ethanol or ethyl alcohol and
22 EtOH abuse refers to alcohol abuse.

23 ¹⁸ Schizophrenia refers to a disorder that affects a person's ability to think, feel, and
24 behave clearly.

25 ¹⁹ COPD (chronic obstructive pulmonary disease) is a group of lung diseases that block
26 airflow and make it difficult to breathe.

27 ²⁰ Esophageal stricture refers to abnormal narrowing of the esophageal lumen, which is a
28 smooth, pale, pink tube with visible submucosal blood vessels.

²¹ Eosinophilic esophagitis (EoE) is a chronic, allergic inflammatory disease of the
esophagus (the tube connecting the mouth to the stomach).

1 19. From on or about January 13, 2014 through October 5, 2017, Respondent prescribed
2 the following controlled substances to Patient C:

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Date	Medication	Quantity
10/05/2017	Tramadol ²² HCL 50 MG	120
07/05/2017	Tramadol HCL 50 MG	120
04/21/2017	Tramadol HCL 50 MG	90
02/28/2017	Tramadol HCL 50 MG	90
09/14/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
08/26/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
07/15/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
06/15/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
05/11/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
04/08/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
03/07/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
02/04/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
01/29/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
01/06/2016	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
12/02/2015	Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
10/28/2015	Hydrocodone Bitartrate- Acetaminophen	120

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²² Tramadol Hydrochloride (Ultram®, Ultracet®), an opioid analgesic, 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. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. The FDA-approved labeling under the Drug Abuse and Dependence section provides warns, among other things, that “[t]ramadol hydrochloride may induce psychic and physical dependence ... Dependence and abuse, including drug-seeking behavior and taking illicit actions to obtain the drug are not limited to those patients with prior history of opioid dependence. The risk in patients with substance abuse has been observed to be higher. Tramadol hydrochloride is associated with craving and tolerance development. Withdrawal symptoms may occur if tramadol hydrochloride is discontinued abruptly.” According to the DEA, “[t]ramadol is most commonly abused by narcotic addicts, chronic pain patients, and health professionals.”

	325 MG – 10 MG	
1	09/28/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
2	08/28/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
3	07/29/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
4	06/25/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
5	05/23/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
6	04/23/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
7	03/23/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
8	02/23/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
9	01/14/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
10	01/02/2015 Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG	120
11	11/25/2014 Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG	180
12	10/27/2014 Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG	180
13	09/29/2014 Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG	180
14	08/28/2014 Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG	180
15	07/24/2014 Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG	180
16	06/23/2014 Vicodin ES 300 MG – 7.5 MG	180
17	05/23/2014 Vicodin ES 300 MG – 7.5 MG	180
18	04/24/2014 Vicodin ES 300 MG – 7.5 MG	180
19	03/24/2014 Vicodin ES 300 MG – 7.5 MG	240
20	02/26/2014 Hydrocodone Bitartrate – Acetaminophen 325 MG – 5 MG	120
21	02/12/2014 Vicodin ES 300 MG – 7.5 MG	240
22	01/27/2014 Hydrocodone Bitartrate – Acetaminophen 325 MG – 5 MG	120
23	01/23/2014 Vicodin ES 300 MG – 7.5 MG	240
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1 20. On or about August 17, 2016, Respondent's office received a phone call alleging that
2 Patient C had sold controlled substances to another person. Respondent became aware of this
3 allegation on or after August 17, 2016. However, Respondent continued to prescribe controlled
4 substances to Patient C, even after learning about Patient C's alleged diversion of controlled
5 substances.

6 21. During the time period Respondent prescribed controlled substances to Patient C,
7 from on or about January 23, 2014 through October 5, 2017, Respondent failed to periodically
8 review CURES reports and/or failed to document having conducted a periodic review of CURES
9 reports; Respondent failed to check and/or failed to document having conducted urine toxicology
10 screens of Patient C; Respondent failed to adequately utilize and/or document having adequately
11 utilized alternatives to opioid therapy, including, but not limited to, physical therapy, NSAIDs,²³
12 heat/ice, and home exercise program(s).

13 22. Respondent committed gross negligence in his care and treatment of Patient C, which
14 included, but was not limited to, the following:

15 (a) Respondent failed to periodically check and/or failed to document having
16 periodically checked CURES reports and/or failed to periodically use and/or failed to
17 document having periodically used urine toxicology screens.

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28 ²³ Nonsteroidal anti-inflammatory drug (NSAID) are medications that relieve or reduce pain.

1 SECOND CAUSE FOR DISCIPLINE

2 (Repeated Negligent Acts)

3 23. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A 70985 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and
6 treatment of Patients A, B, and C, as more particularly alleged hereinafter:

7 **Patient A**

8 24. Respondent committed repeated negligent acts in his care and treatment of Patient A,
9 which included, but was not limited to, the following:

10 (a) Paragraphs 9 through 13, above, are hereby incorporated by reference and
11 realleged as if fully set forth herein;

12 (b) Respondent concurrently prescribed opiate(s) with CNS depressant muscle
13 relaxant(s) and benzodiazepine(s) without a medical indication; and

14 (c) Respondent failed to use a signed pain management and/or failed to document
15 having used a pain management agreement; Respondent failed to periodically check
16 CURES reports and/or failed to document having periodically checked CURES reports;
17 Respondent failed to periodically use urine toxicology screens and/or failed to document
18 having periodically used urine toxicology screens.

19 **Patient B**

20 25. Respondent committed repeated negligent acts in his care and treatment of Patient B,
21 which included, but was not limited to, the following:

22 (a) Paragraphs 14 through 17, above, are hereby incorporated by reference and
23 realleged as if fully set forth herein;

24 (b) Respondent prescribed to Patient B excessive morphine equivalency doses
25 (MEDs) of controlled substances; and

26 (c) Respondent failed to periodically check and/or failed to document having
27 periodically checked CURES reports and/or failed to periodically use and/or failed to
28 document having periodically used urine toxicology screens.

1 **Patient C**

2 26. Respondent committed repeated negligent acts in his care and treatment of Patient C,
3 which included, but was not limited to, the following:

4 (a) Paragraphs 18 through 22, above, are hereby incorporated by reference and
5 realleged as if fully set forth herein;

6 (b) Respondent failed to periodically check and/or failed to document having
7 periodically checked CURES reports and/or failed to periodically use and/or failed to
8 document having periodically used urine toxicology screens;

9 (c) Respondent prescribed numerous controlled substances to Patient C despite
10 known contraindications, including, but not limited to, EtOH abuse and Schizophrenia; and

11 (d) Respondent failed to discontinue prescribing controlled substances to Patient C
12 even though there was evidence of drug diversion by Patient C.

13 **THIRD CAUSE FOR DISCIPLINE**

14 **(Failure to Maintain Adequate and/or Accurate Records)**

15 27. Respondent has further subjected his Physician's and Surgeon's Certificate No.
16 A70985 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
17 Code, in that Respondent failed to maintain adequate and/or accurate records regarding his care
18 and treatment of Patients A, B, and C, as more particularly alleged in paragraphs 9 through 22,
19 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

20 **FOURTH CAUSE FOR DISCIPLINE**

21 **(General Unprofessional Conduct)**

22 28. Respondent has further subjected his Physician's and Surgeon's Certificate No.
23 A70985 to disciplinary action under sections 2227 and 2234 of the Code, in that he engaged in
24 conduct which breaches the rules or ethical code of the medical profession, or conduct which is
25 unbecoming of a member in good standing of the medical profession, and which demonstrates an
26 unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 27, above,
27 which are hereby incorporated by reference as if fully set forth herein.

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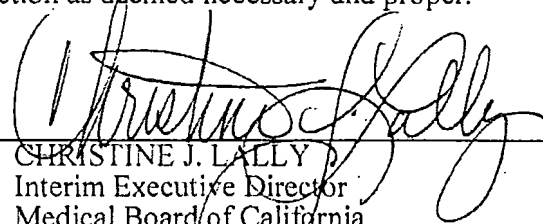
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PRAYER

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. A 70985, issued to Sanyasi R. Ganta, M.D.;
2. Revoking, suspending or denying approval of Sanyasi R. Ganta, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Sanyasi R. Ganta, 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: MAR 26 2020


CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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