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

In the Matter of the Accusation Against: Inna Lamport, M.D. Physician's and Surgeon's Certificate No. A 50462 Respondent.	Case No. 800-2018-046831

DECISION

The attached Stipulated Surrender of License and 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, 2022.

IT IS SO ORDERED February 24, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
TAN N. TRAN
Deputy Attorney General
State Bar No. 197775
300 South Spring Street, Suite 1702
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **INNA LAMPORT, M.D.** **1211 Brunswick Avenue** **South Pasadena, CA 91030** **Physician's and Surgeon's Certificate No. A 50462,** Respondent.	Case No. 800-2018-046831 OAH No. 2021100189 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Tan N. Tran, Deputy Attorney General.

2. Inna Lamport, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., Doyle Schafer McMahon, LLP, 5440 Trabuco Road, Irvine, California 92620.

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3. On or about February 25, 1992, the Board issued Physician's and Surgeon's Certificate No. A 50462 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-046831 and will expire on December 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-046831 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 30, 2021. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2018-046831 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-046831. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2018-046831, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

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9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent admits that at a hearing, Complainant could set forth a prima facie case for the charges and allegations in Accusation No. 800-2018-046831, and Respondent declines to defend same.

10. Respondent understands that by signing this stipulation, she enables the Board to issue an order accepting the surrender of her Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 50462, issued to Respondent Inna Lamport, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline

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against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board her pocket license and, if one was issued, her wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2018-046831 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-046831 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

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

DATED: 12/27/21

INNA LAMPORT, M.D.
Respondent

I have read and fully discussed with Respondent Inna Lamport, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: December 27, 2021

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 2/23/22

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

TAN N. TRAN
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2018-046831

ROB BONTA
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JUDITH T. ALVARADO
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Inna Lamport, M.D.** **1211 Brunswick Avenue** **South Pasadena, CA 91030** **Physician's and Surgeon's Certificate No. A50462,** Respondent.	Case No. 800-2018-046831 **ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about February 25, 1992, the Medical Board issued Physician's and Surgeon's Certificate Number A50462 to Inna Lamport, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2021, unless renewed.

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JURISDICTION

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

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

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

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

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

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

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

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

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

STATUTORY PROVISIONS

6. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

7. Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from,

prescription drugs or controlled substances.

(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

(d)(1) For purposes of this section and Section 2241.5, addict means a person whose actions are characterized by craving in combination with one or more of the following:

(A) Impaired control over drug use.

(B) Compulsive use.

(C) Continued use despite harm.

(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5.

8. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in

the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.

9. Section 2266 of the Code states:

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

10. Section 725 of the Code states:

(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.

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FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts - 3 Patients)

11. Respondent, Inna Lamport, M.D., is subject to disciplinary action under section 2234, subdivision (c), of the Code for the commission of acts or omissions involving repeated negligent acts in the care and treatment of Patients 1, 2, and 3.[1] The circumstances are as follows:

Patient 1

12. Patient 1 (or "patient") is a 53-year-old female, who treated with Respondent from approximately January 2015 through March 2021,[2] mainly to continue Suboxone (a prescription medication used to treat dependence on opioid drugs, it is also a dangerous drug pursuant to section 4022 of the Code) for Patient 1's dependence on opiate prescriptions.[3] Patient 1 was also in recovery for alcohol dependence. Per CURES (Controlled Substance Utilization Review and Evaluation System, a drug monitoring database for Schedule II through V controlled substances dispensed in California), Patient 1 was being prescribed various opioids and benzodiazepines such as Alprazolam (Xanax) from various doctors before she began treating with Respondent.[4]

13. During her treatment of Patient 1, Respondent did not have a contract or consent agreement with the patient for the use of Suboxone. Respondent did not document that she had performed a physical examination on Patient 1, nor did Respondent document that a physical examination was performed on Patient 1 by another physician. Respondent did not obtain records from the detox center(s) or physician office(s) who had treated Patient 1. Respondent informed the Board that she did not check CURES for patients she treated in 2015 or 2016,[5] nor did Respondent perform drug tests or other drug screenings on Patient 1.

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[1] The patients are identified by numbers to protect their privacy.

[2] These are approximate dates based on the medical records which were available to the Board. Patient 1 may have treated with Respondent before or after these dates.

[3] This case was initiated by a complaint filed by Patient 1, who alleged that Respondent dismissed Patient 1 from further care, and left her [Patient 1] addicted to Suboxone. Patient 1 also alleged, among other things, that Respondent mainly treated her [Patient 1] at Respondent's home, and not in a medical office.

[4] The CURES reports shows that Patient 1 had an opioid use disorder and may have been "doctor shopping." When Patient 1 started on Suboxone, she appeared to stop the opioid prescriptions, but continued taking a high dose of benzodiazepines.

[5] Respondent did document that she checked CURES for Patient 1 on some of the visits, but it did not appear that Respondent checked CURES on a regular basis (e.g. every four months).

14. Overall, Respondent's care and treatment of Patient 1, as outlined above, represents multiple acts of negligence for prescribing controlled medications to Patient 1, who had signs of addiction.

Patient 2

15. Patient 2 (or "patient") is a 38-year-old male, who treated with Respondent from approximately May 2018 until June 2018.[6] Patient 2 had a history of homelessness, overdose, and reported that he had used heroin and cocaine previous to his first visit with Respondent. Per CURES, during her treatment of Patient 2, Respondent prescribed to Patient 2 mostly prescriptions for Suboxone, with one prescription for Lorazepam (a sedative used to treat anxiety).[7]

16. During her treatment of Patient 2, Respondent also did not have a contract or consent agreement with the patient for the use of Suboxone. Respondent did not adequately document that she had performed a physical examination on Patient 2, nor did Respondent document that a physical examination was performed on Patient 2 by another physician. Similar to the aforementioned patient, Respondent also did not obtain records from the detox center(s) or physician office(s) who may have previously treated Patient 2. Respondent did not perform drug tests or other drug screenings on Patient 2.

17. Overall, Respondent's care and treatment of Patient 2, as outlined above, represents multiple acts of negligence.

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For example, on December 30, 2018, it appears that Respondent may have checked CURES (for the first time on this patient), and was alerted to Patient 1's use of Xanax since 2014, and the dangerous combination of opioid and benzodiazepines.

[6] Again, these are approximate dates based on the medical records which were available to the Board. Patient 2 may have treated with Respondent before or after these dates.

[7] Lorazepam is a Schedule IV Controlled Substance and a dangerous drug pursuant to section 4022 of the Code, which if combined with other medications, can slow breathing and possibly lead to death. Of note, the recovery center where Respondent had treated Patient 2 was closed on or about June 19, 2018, but it appeared that Respondent continued to prescribe to Patient 2 multiple times after the center was closed.

Patient 3

18. Patient 3 (or "patient") is a 40-year-old female, who treated with Respondent from approximately September 2011 through February 2020,[8] mainly to continue Suboxone. During this time period, Respondent prescribed to Patient 3 multiple controlled medications such as Hydrocodone (an opiate), Gabapentin (commonly used to treat nerve pain and migraine headaches), Pamelor (Antidepressant and nerve pain medication), and Vistaril (anti-anxiety medication),[9] but the majority of the prescriptions were for Suboxone.

19. Similar to the above patients, Respondent did not have a contract or consent agreement with Patient 3 for the use of Suboxone. Moreover, Respondent did not adequately document Patient 3's vital signs, nor did Respondent obtain records from the detox center(s) or physician office(s), which may have treated Patient 3. Respondent informed the Board that she did not check CURES for patients she treated in 2015 or 2016,[10] nor did Respondent perform drug tests or other drug screenings on Patient 3.

20. Overall, Respondent's care and treatment of Patient 3, as outlined above, represents multiple acts of negligence.

SECOND CAUSE FOR DISCIPLINE

(Excessive Prescribing - 3 Patients)

21. By reason of the facts and allegations set forth in the First Cause for Discipline, above, Respondent is subject to disciplinary action under section 725 of the Code, in that Respondent excessively prescribed dangerous drugs to Patients 1, 2, and 3 above.

THIRD CAUSE FOR DISCIPLINE

(Prescribing to an Addict - Patient 1)

22. Respondent is subject to disciplinary action under section 2241 of the Code in that Respondent prescribed controlled substances to Patient 1, who had signs of addiction.

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[8] Again, these are approximate dates based on the medical records which were available to the Board. Patient 3 may have treated with Respondent before or after these dates.

[9] These four medications are dangerous drugs pursuant to section 4022 of the Code.

[10] Respondent did document that she checked CURES for Patient 3 on some of the visits, but it did not appear that Respondent checked CURES on a regular basis (e.g. every four months).

23. The facts and circumstances in paragraphs 12 through 14, above, are incorporated by reference as if set forth in full herein.

FOURTH CAUSE FOR DISCIPLINE

(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication – 3 Patients)

24. By reason of the facts and allegations set forth in the First Cause for Discipline, above, Respondent is subject to disciplinary action under section 2242 of the Code, in that Respondent furnished dangerous drugs to Patients 1, 2, and 3, without conducting an appropriate prior examination and/or without medical indication.

FIFTH CAUSE FOR DISCIPLINE

(Inadequate Records - 3 patients)

25. By reason of the facts and allegations set forth in the First Cause for Discipline, above, Respondent is subject to disciplinary action under section 2266 of the Code, in that Respondent failed to maintain adequate and accurate records of her care and treatment of Patients 1, 2, and 3, above.

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 Number A50462, issued to Inna Lamport, M.D.;

2. Revoking, suspending or denying approval of Inna Lamport, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Inna Lamport, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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4. Taking such other and further action as deemed necessary and proper.

DATED: JUN 30 2021

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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