

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

In the Matter of the Accusation  
Against:

Kathy Mirzabozorg Anderson, M.D.

Case No. 800-2019-061581

Physician's and Surgeon's  
Certificate No. G 78317

Respondent.

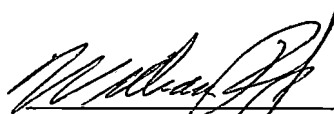
DECISION

The attached Stipulated Surrender of License 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 December 31, 2022.

IT IS SO ORDERED September 27, 2022.

MEDICAL BOARD OF CALIFORNIA

  
\_\_\_\_\_  
William Prasifka  
Executive Director

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 ROSEMARY F. LUZON  
Deputy Attorney General  
4 State Bar No. 221544  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9074  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 **KATHY MIRZABOZORG ANDERSON, M.D.**  
15 **4545 Orrington Road**  
16 **Corona Del Mar, CA 92625**

17 **Physician's and Surgeon's Certificate**  
**No. G 78317,**

18 Respondent.

Case No. 800-2019-061581

OAH No. 2022020712

**STIPULATED SURRENDER OF  
LICENSE AND DISCIPLINARY  
ORDER**

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 of  
24 California (Board). He brought this action solely in his official capacity and is represented in this  
25 matter by Rob Bonta, Attorney General of the State of California, by Rosemary F. Luzon, Deputy  
26 Attorney General.

27 ///

28 ///

1           2.     Kathy Mirzabozorg Anderson, M.D. (Respondent) is represented in this proceeding  
2 by attorney Raymond J. McMahon, Esq., whose address is: DOYLE SCHAFER McMAHON,  
3 LLP, 5440 Trabuco Road, Irvine, CA 92620.

4           3.     On or about February 2, 1994, the Board issued Physician's and Surgeon's Certificate  
5 No. G 78317 to Respondent. The Physician's and Surgeon's Certificate was in full force and  
6 effect at all times relevant to the charges brought in Accusation No. 800-2019-061581, and will  
7 expire on February 29, 2024, unless renewed.

8   **JURISDICTION**

9           4.     On or about January 18, 2022, Accusation No. 800-2019-061581 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 or about January 18, 2022, at her  
12 address of record. Respondent timely filed her Notice of Defense contesting the Accusation.

13           5.     A true and correct copy of Accusation No. 800-2019-061581 is attached as Exhibit A  
14 and incorporated by reference as if fully set forth herein.

15   **ADVISEMENT AND WAIVERS**

16           6.     Respondent has carefully read, fully discussed with counsel, and understands the  
17 charges and allegations in Accusation No. 800-2019-061581. Respondent also has carefully read,  
18 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License  
19 and Order.

20           7.     Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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, having  
26 been fully advised of same by her attorney, Raymond J. McMahon, Esq.

27           8.     Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently  
28 waives and gives up each and every right set forth above.

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 in Accusation No. 800-  
4 2019-061581, and Respondent hereby gives up her rights to contest those charges. Respondent  
5 further agrees that she has thereby subjected her Physician's and Surgeon's Certificate  
6 No. G 78317 to disciplinary action. Respondent hereby surrenders her Physician's and Surgeon's  
7 Certificate No. G 78317 for the Board's formal acceptance with an agreed upon effective date of  
8 December 31, 2022.

9 10. Respondent agrees that her Physician's and Surgeon's Certificate No. G 78317 is  
10 subject to discipline and she agrees to be bound the Board's imposition of discipline as set forth  
11 in the Discipline Order below.

12 11. Respondent further agrees that if she ever petitions for reinstatement of her  
13 Physician's and Surgeon's Certificate No. G 78317, or if an accusation or petition to revoke  
14 probation is ever filed against her before the Medical Board of California, all of the charges and  
15 allegations contained in Accusation No. 800-2019-061581 shall be deemed true, correct, and fully  
16 admitted by Respondent for purposes of any such proceeding or any other licensing proceeding  
17 involving Respondent in the State of California or elsewhere.

18 12. Respondent understands that, by signing this stipulation, she enables the Executive  
19 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of her  
20 Physician's and Surgeon's Certificate No. G 78317 without further notice to, or opportunity to be  
21 heard by, Respondent.

22 CONTINGENCY

23 13. This stipulation shall be subject to approval by the Medical Board of California.  
24 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
25 Board may communicate directly with the Board regarding this stipulation and surrender, without  
26 notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent  
27 understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation  
28 prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation

1 as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or  
2 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,  
3 and the Board shall not be disqualified from further action by having considered this matter.

4 14. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
5 herein to be an integrated writing representing the complete, final, and exclusive embodiment of  
6 the agreements of the parties in the above-entitled matter.

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

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

13 **DISCIPLINARY ORDER**

14 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 78317, issued  
15 to Respondent Kathy Mirzabozorg Anderson, M.D., is surrendered effective December 31, 2022,  
16 and accepted by the Medical Board of California.

17 1. The surrender of Respondent's Physician's and Surgeon's Certificate No. G 78317  
18 and the acceptance of the surrendered license by the Medical Board shall constitute the  
19 imposition of discipline against Respondent. This stipulation constitutes a record of the discipline  
20 and shall become a part of Respondent's license history with the Medical Board of California.

21 2. Respondent shall lose all rights and privileges as a Physician and Surgeon in  
22 California as of the effective date of the Medical Board's Decision and Order.

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

26 4. If Respondent ever files an application for licensure or a petition for reinstatement in  
27 the State of California, the Medical Board shall treat it as a petition for reinstatement.

28 Respondent must comply with all the laws, regulations, and procedures for reinstatement of a

1 revoked or surrendered license in effect at the time the petition is filed, and all of the charges and  
2 allegations contained in Accusation No. 800-2019-061581 shall be deemed to be true, correct,  
3 and admitted by Respondent when the Board determines whether to grant or deny the petition.

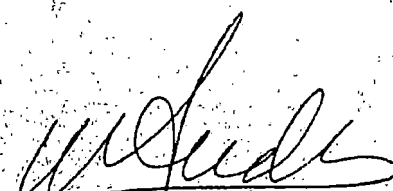
4 5. Respondent shall pay the Medical Board a portion of its costs of investigation and  
5 enforcement in this matter in the amount of \$15,748.75 (fifteen thousand seven hundred forty-  
6 eight dollars and seventy-five cents) prior to issuance of a new or reinstated license.

7 6. If Respondent should ever apply or reapply for a new license or certification, or  
8 petition for reinstatement of a license, by any other health care licensing agency in the State of  
9 California, all of the charges and allegations contained in Accusation No. 800-2019-061581 shall  
10 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of  
11 Issues or any other proceeding seeking to deny or restrict licensure.

12 ACCEPTANCE

13 I have carefully read the above Stipulated Surrender of License and Disciplinary Order and  
14 have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the  
15 stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G 78317.  
16 I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly,  
17 and intelligently, and agree to be bound by the Decision and Order of the Medical Board of  
18 California.

19  
20 DATED: 8-25-22

  
21 KATHY MIRZABOZORG ANDERSON, M.D.  
22 Respondent

23 I have read and fully discussed with Respondent Kathy Mirzabozorg Anderson, M.D., the  
24 terms and conditions and other matters contained in this Stipulated Surrender of License and  
25 Disciplinary Order. I approve its form and content.

26 DATED August 25, 2022

  
27 RAYMOND J. MCMAHON, ESQ.  
28 Attorney for Respondent

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**ENDORSEMENT**

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

DATED: 8/25/22

Respectfully submitted,

ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General



ROSEMARY F. LUZON  
Deputy Attorney General  
*Attorneys for Complainant*

SD2021802148  
83571814.docx

**Exhibit A**

**Accusation No. 800-2019-061581**



1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 ROSEMARY F. LUZON  
Deputy Attorney General  
4 State Bar No. 221544  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9074  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2019-061581

14 **KATHY MIRZABOZORG ANDERSON, M.D.**  
15 **4545 Orrington Road**  
**Corona Del Mar, CA 92625**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 78317,**

18 Respondent.

19  
20 **PARTIES**

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

24 2. On or about February 2, 1994, the Board issued Physician's and Surgeon's Certificate  
25 No. G 78317 to Kathy Mirzabozorg Anderson, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on February 29, 2024, unless renewed.

28 ///

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 2220 of the Code states:

6 Except as otherwise provided by law, the board may take action against all  
7 persons guilty of violating this chapter. . .

8 5. Section 2227 of the Code states:

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

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

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

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

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

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

24 . . .

25 6. Section 2234 of the Code states:

26 The board shall take action against any licensee who is charged with  
27 unprofessional conduct. In addition to other provisions of this article, unprofessional  
28 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.

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 7. Section 2238 of the Code states:

11 A violation of any federal statute or federal regulation or any of the statutes or  
12 regulations of this state regulating dangerous drugs or controlled substances  
13 constitutes unprofessional conduct.

14 8. Section 2242 of the Code states:

15 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section  
16 4022 without an appropriate prior examination and a medical indication, constitutes  
17 unprofessional conduct. An appropriate prior examination does not require a  
18 synchronous interaction between the patient and the licensee and can be achieved  
19 through the use of telehealth, including, but not limited to, a self-screening tool or a  
20 questionnaire, provided that the licensee complies with the appropriate standard of  
21 care.

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

25 (1) The licensee was a designated physician and surgeon or podiatrist serving in  
26 the absence of the patient's physician and surgeon or podiatrist, as the case may be,  
27 and if the drugs were prescribed, dispensed, or furnished only as necessary to  
28 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.

///

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

2 9. Health and Safety Code section 11152 states:

3 No person shall write, issue, fill, compound, or dispense a prescription that does  
4 not conform to this division.

5 10. Health and Safety Code section 11153 states:

6 (a) A prescription for a controlled substance shall only be issued for a  
7 legitimate medical purpose by an individual practitioner acting in the usual course of  
8 his or her professional practice. The responsibility for the proper prescribing and  
9 dispensing of controlled substances is upon the prescribing practitioner, but a  
10 corresponding responsibility rests with the pharmacist who fills the prescription.  
11 Except as authorized by this division, the following are not legal prescriptions: (1) an  
12 order purporting to be a prescription which is issued not in the usual course of  
13 professional treatment or in legitimate and authorized research; or (2) an order for an  
14 addict or habitual user of controlled substances, which is issued not in the course of  
15 professional treatment or as part of an authorized narcotic treatment program, for the  
16 purpose of providing the user with controlled substances, sufficient to keep him or her  
17 comfortable by maintaining customary use.

18 ...

19 11. Health and Safety Code section 11154 states:

20 (a) Except in the regular practice of his or her profession, no person shall  
21 knowingly prescribe, administer, dispense, or furnish a controlled substance to or for  
22 any person or animal which is not under his or her treatment for a pathology or  
23 condition other than addiction to a controlled substance, except as provided in this  
24 division.

25 ...

26 12. Section 2266 of the Code states:

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

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

17 ///

COST RECOVERY

1  
2       14. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
3 administrative law judge to direct a licensee found to have committed a violation or violations of  
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
5 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
7 included in a stipulated settlement.

8       15. Section 125.3 of the Code states:

9           (a) Except as otherwise provided by law, in any order issued in resolution of a  
10 disciplinary proceeding before any board within the department or before the  
11 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the  
12 administrative law judge may direct a licensee found to have committed a violation or  
13 violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
14 investigation and enforcement of the case.

15           (b) In the case of a disciplined licensee that is a corporation or a partnership, the  
16 order may be made against the licensed corporate entity or licensed partnership.

17           (c) A certified copy of the actual costs, or a good faith estimate of costs where  
18 actual costs are not available, signed by the entity bringing the proceeding or its  
19 designated representative shall be prima facie evidence of reasonable costs of  
20 investigation and prosecution of the case. The costs shall include the amount of  
21 investigative and enforcement costs up to the date of the hearing, including, but not  
22 limited to, charges imposed by the Attorney General.

23           (d) The administrative law judge shall make a proposed finding of the amount  
24 of reasonable costs of investigation and prosecution of the case when requested  
25 pursuant to subdivision (a). The finding of the administrative law judge with regard  
26 to costs shall not be reviewable by the board to increase the cost award. The board  
27 may reduce or eliminate the cost award, or remand to the administrative law judge if  
28 the proposed decision fails to make a finding on costs requested pursuant to  
subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as  
directed in the board's decision, the board may enforce the order for repayment in any  
appropriate court. This right of enforcement shall be in addition to any other rights  
the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be  
conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or  
reinstate the license of any licensee who has failed to pay all of the costs ordered  
under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion,  
conditionally renew or reinstate for a maximum of one year the license of any

1 licensee who demonstrates financial hardship and who enters into a formal agreement  
2 with the board to reimburse the board within that one-year period for the unpaid  
3 costs.

4 (h) All costs recovered under this section shall be considered a reimbursement  
5 for costs incurred and shall be deposited in the fund of the board recovering the costs  
6 to be available upon appropriation by the Legislature.

7 (i) Nothing in this section shall preclude a board from including the recovery of  
8 the costs of investigation and enforcement of a case in any stipulated settlement.

9 (j) This section does not apply to any board if a specific statutory provision in  
10 that board's licensing act provides for recovery of costs in an administrative  
11 disciplinary proceeding.

12 **FIRST CAUSE FOR DISCIPLINE**

13 **(Gross Negligence)**

14 16. Respondent has subjected her Physician's and Surgeon's Certificate No. G 78317 to  
15 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
16 the Code, in that she committed gross negligence in her care and treatment of Patient A and  
17 Patient B, as more particularly alleged hereinafter:<sup>1</sup>

18 **Respondent's Practice and Family Relationships with Patient A and Patient B**

19 17. Respondent is board-certified in the areas of obstetrics/gynecology and anti-  
20 aging/regenerative medicine. Her practice is located in Santa Ana, California.

21 18. Respondent treated Patient A, a relative, from in or about 2009 until 2019. During  
22 this timeframe, Respondent continuously prescribed medications to Patient A for a variety of  
23 medical conditions, including back pain, anxiety, depression, kidney stones, diabetes, and obesity.

24 19. Respondent treated Patient B, a relative, from in or about 2017 until 2019. During  
25 this timeframe, Respondent prescribed medications to Patient B for depression and attention  
26 deficit hyperactivity disorder (ADHD). Patient B filled the prescriptions at various pharmacy  
27 locations in his area of residence outside of Southern California.

28 ///

///

///

<sup>1</sup> References to "Patient A" and "Patient B" herein are used to protect patient privacy.  
Respondent is aware of the identities of both patients.

1                    **Respondent's Use of Shared Prescription Pads**

2                    20. At all times relevant to the allegations and charges herein, Respondent shared an  
3 office with two other doctors, Dr. A.M. and Dr. N.F., who are also her parents. Dr. A.M. is a  
4 family practitioner and Dr. N.F. is a gynecologist.

5                    21. Respondent used the same prescription pads as Dr. A.M. and Dr. N.F. when writing  
6 prescriptions for her patients. In Patient A's case, Respondent wrote and signed off on multiple  
7 prescriptions for various medications using the prescription pads she shared with Dr. A.M. and  
8 Dr. N.F. For example:

9

10                    Prescription Date	11                    Prescription No.	12                    Drug Name	13                    Prescription Written & Signed By	14                    Prescription Attributed To
15                    10-14-2016	16                    200430	17                    Oxycodone-Acetaminophen <sup>2</sup> 325 mg - 5 mg	18                    Respondent	19                    Dr. A.M.
20                    11-22-2016	21                    200551	22                    Oxycodone HCL 5 mg	23                    Respondent	24                    Dr. A.M.
25                    1-23-2017	26                    200738	27                    Oxycodone-Acetaminophen 325 mg - 5 mg	28                    Respondent	Dr. A.M.
2-22-2017	604837	Paroxetine HCL <sup>3</sup> 10 mg	Respondent	Dr. A.M.
3-9-2017	605181	Venlafaxine HCL ER <sup>4</sup> 37.5 mg	Respondent	Dr. A.M.
3-9-2017	605182	Tamsulosin HCL <sup>5</sup> 0.4 mg	Respondent	Dr. A.M.
5-31-2017	607037	Hydrochlorothiazide <sup>6</sup> 12.5 mg	Respondent	Dr. A.M.

21                    <sup>2</sup> Oxycodone-acetaminophen (Percocet) is a combination medication used to relieve  
22 moderate to severe pain. Oxycodone is a Schedule II controlled substance pursuant to Health and  
23 Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and  
24 Professions Code section 4022.

25                    <sup>3</sup> Paroxetine (Paxil) is used to treat depression, panic attacks, obsessive-compulsive  
26 disorder, anxiety disorders, and post-traumatic stress disorder.

27                    <sup>4</sup> Venlafaxine (Effexor) is used to treat depression. It is also used to treat general anxiety  
28 disorder, social anxiety disorder, and panic disorder.

<sup>5</sup> Tamsulosin is used in men to treat the symptoms of an enlarged prostate, including  
                    difficulty urinating, painful urination, and urinary frequency and urgency.

<sup>6</sup> Hydrochlorothiazide is used to treat high blood pressure as well as swelling caused by  
                    heart failure, liver damage, and certain medications.

Prescription Date	Prescription No.	Drug Name	Prescription Written & Signed By	Prescription Attributed To
5-31-2017	607038	Fluticasone propionate nasal spray <sup>7</sup> 50 mcg	Respondent	Dr. A.M.
7-31-2017	608371	Fluticasone propionate nasal spray 50 mcg	Respondent	Dr. N.F.
7-31-2017	608373	Dexamethasone <sup>8</sup> 4 mg/ml	Respondent	Dr. N.F.
7-31-2017	608372	Clobetasol <sup>9</sup> 0.05%	Respondent	Dr. N.F.
3-14-2018	202903	Hydrocodone-Acetaminophen <sup>10</sup> 325 mg - 5 mg	Respondent	Dr. A.M.

22. Although Respondent wrote and signed these prescriptions for Patient A, the prescriptions were incorrectly attributed to Dr. A.M. or Dr. N.F., not Respondent.

**Respondent's Care and Treatment of Patient A**

23. Respondent treated Patient A for multiple medical issues between in or about 2009 and 2019. Between in or about November 2015 and January 2019, Patient A received the following controlled substances, which Respondent prescribed:

Date Filled	Drug Name	Form	Strength	Quantity	Days Supplied	Refills
11-29-2015	Hydrocodone Bitartrate-Acetaminophen	TAB	300 mg -7.5 mg	40	5	0
5-15-2016	Hydrocodone Bitartrate-Acetaminophen	TAB	300 mg-5 mg	30	4	0

<sup>7</sup> Fluticasone propionate is a corticosteroid used to relieve seasonal and year-round allergic and non-allergic nasal symptoms.

<sup>8</sup> Dexamethasone is a corticosteroid used to relieve inflammation and treat certain forms of arthritis, asthma, and skin, blood, kidney, eye, thyroid, and intestinal disorders.

<sup>9</sup> Clobetasol is a corticosteroid used to relieve redness, itching, swelling, or other discomfort caused by certain skin conditions.

<sup>10</sup> Hydrocodone-acetaminophen (Norco, Vicodin) is a combination medication used to relieve moderate to severe pain. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.



Date Filled	Drug Name	Form	Strength	Quantity	Days Supplied	Refills
6-16-2016	Oxycodone HCL-Acetaminophen	TAB	325 mg-5 mg	40	5	0
7-6-2016	Oxycodone HCL-Acetaminophen	TAB	325 mg-5 mg	40	5	0
7-26-2016	Oxycodone HCL-Acetaminophen	TAB	325 mg-5 mg	60	5	0
2-11-2017	Alprazolam <sup>11</sup>	TAB	1 mg	30	8	0
2-28-2017	Alprazolam	TAB	1 mg	30	8	1
3-15-2017	Alprazolam	TAB	1 mg	30	8	2
4-3-2017	Alprazolam	TAB	1 mg	40	20	0
4-3-2017	Oxycodone HCL-Acetaminophen	TAB	325 mg-5 mg	40	4	0
4-29-2017	Alprazolam	TAB	1 mg	40	20	1
5-22-2017	Alprazolam	TAB	1 mg	40	20	2
6-26-2017	Alprazolam	TAB	1 mg	40	20	3
9-2-2017	Lorazepam <sup>12</sup>	TAB	1 mg	50	12	0
9-9-2017	Alprazolam	TAB	1 mg	40	20	0
11-3-2017	Hydrocodone Bitartrate-Acetaminophen	TAB	300 mg-5 mg	40	5	0
12-18-2017	Alprazolam	TAB	1 mg	40	13	0
4-14-2018	Acetaminophen-Hydrocodone Bitartrate	TAB	325 mg-5 mg	40	4	0
1-22-2019	Alprazolam	TAB	2 mg	30	30	0

24. According to Respondent, as of on or about October 28, 2015, Respondent was concerned about Patient A's use of pain medications and believed he was developing a tolerance to them. Nevertheless, Respondent continued to prescribe pain medications to Patient A.

///

<sup>11</sup> Alprazolam (Xanax) is a benzodiazepine used to treat anxiety and panic disorder. Alprazolam 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.

<sup>12</sup> Lorazepam is a benzodiazepine used to treat anxiety. Lorazepam 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.

1 25. During this timeframe, Patient A also continuously received controlled substances  
 2 prescriptions for hydrocodone bitartrate-acetaminophen, oxycodone HCL-acetaminophen,  
 3 alprazolam, phentermine HCL,<sup>13</sup> and Qsymia (phentermine-topiramate), with the prescribing  
 4 physician identified as Dr. A.M. For an alprazolam prescription filled by Patient A on or about  
 5 September 11, 2017, however, Respondent wrote and signed the prescription, not Dr. A.M.

6 26. In addition to controlled substances, Respondent regularly prescribed antidepressant  
 7 medications to Patient A as follows:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Form</b>	<b>Strength</b>	<b>Quantity</b>
12-27-2016	Bupropion HCL XL <sup>14</sup>	TAB	150 mg	30
1-21-2017	Bupropion HCL XL	TAB	150 mg	30
2-15-2017	Bupropion HCL XL	TAB	150 mg	30
3-15-2017	Bupropion HCL XL	TAB	150 mg	30
4-25-2017	Bupropion HCL XL	TAB	150 mg	30
5-22-2017	Bupropion HCL XL	TAB	150 mg	30
6-26-2017	Bupropion HCL XL	TAB	150 mg	30
8-25-2017	Bupropion HCL XL	TAB	150 mg	30
6-27-2018	Bupropion HCL XL	TAB	150 mg	30
8-7-2018	Bupropion HCL XL	TAB	150 mg	30
9-17-2018	Bupropion HCL XL	TAB	150 mg	30
10-22-2018	Bupropion HCL XL	TAB	150 mg	30

19 27. Lastly, Respondent prescribed additional medications to Patient A for depression and  
 20 anxiety, hypertension, diabetes, and other medical issues. For example:

<b>Date Filled</b>	<b>Drug Name</b>
2-22-2017	Paroxetine HCL 10 mg
3-9-2017	Venlafaxine HCL ER 37.5 mg
3-9-2017	Tamsulosin HCL 0.4 mg
5-31-2017	Hydrochlorothiazide 12.5 mg

25 <sup>13</sup> Phentermine is amphetamine-like prescription medication used to suppress appetite and  
 26 promote weight loss. It is a Schedule IV controlled substance pursuant to Health and Safety Code  
 27 section 11057, subdivision (f), and a dangerous drug pursuant to Business and Professions Code  
 section 4022.

28 <sup>14</sup> Bupropion is an antidepressant medication used to treat major depressive disorder and  
 seasonal affective disorder.

Date Filled	Drug Name
5-31-2017	Fluticasone propionate nasal spray 50 mcg
7-31-2017	Fluticasone propionate nasal spray 50 mcg
7-31-2017	Dexamethasone 4 mg/ml
7-31-2017	Clobetasol 0.05%
2-20-2018	Trulicity <sup>15</sup> 0.75 mg/0.5 ml
4-2-2018	Trulicity 0.75 mg/0.5 ml
4-9-2018	Trulicity 0.75 mg/0.5 ml
5-7-2018	Trulicity 0.75 mg/0.5 ml
6-27-2018	Ciprofloxacin HCL <sup>16</sup> 500 mg

28. Despite already receiving contemporaneous prescriptions for paroxetine and venlafaxine in February 2017 and March 2017, respectively, Patient A was also prescribed a third similar antidepressant medication, sertraline,<sup>17</sup> on or about February 28, 2017, without any documentation of the rationale for the prescriptions, their concurrent usage, or the close timing of the prescriptions to each other.

29. Notwithstanding Respondent's continuous prescribing of multiple controlled substances and other medications to Patient A during the period of 2015 to 2019, Respondent failed to perform formal evaluations and follow-ups of Patient A, refer him to appropriate specialists, monitor and manage his medications, obtain informed consent, or properly document the care and treatment she provided to him.

30. Respondent's medical chart for Patient A contained progress notes for encounters occurring on or about October 28, 2015, November 28, 2015, January 18, 2016, May 14, 2016, June 15, 2016, July 5, 2016, August 25, 2016, September 22, 2016, October 14, 2016, December 16, 2016, January 24, 2017, March 30, 2017, November 3, 2017, January 18, 2018, January 25, 2018, March 1, 2018, and April 12, 2018, respectively.

///

<sup>15</sup> Trulicity is a diabetes medication for adults with type 2 diabetes.

<sup>16</sup> Ciprofloxacin is an antibiotic used to treat bacterial infections.

<sup>17</sup> Sertraline (Zoloft) is used to treat depression, panic attacks, obsessive compulsive disorder, post-traumatic stress disorder, social anxiety disorder, and premenstrual dysphoric disorder.

1           31. With the exception of the visit that took place on or about January 25, 2018,  
2 Respondent's progress notes were handwritten on a template document entitled, "Gynecology  
3 Flow Record," the vast majority of which included sparse details regarding her encounters with  
4 Patient A. One such document, for example, contained Respondent's handwritten entries for 11  
5 separate encounters with Patient A occurring between in or about October 2015 and January  
6 2017. During the encounters, Respondent prescribed narcotics to him, including Vicodin, Norco,  
7 or Percocet. At most, Respondent's notations included the name of the narcotic prescribed, the  
8 quantity, and a brief reference to Patient A's back pain, kidney stones, or other issues raised by  
9 the patient. Respondent failed to have, *inter alia*, assessments and documentation of Patient A's  
10 complaints, objective findings, diagnoses and impressions, a treatment plan, a medication list  
11 with corresponding justifications, evaluations, and documentation of the medications prescribed,  
12 a plan for follow-up care, or assessments and documentation of Patient A's chronic medical  
13 conditions.

14           32. On or about January 25, 2018, Patient A saw Respondent to formally establish care  
15 for his regenerative needs. During this visit, extensive laboratory tests were ordered and the  
16 results were provided to Respondent on or about February 6, 2018. Respondent failed to  
17 document any interpretation or follow-up of the lab results.

18           33. Respondent's medical chart for Patient A also contained notes relating to a minor, in-  
19 office surgical procedure that took place on or about July 11, 2016, as well as visits for laser  
20 procedures occurring on or about October 27, 2016, December 5, 2016, and May 3, 2017,  
21 respectively. Respondent's chart failed to include any informed consent from Patient A for these  
22 procedures. Respondent's notes also failed to include a preoperative history and physical or a  
23 postoperative plan for follow-up care.

24 ///

25 ///

26 ///

27 ///

28 ///

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

3 A. Respondent prescribed narcotic medications to Patient A on a regular  
4 basis between 2015 and 2019, without proper evaluations, referrals to appropriate  
5 specialists to address chronic medical conditions, proper documentation, or close  
6 monitoring;

7 B. Respondent failed to document her care and treatment of Patient A,  
8 including patient encounters, prescribed medications, surgical procedures, laboratory  
9 tests, and the status and management of chronic medical conditions;

10 C. Respondent treated Patient A, a relative, on a non-emergent basis over a  
11 prolonged period of time, during which Respondent prescribed multiple medications  
12 to Patient A without proper evaluations, justifications for use, follow-up, assessment  
13 and mitigation of risks, informed consent, referrals to appropriate specialists, or  
14 documentation of the plan of treatment and its implementation; and

15 D. Respondent concurrently prescribed multiple medications to Patient A,  
16 for a variety of medical conditions, including, *inter alia*, narcotics, benzodiazepines,  
17 antidepressants, diabetes medications, anti-hypertension medications, and steroids,  
18 without appropriate documentation, assessment, monitoring of the medications, or  
19 avoidance of interactions of the medications.

20 **Respondent's Care and Treatment of Patient B**

21 35. Between on or about September 8, 2017, and February 4, 2019, Patient B received the  
22 following controlled substances, which Respondent prescribed:

23

Date Filled	Drug Name	Form	Strength	Quantity	Days Supplied
9-8-2017	Vyvanse <sup>18</sup>	CAP	30 mg	30	30
10-7-2017	Vyvanse	CAP	30 mg	90	90
1-10-2018	Vyvanse	CAP	60 mg	90	90

24  
25  
26

27 <sup>18</sup> Vyvanse (lisdexamfetamine) is a stimulant medication used to treat ADHD. Vyvanse is  
28 a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision  
(d), and a dangerous drug pursuant to Business and Professions Code section 4022.

Date Filled	Drug Name	Form	Strength	Quantity	Days Supplied
7-20-2018	Vyvanse	CAP	60 mg	90	90
10-19-2018	Vyvanse	CAP	60 mg	90	90
2-4-2019	Vyvanse	CAP	60 mg	90	90

36. Patient B filled the prescriptions at multiple pharmacies located outside of Southern California, including three different Kaiser pharmacies and one Costco pharmacy.

37. According to Respondent, Patient B was not an "official" patient of hers. Respondent initially prescribed Vyvanse to Patient B for his depression and ADHD following the sudden passing of a family member. Respondent continued to prescribe Vyvanse to Patient B on a regular basis thereafter, until in or about February 2019.

38. Notwithstanding these prescriptions, Respondent had no medical chart for Patient B. Respondent never formally examined or evaluated Patient B, reviewed his medical history, or made objective findings or diagnoses. Respondent never ordered testing or other follow-up for Patient B, developed a treatment plan, provided a psychiatrist referral, or obtained informed consent from him. Respondent never documented any aspect of the care and treatment she provided to Patient B.

39. Respondent committed gross negligence in her care and treatment of Patient B, which included, but was not limited to the following:

A. Respondent repeatedly prescribed a controlled substance, Vyvanse, to Patient B without any documentation.

**SECOND CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

40. Respondent has subjected her Physician's and Surgeon's Certificate No. G 78317 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in her care and treatment of Patient A and Patient B, as more particularly alleged hereinafter:

41. Paragraphs 17 through 39, above, are hereby incorporated by reference and re-alleged as if fully set forth herein.

///

1           42. Respondent committed repeated negligent acts in her care and treatment of  
2 Patient A, which included, but were not limited to, the following:

3           A. Respondent wrote and signed a prescription for oxycodone-  
4 acetaminophen dated on or about October 14, 2016, using a shared prescription pad,  
5 which resulted in the prescription being incorrectly attributed to Dr. A.M.;

6           B. Respondent wrote and signed a prescription for oxycodone-  
7 acetaminophen dated on or about November 22, 2016, using a shared prescription  
8 pad, which resulted in the prescription being incorrectly attributed to Dr. A.M.;

9           C. Respondent wrote and signed a prescription for oxycodone-  
10 acetaminophen dated on or about January 23, 2017, using a shared prescription pad,  
11 which resulted in the prescription being incorrectly attributed to Dr. A.M.;

12           D. Respondent wrote and signed a prescription for paroxetine dated on or  
13 about February 22, 2017, using a shared prescription pad, which resulted in the  
14 prescription being incorrectly attributed to Dr. A.M.;

15           E. Respondent wrote and signed a prescription for venlafaxine dated on or  
16 about March 9, 2017, using a shared prescription pad, which resulted in the  
17 prescription being incorrectly attributed to Dr. A.M.;

18           F. Respondent wrote and signed a prescription for tamsulosin dated on or  
19 about March 9, 2017, using a shared prescription pad, which resulted in the  
20 prescription being incorrectly attributed to Dr. A.M.;

21           G. Respondent wrote and signed a prescription for hydrochlorothiazide dated  
22 on or about May 31, 2017, using a shared prescription pad, which resulted in the  
23 prescription being incorrectly attributed to Dr. A.M.;

24           H. Respondent wrote and signed a prescription for fluticasone propionate  
25 dated on or about May 31, 2017, using a shared prescription pad, which resulted in  
26 the prescription being incorrectly attributed to Dr. A.M.;

27 ///

28 ///

1 I. Respondent wrote and signed a prescription for fluticasone propionate  
2 dated on or about July 31, 2017, using a shared prescription pad, which resulted in the  
3 prescription being incorrectly attributed to Dr. N.F.;

4 J. Respondent wrote and signed a prescription for dexamethasone dated on  
5 or about July 31, 2017, using a shared prescription pad, which resulted in the  
6 prescription being incorrectly attributed to Dr. N.F.;

7 K. Respondent wrote and signed a prescription for clobetasol dated on or  
8 about July 31, 2017, using a shared prescription pad, which resulted in the  
9 prescription being incorrectly attributed to Dr. N.F.; and

10 L. Respondent wrote and signed a prescription for hydrocodone-  
11 acetaminophen dated on or about March 14, 2018, using a shared prescription pad,  
12 which resulted in the prescription being incorrectly attributed to Dr. A.M.

13 43. Respondent further committed repeated negligent acts in her care and treatment of  
14 Patient B, which included, but were not limited to, the following:

15 A. Respondent repeatedly prescribed controlled substances to Patient B, a  
16 relative, over a prolonged period of time without formal evaluations, diagnoses,  
17 work-up of medical issues, plans for follow-up care, referrals to specialists, informed  
18 consent, or documentation; and

19 B. Despite Vyvanse's high potential for abuse, Respondent repeatedly  
20 prescribed Vyvanse to Patient B without formal evaluations, testing, specialist  
21 referrals, treatment plans, or documentation.

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///



1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Prescribing Without Prior Examination and Medical Indication)**

3 44. Respondent has subjected her Physician's and Surgeon's Certificate No. G 78317 to  
4 disciplinary action under sections 2227 and 2234, as defined by section 2242, subdivision (a), of  
5 the Code, in that she prescribed, dispensed, or furnished dangerous drugs, as defined in section  
6 4022, to Patient A and Patient B without an appropriate prior examination and a medical  
7 indication, as more particularly alleged in paragraphs 17 through 43, above, which are hereby  
8 incorporated by reference and re-alleged as if fully set forth herein.

9 **FOURTH CAUSE FOR DISCIPLINE**

10 **(Violation of State Laws Regulating Dangerous Drugs and/or Controlled Substances)**

11 45. Respondent has subjected her Physician's and Surgeon's Certificate No. G 78317 to  
12 disciplinary action under sections 2227 and 2234, as defined by section 2238, of the Code, in that  
13 she violated a state law or laws regulating dangerous drugs and/or controlled substances, as more  
14 particularly alleged hereinafter:

15 A. Paragraphs 17 through 44, above, are hereby incorporated by reference  
16 and re-alleged as if fully set forth herein.

17 B. Respondent issued prescriptions to Patient A and Patient B for controlled  
18 substances outside the usual course of her professional practice, in violation of Health  
19 and Safety Code sections 11152 and 11153.

20 C. Respondent issued prescriptions to Patient A and Patient B for controlled  
21 substances, even though Patient A and Patient B were not under her treatment for a  
22 pathology or condition, in violation of Health and Safety Code sections 11152 and  
23 11154.

24 D. Respondent issued prescriptions to Patient A and Patient B for dangerous  
25 drugs without an appropriate prior examination and a medical indication, in violation  
26 of section 2242, subdivision (a), of the Code.

27 ///

28 ///

1 **FIFTH CAUSE FOR DISCIPLINE**

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

3 46. Respondent has subjected her Physician's and Surgeon's Certificate No. G 78317 to  
4 disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that  
5 she failed to maintain adequate and accurate records regarding her care and treatment of Patient A  
6 and Patient B, as more particularly alleged in paragraphs 17 through 43, above, which are hereby  
7 incorporated by reference and re-alleged as if fully set forth herein.

8 **SIXTH CAUSE FOR DISCIPLINE**

9 **(General Unprofessional Conduct)**

10 47. Respondent has subjected her Physician's and Surgeon's Certificate No. G 78317 to  
11 disciplinary action under sections 2227 and 2234 of the Code, in that she has engaged in conduct  
12 which breaches the rules or ethical code of the medical profession, or conduct which is  
13 unbecoming to a member in good standing of the medical profession, and which demonstrates an  
14 unfitness to practice medicine, as more particularly alleged in paragraphs 17 through 46, above,  
15 which are hereby incorporated by reference and realleged as if fully set forth herein.

16 **PRAYER**

17 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
18 and that following the hearing, the Medical Board of California issue a decision:

19 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 78317, issued  
20 to Respondent Kathy Mirzabozorg Anderson, M.D.;

21 2. Revoking, suspending or denying approval of Respondent Kathy Mirzabozorg  
22 Anderson, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the  
23 Code, and advanced practice nurses;

24 3. Ordering Respondent Kathy Mirzabozorg Anderson, M.D., to pay the Board the costs  
25 of the investigation and enforcement of this case, and if placed on probation, the costs of  
26 probation monitoring; and

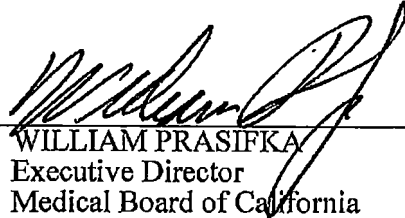
27 ///

28 ///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

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

DATED: JAN 18 2022

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

SD2021802148  
83220471.docx