

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

In the Matter of the Accusation Against

Sanjoy Banerjee, M.D.

Physician's and Surgeon's
Certificate No. A 90939

Case No. 800-2019-052521

Respondent.

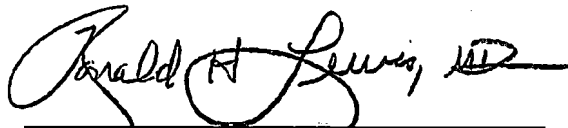
DECISION

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 June 18, 2021.

IT IS SO ORDERED: May 21, 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
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9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

15 **SANJOY BANERJEE, M.D.**
2097 Compton Avenue, Ste. 102
16 Corona, CA 92881

17 **Physician's and Surgeon's Certificate**
No. A 90939

18 Respondent.

Case No. 800-2019-052521

OAH No. 2020060690

19
20 **STIPULATED SETTLEMENT AND**
21 **DISCIPLINARY ORDER**

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

24 **PARTIES**

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

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

1 2. Respondent Sanjoy Banerjee, M.D. (Respondent) is represented in this proceeding by
2 attorney Benjamin J. Fenton, whose address is: 1990 S. Bundy Drive, Suite 777, Los Angeles,
3 CA 90025.

4 3. On or about April 20, 2005, the Board issued Physician's and Surgeon's Certificate
5 No. A 90939 to Sanjoy Banerjee, M.D. (Respondent). The Physician's and Surgeon's Certificate
6 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-
7 2019-052521, and will expire on December 31, 2022, unless renewed.

8 **JURISDICTION**

9 4. On or about May 4, 2020, Accusation No. 800-2019-052521 was filed before the
10 Board, and is currently pending against Respondent. The Accusation and all other statutorily
11 required documents were properly served on Respondent on May 4, 2020. Respondent timely
12 filed his Notice of Defense contesting the Accusation.

13 5. A copy of Accusation No. 800-2019-052521 is attached as exhibit A and incorporated
14 herein by reference.

15 **ADVISEMENT AND WAIVERS**

16 6. Respondent has carefully read, fully discussed with counsel, and understands the
17 charges and allegations in Accusation No. 800-2019-052521. Respondent has also carefully read,
18 fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement
19 and Disciplinary Order.

20 7. Respondent is fully aware of his legal rights in this matter, including the right to a
21 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
22 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
23 to the issuance of subpoenas to compel the attendance of witnesses and the production of
24 documents; the right to reconsideration and court review of an adverse decision; and all other
25 rights accorded by the California Administrative Procedure Act and other applicable laws.

26 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
27 every right set forth above.

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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
4 800-2019-052521, 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 90939 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 052521 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 90939 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 agrees that counsel for Complainant and the staff of the Medical
16 Board of California may communicate directly with the Board regarding this stipulation and
17 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, Sanjoy Banerjee, M.D., holder of Physician's
23 and Surgeon's Certificate No. A 90939, shall be and hereby is Publicly Reprimanded pursuant to
24 Business and Professions Code section 2227. This Public Reprimand, which is issued in
25 connection with the allegations as set forth in Accusation No. 800-2019-052521, is as follows:

26 Between 2014 and 2019, Respondent departed from the standard of care in his
27 documentation of care and treatment provided to Patient A and Patient B, as more fully described
28 in Accusation No. 800-2019-052521.

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

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

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

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 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. 800-2019-052521 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, Benjamin J. Fenton. I fully 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: 02/24/2021 
SANJOY BANERJEE, M.D.
Respondent

I have read and fully discussed with Respondent Sanjoy Banerjee, 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: 2/24/21 
BENJAMIN J. FENTON
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: February 25, 2021

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



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

SD2020700653

Exhibit A

Accusation No. 800-2019-052521

1 XAVIER BECERRA
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**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

13

In the Matter of the Accusation Against:

Case No. 800-2019-052521

14

Sanjoy Banerjee, M.D.
2097 Compton Avenue, Ste. 102
15 Corona, CA 92881

ACCUSATION

16

**Physician's and Surgeon's Certificate
No. A 90939,**

17

Respondent.

18

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 April 20, 2005, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 90939 to Sanjoy Banerjee, 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 December 31, 2020, unless renewed.

28

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1 **JURISDICTION**

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:

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

1 appropriate for that negligent diagnosis of the patient shall constitute a single
2 negligent act.

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

8 "(d) Incompetence.

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 90939 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 A¹ and B, as
24 more particularly alleged hereinafter:

25 Patient A

26 9. On or about October 27, 2014, Patient A, then a sixty-four (64) year-old female,
27 presented to Respondent for the first time with an industrial injury suffered on or about June 30,
28 1997, and complaining of pain in the neck, shoulder, left arm, low back, and right leg. Patient A

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

1 was diagnosed with lumbar and cervical spondylosis,² neuralgia,³ and myalgia.⁴ Respondent
2 prescribed fentanyl⁵ 25 mcg /hr, Norco⁶ 10 /325 q 6 hrs,⁷ Senna,⁸ Seroquel⁹ 25 mg, and
3 Topamax¹⁰ 100 mg. Morphine equivalent dose (MED) was 100. Respondent's notes for this visit
4 indicate, among other things, that Seroquel is being used as an antidepressant and the Topamax

5
6 ² Spondylosis is a general term for age-related wear and tear of the spinal disks.

7 ³ Neuralgia refers to pain that travels along the length of a nerve.

8 ⁴ Myalgia refers to soreness and achiness in the muscles that can range from mild to
9 severe.

10 ⁵ Fentanyl transdermal (Duragesic®) patches are a Schedule II controlled substance
11 pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug
12 pursuant to Business and Professions Code section 4022. When properly prescribed and
13 indicated fentanyl transdermal patches are indicated for the management of pain in opioid-
14 tolerant patients, severe enough to require daily, around-the-clock, long term opioid treatment and
15 for which alternative treatment options are inadequate. The FDA has issued several black box
16 warnings about fentanyl transdermal patches including, but not limited to, the risks of addiction,
17 abuse and misuse; life threatening respiratory depression; accidental exposure; neonatal opioid
18 withdrawal syndrome; and the risks associated with the concomitant use with benzodiazepines or
19 other CNS depressants.

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

36 ⁷ If a medicine is to be taken every so many hours, it is written "q-h."

37 ⁸ Senna is an over-the-counter laxative.

38 ⁹ Seroquel (quetiapine) is an antipsychotic, which can be used to treat schizophrenia,
39 bipolar disorder, and depression.

40 ¹⁰ Topamax (topiramate) is a nerve pain medication, which can be used to treat and
41 prevent seizures. It can also prevent migraine headaches.

1 for migraine prophylaxis,¹¹ although Patient A was not diagnosed with either depression or
2 migraines. A request was made for cervical and lumbar MRIs,¹² with no discussion as to why
3 these tests were sought. There is no mention of any results of a urine drug test or a review of
4 CURES¹³ reports.

5 10. On or about November 24, 2014, Patient A returned to Respondent. Respondent's
6 medical records for this visit are primarily copied from his notes for Patient A's October 22, 2014
7 visit, and indicates, among other things, that Patient A was out of fentanyl for three (3) weeks
8 with severe withdrawals as well as worsened depression. The note does not discuss why Patient
9 A was out of fentanyl, and why she did not contact Respondent's office when in withdrawal or
10 whether she saw any other medical provider(s). There is no mention of any results of a urine drug
11 test or results based on a review of CURES reports.

12 11. On or about January 7, 2015, Patient A presented to Respondent. According to
13 Respondent's medical records for this visit, they indicate, among other things, that Patient A was
14 out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. It appears
15 that this note was copied from the note documenting Patient A's November 24, 2014 visit to
16 Respondent. There is no mention of any results of a urine drug test or results based on a review
17 of CURES reports.

18 12. On or about February 4, 2015, Patient A returned to Respondent. Respondent's
19 medical records for this visit indicate, among other things, that Patient A was out of fentanyl for
20 three (3) weeks with withdrawals, worsened pain and depression. There is no mention of any
21 results of a urine drug test or results based on a review of CURES reports.

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24 ¹¹ Prophylaxis refers to action taken to prevent disease, especially by specified means or
against a specified disease.

25 ¹² MRI (magnetic resonance imaging) refers a medical imaging technique used in
26 radiology to form pictures of the anatomy and the physiological processes of the body.

27 ¹³ CURES is the Controlled Substances Utilization Review and Evaluation System
28 (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. On or about March 4, 2015, Patient A returned to Respondent. Respondent's medical
2 records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3)
3 weeks with withdrawals, worsened pain and depression. There is no mention of any results of a
4 urine drug test or results based on a review of CURES reports.

5 14. On or about April 1, 2015, Patient A returned to Respondent. Respondent's medical
6 records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3)
7 weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient
8 A's] pain was not well controlled, patient [A] needs to continue pain management..." There is
9 no discussion as to which of Patient A's pains are not controlled, what might be done about the
10 poor control or whether opioids, lacking efficacy, should be continued. There is no mention of
11 any results of a urine drug test or results based on a review of CURES reports.

12 15. On or about April 29, 2015, Patient A returned to Respondent. Respondent's medical
13 records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3)
14 weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient
15 A's] pain was not well controlled, patient [A] needs to continue pain management..." There is a
16 request for chiropractic and acupuncture services. There is no mention of any results of a urine
17 drug test or results based on a review of CURES reports.

18 16. On or about May 27, 2015, Patient A returned to Respondent. Respondent's medical
19 records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3)
20 weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient
21 A's] pain was not well controlled, patient [A] needs to continue pain management..." There is
22 no mention of any results of a urine drug test or results based on a review of CURES reports. The
23 prescription of Norco was reduced to tid,¹⁴ but there is no discussion of the effect, if any, of this
24 reduction.

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28 ¹⁴ T.i.d. means three times a day.

1 17. On or about June 24, 2015, Patient A returned to Respondent. Respondent's medical
2 records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3)
3 weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient
4 A's] pain was not well controlled, patient [A] needs to continue pain management...." There is
5 no mention of any results of a urine drug test or results based on a review of CURES reports.

6 18. On or about July 22, 2015, Patient A returned to Respondent. Respondent's medical
7 records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3)
8 weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient
9 A's] pain was not well controlled, patient [A] needs to continue pain management...." There is
10 no mention of any results of a urine drug test or results based on a review of CURES reports. The
11 prescription for Seroquel is raised to 50 mg, without any explanation for this increase in the
12 medical records.

13 19. On or about August 21, 2015, Patient A returned to Respondent. Respondent's
14 medical records for this visit indicate, among other things, that Patient A was out of fentanyl for
15 three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that
16 "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...."
17 There is no mention of any results of a urine drug test or results based on a review of CURES
18 reports. Patient A purportedly had a flare up of neck and low back pain.

19 20. On or about September 18, 2015, Patient A returned to Respondent. Respondent's
20 medical records for this visit indicate, among other things, that Patient A was out of fentanyl for
21 three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that
22 "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...."
23 There is no mention of any results of a urine drug test or results based on a review of CURES
24 reports.

25 21. On or about October 19, 2015, Patient A returned to Respondent. Respondent's
26 medical records for this visit indicate, among other things, that Patient A was out of fentanyl for
27 three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that
28 "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...."

1 There is no mention of any results of a urine drug test or results based on a review of CURES
2 reports.

3 22. On or about November 18, 2015, Patient A returned to Respondent. Respondent's
4 medical records for this visit indicate, among other things, that Patient A was out of fentanyl for
5 three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that
6 "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...."

7 There is no mention of any results of a urine drug test or results based on a review of CURES
8 reports.

9 23. On or about December 16, 2015, Patient A returned to Respondent. Respondent's
10 medical records for this visit indicate, among other things, that Patient A was out of fentanyl for
11 three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that
12 "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...."

13 There is no mention of any results of a urine drug test or results based on a review of CURES
14 reports.

15 24. Thereafter, Patient A returned to Respondent on approximately a monthly basis. On
16 or about April 4, 2016, Patient A returned to Respondent. Respondent's medical records for this
17 visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with
18 withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain
19 was not well controlled, patient [A] needs to continue pain management...." There is no mention
20 of any results of a urine drug test or results based on a review of CURES reports. There is a
21 mention of an appeal of the denial of MRIs requested on October 22, 2014, without any
22 explanations regarding why the appeal was made at this time or that there was any awareness that
23 the body parts in question were not covered under Workers' Compensation. Thereafter,
24 Respondent's medical records documenting Patient A's visits continue to be essentially copied
25 from previous visits.

26 25. On or about September 25, 2017, Patient A returned to Respondent. Respondent's
27 medical records for this visit indicate, among other things, that Patient A's pain was well
28 controlled on the current regimen. However, there is no discussion regarding what caused the

1 change from poor pain control to good pain control.

2 26. On or about February 12, 2018, Patient A returned to Respondent. Respondent's
3 medical records for this visit indicate, among other things, that Patient A was weaned off Norco.
4 There is no discussion as to how or why this weaning occurred and/or what effect, if any, it had
5 on Patient A's ability to function. Subsequent medical records after this visit continue to refer to
6 "D/C [discontinue] Norco."

7 27. On or about July 13, 2018, Patient A returned to Respondent. Respondent's medical
8 records for this visit indicate essentially no new information.

9 Recordkeeping

10 28. Patient A was referred to Respondent for treatment of injuries, with cervical and
11 lumbar regions excluded. This fact was not mentioned in Respondent's medical records
12 documenting his care and treatment of Patient A. Respondent's documentation does not indicate
13 what injuries Patient A suffered to her extremities or where her current complaints are.
14 Respondent's documentation fails to indicate for which of Patient A's complaints she is taking
15 the medications. The documentation regarding exams document cervical and lumbar findings,
16 but the extremities, for which Patient A was referred to Respondent, are normal. Respondent's
17 documentation fails to indicate medical reason(s) for the opioids in any of the body parts covered
18 by Patient A's Workers' Compensation. Respondent's initial consultation documentation is
19 essentially indistinguishable from a progress note.

20 Periodic Review

21 29. Respondent failed to conduct adequate periodic review of Patient A and/or failed to
22 document having conducted adequate periodic review of Patient A.

23 Compliance Monitoring

24 30. Respondent failed to adequately document the results of any urine drug screenings
25 Patient A underwent while under the care and treatment of Respondent. Respondent failed to
26 indicate the reason(s) for the monthly frequency of Patient A's urine drug screenings.

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1 Medication Monitoring

2 31. Respondent failed to monitor and/or failed to document having monitored Patient A's
3 blood sugar levels, as part of a comprehensive metabolic panel, when Patient A was using
4 Seroquel.

5 Concomitant Use of Sedating Medications and Opioids

6 32. Respondent concurrently prescribed opioids with a morphine equivalent dose of 100.
7 Concurrently, Respondent prescribed Patient A sedating medications, Seroquel and Soma.
8 Respondent failed to adequately document why he initially prescribed Soma to Patient A.
9 Respondent failed to adequately document his reason(s) for using both Seroquel and Soma to aid
10 Patient A with sleep and the efficacy of either medication in improving Patient A's sleep.
11 Respondent failed to discuss and/or failed to document having discussed with Patient A the risks
12 of using opioids and sedating medication concurrently.

13 **Patient B**

14 33. On or about February 7, 2016, Respondent began treating Patient B when he was
15 sixty (60) years of age, with diagnoses of neck pain, right arm pain, low back pain, and right leg
16 pain. Patient B was reportedly diagnosed with CRPS¹⁵ from a right rotator cuff tear, along with
17 cervical and lumbar "radic."¹⁶ Patient B had purportedly seen multiple providers, but
18 Respondent's medical records do not include the care received from the previous providers.
19 Patient B's pain was in the body, described as a sharp, shooting pain, with numbness and tingling.
20 There was a full range of motion in the extremities. The diagnoses were CRPS Type II,¹⁷ rotator
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24 ¹⁵ Complex regional pain syndrome (CRPS) refers to chronic arm or leg pain developing
after injury, surgery, stroke, or heart attack.

25 ¹⁶ Radiculopathy refers to pinched nerve, a set of conditions in which one or more nerves
26 are affected and do not work properly.

27 ¹⁷ Causalgia is technically known as complex regional pain syndrome type II (CRPS II).
28 It is a neurological disorder that can produce long-lasting, intense pain.

1 cuff tear, lumbar radiculopathy and spondylosis.¹⁸ Patient B was maintained on triazolam¹⁹ 0.5
2 mg at night for sleep and spasms. Patient B's Tylenol #3 was replaced with tramadol²⁰ and he
3 was given baclofen²¹ 10 mg bid²² and gabapentin²³ 100 mg.

4 34. On or about March 25, 2016, Patient B returned to Respondent. Respondent's
5 medical records for this visit indicate, among other things, a list of "current medications" that is
6 the same as the one on Patient B's initial visit on or about February 17, 2016, even though it has
7 changed under Respondent's care. The prescription for tramadol was stopped and Tylenol #3 was
8 restarted, without any explanations in the medical records for this change. In addition, the
9 prescription for gabapentin was stopped and a prescription for Lyrica²⁴ was started.

10 ¹⁸ Spondylosis refers to a painful condition of the spine resulting from the degeneration of
11 the intervertebral disks.

12 ¹⁹ Halcion® (triazolam), a benzodiazepine, is a centrally acting hypnotic-sedative
13 benzodiazepine that is a Schedule IV controlled substance pursuant to Health and Safety Code
14 section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code
15 section 4022. When properly prescribed and indicated, it is used for the short term treatment of
16 insomnia. Concomitant use of Halcion® with opioids "may result in profound sedation,
17 respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has
18 identified benzodiazepines, such as Halcion®, as a drug of abuse. (Drugs of Abuse, DEA
19 Resource Guide (2011 Edition), at p. 53.)

20 ²⁰ Tramadol hydrochloride (Ultram®, Ultracet®), an opioid analgesic, is a Schedule IV
21 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a
22 dangerous drug pursuant to Business and Professions Code section 4022. When properly
23 prescribed and indicated, it is used for the treatment of moderate to severe pain. The FDA-
24 approved labeling under the Drug Abuse and Dependence section provides warns, among other
25 things, that "[t]ramadol hydrochloride may induce psychic and physical dependence. ...
26 Dependence and abuse, including drug-seeking behavior and taking illicit actions to obtain the
27 drug are not limited to those patients with prior history of opioid dependence. The risk in patients
28 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."

23 ²¹ Baclofen is a muscle relaxant that can treat muscle spasms.

24 ²² B.i.d. (in Latin "bis in die") means twice a day.

25 ²³ Gabapentin is a nerve pain medication, which can be used to treat seizures and pain
caused by shingles (a reactivation of the chickenpox virus in the body, causing a painful rash).

26 ²⁴ Lyrica® (pregabalin) is a Schedule V controlled substance pursuant to Health and
27 Safety Code section 11058, subdivision (b), and a dangerous drug pursuant to Business and
28 Professions Code section 4022. When properly prescribed and indicated, Lyrica® is used for,
among other things, the treatment of neuropathic pain associated with spinal cord injury and/or

1 35. On or about April 13, 2016, Patient B presented to Respondent. Patient B was
2 provided paracervical trigger point injections²⁵ and a right shoulder injection. Respondent's
3 medical records for this visit do not contain an explanation as to how these procedures were
4 performed or what was injected.

5 36. On or about May 11, 2016, Patient B returned to Respondent. Patient B was provided
6 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
7 for this visit do not indicate what was injected.

8 37. On or about June 15, 2016, Patient B returned to Respondent. Patient B was provided
9 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
10 for this visit do not indicate what was injected.

11 38. On or about July 13, 2016, Patient B presented to Respondent. Patient B was
12 provided paracervical trigger point injections and a right shoulder injection. Respondent's
13 medical records for this visit do not indicate what was injected. A prescription of nortriptyline²⁶
14 was tried for neuritis.²⁷

15 39. On or about August 12, 2016, Patient B returned to Respondent. Patient B was
16 provided paracervical trigger point injections and a right shoulder injection. Respondent's
17 medical records for this visit do not indicate what was injected.

18 40. On or about September 7, 2016, Patient B returned to Respondent. Patient B was
19 provided paracervical trigger point injections and a right shoulder injection. Respondent's
20 medical records for this visit do not indicate what was injected.

21 41. On or about October 12, 2016, Patient B returned to Respondent. Patient B was
22 provided paracervical trigger point injections and a right shoulder injection. Respondent's
23 medical records for this visit do not indicate what was injected.

24 the management of fibromyalgia or seizures. Caution must be exercised when prescribing
25 Lyrica® to patients with a history of depression, suicidal thoughts, drug and/or alcohol addiction.

26 ²⁵ Trigger point injection (TPI) is a procedure used to treat painful areas of muscle that
27 contain trigger points, or knots of muscle that form when muscles do not relax.

28 ²⁶ Nortriptyline is a nerve pain medication and antidepressant.

²⁷ Neuritis is a broad term used to describe inflamed peripheral nerves.

1 42. On or about December 5, 2016, Patient B returned to Respondent. Patient B was
2 provided paracervical trigger point injections and a right shoulder injection. Respondent's
3 medical records for this visit do not indicate what was injected.

4 43. January 18, 2017, Patient B returned to Respondent. Patient B was provided
5 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
6 for this visit do not indicate what was injected.

7 44. On or about February 17, 2017, Patient B returned to Respondent. Patient B was
8 provided paracervical trigger point injections and a right shoulder injection. Respondent's
9 medical records for this visit do not indicate what was injected.

10 45. On or about March 24, 2017, Patient B returned to Respondent. Patient B was
11 provided paracervical trigger point injections and a right shoulder injection. Respondent's
12 medical records for this visit do not indicate what was injected.

13 46. On or about May 10, 2017, Patient B returned to Respondent. Patient B was provided
14 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
15 for this visit do not indicate what was injected.

16 47. On or about June 21, 2017, Patient B returned to Respondent. Patient B was provided
17 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
18 for this visit do not indicate what was injected.

19 48. On or about August 11, 2017, Patient B returned to Respondent. Patient B was
20 provided paracervical trigger point injections and a right shoulder injection. Respondent's
21 medical records for this visit do not indicate what was injected.

22 49. On or about September 22, 2017, Patient B returned to Respondent. Patient B was
23 provided paracervical trigger point injections and a right shoulder injection. Respondent's
24 medical records for this visit do not indicate what was injected.

25 50. On or about November 3, 2017, Patient B returned to Respondent. Patient B was
26 provided paracervical trigger point injections and a right shoulder injection. Respondent's
27 medical records for this visit do not indicate what was injected.

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1 51. On or about December 15, 2017, Patient B returned to Respondent. Patient B was
2 provided paracervical trigger point injections and a right shoulder injection. Respondent's
3 medical records for this visit do not indicate what was injected.

4 52. On or about January 26, 2018, Patient B returned to Respondent. Patient B was
5 provided paracervical trigger point injections and a right shoulder injection. Respondent's
6 medical records for this visit do not indicate what was injected.

7 53. On or about March 9, 2018, Patient B returned to Respondent. Patient B was provided
8 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
9 for this visit do not indicate what was injected.

10 54. On or about April 20, 2018, Patient B returned to Respondent. Patient B was provided
11 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
12 for this visit do not indicate what was injected.

13 55. On or about June 6, 2018, Patient B returned to Respondent. Patient B was provided
14 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
15 for this visit indicate, among other things, that the injection is #1 of series 3 and "NS/TOR/DEX",
16 presumably meaning normal saline, Toradol,²⁸ and dexamethasone.²⁹

17 56. On or about July 18, 2018, Patient B returned to Respondent. Patient B was provided
18 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
19 for this visit indicate, among other things, that the injectate³⁰ is normal saline, 0.5% lidocaine,³¹
20 Toradol, and dexamethasone.

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25 ²⁸ Toradol is a nonsteroidal anti-inflammatory drug.

26 ²⁹ Dexamethasone is a steroid, which can be used to treat inflammation.

27 ³⁰ Injectate refers to material that is injected.

28 ³¹ Lidocaine is an anesthetic and antiarrhythmic, which can be used to treat irregular heartbeats (arrhythmias). It can also relieve pain and numb the skin.

1 57. On or about August 29, 2018, Patient B returned to Respondent. Patient B was
2 provided paracervical trigger point injections and a right shoulder injection. Respondent's
3 medical records for this visit indicate, among other things, that the injectate is normal saline,
4 0.5% lidocaine, Toradol, and dexamethasone.

5 58. On or about October 10, 2018, Patient B returned to Respondent. Patient B was
6 provided paracervical trigger point injections and a right shoulder injection. Respondent's
7 medical records for this visit indicate, among other things, that the injectate is normal saline,
8 0.5% lidocaine, Toradol, and dexamethasone.

9 59. On or about November 21, 2018, Patient B returned to Respondent. Patient B was
10 provided paracervical trigger point injections and a right shoulder injection. Respondent's
11 medical records for this visit indicate, among other things, that the injectate is normal saline,
12 0.5% lidocaine, Toradol, and dexamethasone.

13 60. On or about January 2, 2019, Patient B returned to Respondent. Patient B was
14 provided paracervical trigger point injections and a right shoulder injection. Respondent's
15 medical records for this visit indicate, among other things, that the injectate is normal saline,
16 0.5% lidocaine, Toradol, and dexamethasone.

17 61. On or about February 27, 2019, Patient B returned to Respondent. Patient B was
18 provided paracervical trigger point injections and a right shoulder injection. Respondent's
19 medical records for this visit indicate, among other things, that the injectate is normal saline,
20 0.5% lidocaine, Toradol, and dexamethasone.

21 62. On or about May 1, 2019, Patient B returned to Respondent. Patient B was provided
22 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
23 for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine,
24 Toradol, and dexamethasone.

25 63. On or about June 12, 2019, Patient B returned to Respondent. Patient B was provided
26 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
27 for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine,
28 Toradol, and dexamethasone.

1 64. On or about July 17, 2019, Patient B returned to Respondent. Patient B was provided
2 paracervical trigger point injections and a right shoulder injection. Respondent's medical records
3 for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine,
4 Toradol, and dexamethasone.

5 Recordkeeping

6 65. Respondent failed to adequately describe the injection procedures performed on
7 Patient B. Respondent failed to adequately document the injectate injected into Patient B.

8 Excessive Use of Steroids and Frequency of Injection

9 66. Respondent exposed Patient B to excessive amounts of steroids. Respondent's
10 frequency of injections into Patient B was also excessive.

11 67. Respondent committed gross negligence in his care and treatment of Patients A and
12 B, which included, but was not limited to, the following:

13 (a) Respondent failed to maintain adequate and/or accurate records of Patient A;

14 (b) Respondent failed to adequately conduct and/or failed to document having
15 adequately conducted periodic reviews of Patient A;

16 (c) Respondent prescribed multiple sedating medications to Patient A, a patient
17 with morphine equivalent dose of 100, without adequately explaining why;

18 (d) In his documentation of care and treatment provided to Patient B, Respondent
19 failed to describe the injection procedures performed and failed to adequately indicate the
20 contents and/or quantities of the injectates; and

21 (e) Respondent exposed Patient B to excessive amounts of steroids and
22 Respondent's frequency of injections was also excessive.

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1 SECOND CAUSE FOR DISCIPLINE

2 (Repeated Negligent Acts)

3 68. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A 90939 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 and B as more particularly alleged herein:

7 69. Paragraphs 8 through 67, above, are hereby incorporated by reference
8 and realleged as if fully set forth herein;

9 (a) Respondent failed to maintain adequate and/or accurate records of Patient A;

10 (b) Respondent failed to adequately conduct and/or failed to document having
11 adequately conducted periodic reviews of Patient A;

12 (c) Respondent prescribed multiple sedating medications to Patient A, a patient
13 with morphine equivalent dose of 100, without adequately explaining why;

14 (d) Respondent failed to document aberrant results of Patient A's urine drug
15 screening result(s);

16 (e) Respondent failed to monitor and/or failed to document having monitored
17 Patient A's blood sugar levels while Respondent prescribed Seroquel to her;

18 (f) In his documentation of care and treatment provided to Patient B, Respondent
19 failed to describe the injection procedures performed and/or failed to adequately indicate
20 the contents and/or quantities of the injectates; and

21 (g) Respondent exposed Patient B to excessive amounts of steroids and
22 Respondent's frequency of injections was also excessive.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 70. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
4 90939 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision
5 (d), of the Code, in that he was incompetent in his care and treatment of Patient B, as more
6 particularly alleged hereinafter:

7 71. Paragraphs 8 through 69, above, are hereby incorporated by reference as realleged as
8 if fully set forth herein.

9 72. Respondent was incompetent, in his care and treatment of Patient B, including, but not
10 limited to, the following:

11 (a) Respondent exposed Patient B to excessive amounts of steroids.

12 **FOURTH CAUSE FOR DISCIPLINE**

13 **(Failure to Maintain Adequate and Accurate Records)**

14 73. Respondent has further subjected his Physician's and Surgeon's Certificate No.
15 A 90939 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
16 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and
17 treatment of Patient A, as more particularly alleged in paragraphs 8 through 69, above, which are
18 hereby incorporated by reference and realleged as if fully set forth herein.

19 **FOURTH CAUSE FOR DISCIPLINE**

20 **(General Unprofessional Conduct)**

21 74. Respondent has further subjected his Physician's and Surgeon's Certificate No.
22 A 90939 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged
23 in conduct which breaches the rules or ethical code of the medical profession, or conduct which is
24 unbecoming of a member in good standing of the medical profession, and which demonstrates an
25 unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 73, above,
26 which are hereby incorporated by reference as if fully set forth herein.

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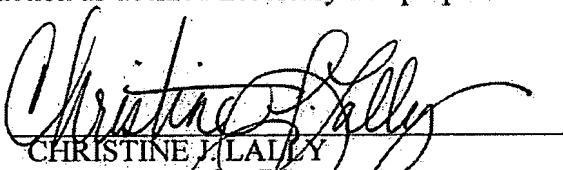
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PRAYER

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 90939, issued to Sanjoy Banerjee, M.D.;
2. Revoking, suspending or denying approval of Sanjoy Banerjee, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Sanjoy Banerjee, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: May 4, 2020


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

SD2020700653
Accusation - Medical Board.docx