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

In the Matter of the Accusation Against: Parham Amini, M.D. Physician's and Surgeon's Certificate No. A 131804 Respondent.	Case No.: 800-2019-053242

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 November 27, 2023.

IT IS SO ORDERED: October 27, 2023.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

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Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
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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: PARHAM AMINI, M.D. 8331 Reseda Boulevard Northridge, CA 91324-4620 Physician's and Surgeon's Certificate No. A 131804, Respondent.	Case No. 800-2019-053242 OAH No. 2023010214 **STIPULATED SETTLEMENT AND DISCIPLINARY 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. Reji Varghese (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 Rebecca L. Smith, Deputy Attorney General.

2. Parham Amini, M.D. (Respondent) is represented in this proceeding by attorney Gary Wittenberg, whose address is 1901 Avenue of the Stars, Suite 1750, Los Angeles, California 90067.

3. On or about July 25, 2014, the Board issued Physician's and Surgeon's Certificate No. A 131804 to Parham Amini, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-053242, and will expire on January 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-053242 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 February 22, 2022. Respondent filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-053242 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-053242. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his 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 him; the right to present evidence and to testify on his 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.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-053242, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2019-053242, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 131804 to disciplinary action.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his 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 Settlement 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.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2019-053242 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 131804 issued to Respondent Parham Amini, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

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

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

A prescribing practices course taken after the acts that gave rise to the charges in the

Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

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

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

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

4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall

provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence

assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If Respondent did not successfully complete the clinical competence assessment program, Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

6. MONITORING - PRACTICE. Within thirty (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within fifteen (15) calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within sixty (60) calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within sixty (60) calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within ten (10) calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent

shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

After two (2) years of probation and following the successful completion of the Clinical Competency Assessment Program, with no recommendations by the Program of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine, the Practice Monitor term shall be removed.

7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within fifteen (15) calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $48,490.00 (forty-eight thousand four hundred ninety dollars and no cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within thirty (30) calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply

with the payment plan shall be considered a violation of probation.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs.

10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than ten (10) calendar days after the end of the preceding quarter.

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the dates of departure and return.

12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve

Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

14. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than one hundred twenty (120) calendar days prior to the completion of probation. This term does not include cost recovery, which is due within thirty (30) calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

16. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

18. FUTURE ADMISSIONS CLAUSE. 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 action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-053242 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 license.

ACCEPTANCE

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

DATED: 8/2/2023

PARHAM AMINI, M.D.
Respondent

I have read and fully discussed with Respondent Parham Amini, 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: 8-2-23

GARY WITTENBERG
Attorney for Respondent

ENDORSEMENT

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

DATED: August 2, 2023

Respectfully submitted,

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

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-053242

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

In the Matter of the Accusation Against: **PARHAM AMINI, M.D.** **8331 Reseda Blvd.** **Northridge, CA 91324-4620** **Physician's and Surgeon's Certificate No. A 131804,** Respondent.	Case No. 800-2019-053242 **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 July 25, 2014, the Board issued Physician's and Surgeon's Certificate Number A 131804 to Parham Amini, 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 January 31, 2024, unless renewed.

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 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. 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.

6. 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.

7. Section 2242 of the Code states, in pertinent part:

> (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.

. . .

COST RECOVERY

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

DEFINITIONS

9. As used herein, the terms below will have the following meanings:

"Benzodiazepines" are a class of drugs that produce central nervous system (CNS) depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and to prevent seizures. They are most commonly used to treat insomnia and anxiety. In general, benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and sedatives in low doses, and are used for a limited time period. There is the potential for dependence on and abuse of benzodiazepine, particularly by individuals with a history of multi-substance abuse. Benzodiazepines can cause dangerous, deep unconsciousness. When combined with other CNS depressants such as alcoholic drinks and opioids, the potential for toxicity and fatal overdose increases. Benzodiazepines are commonly misused and taken in combination with other drugs of abuse. Commonly prescribed benzodiazepines include alprazolam (Xanax®), lorazepam (Ativan®), clonazepam (Klonopin®), diazepam (Valium®), and temazepam (Restoril®). Risks associated with use of benzodiazepines include: 1) tolerance and dependence, 2) potential interactions with alcohol and pain medications, and 3) possible impairment of driving. Before initiating a course of treatment, patients should be explicitly advised of the goal and duration of benzodiazepine use. Risks and side effects, including risk of dependence and respiratory depression, should be discussed with patients. Alternative treatment options should be discussed. Treatment providers should coordinate care to avoid multiple prescriptions for this class of drugs. Low doses and short durations should be utilized.

"CURES" means the Department of Justice, Bureau of Narcotics Enforcement's California Utilization, Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, IV and V controlled substances dispensed to patients in California pursuant to Health and Safety Code section 11165. The CURES database captures data from controlled substance prescriptions filled as submitted by pharmacies, hospitals, and dispensing physicians. Law enforcement and regulatory agencies use the data to

assist in their efforts to control the diversion and resultant abuse of controlled substances. Prescribers and pharmacists may request a patient's history of controlled substances dispensed in accordance with guidelines developed by the Department of Justice.

"Diazepam" is a psychotropic drug used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It can produce psychological and physical dependence and should be prescribed with caution, particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to habituation and dependence. It is sold under the brand name Valium®. It is a Schedule IV controlled substance as designated by Health and Safety Code section 11057(d)(1), and is a dangerous drug as designated in Health and Safety Code section 4022.

"Dilaudid®" is a brand name for hydromorphone, an opioid pain medication used to treat moderate to severe pain. Hydromorphone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(J), and a dangerous drug as designated in Health and Safety Code section 4022.

"Gabapentin" is an anticonvulsant medication used to treat partial seizures, neuropathic pain, hot flashes, and restless legs syndrome. It is recommended as one of a number of first-line medications for the treatment of neuropathic pain caused by diabetic neuropathy, postherpetic neuralgia, and central neuropathic pain. It is sold under the brand name Neurontin® among others. It is a dangerous drug as defined in Code section 4022.

"Hydrocodone" is a semisynthetic opioid analgesic similar to but more potent than codeine. It is used as the bitartrate salt or polistirex complex, and as an oral analgesic and antitussive. It is marketed, in its varying forms, under a number of brand names, including Vicodin®, Hycodan® (or generically Hydromet®), Lorcet®, Lortab®, Norco®, and Hydrokon®, among others. Hydrocodone also has a high potential for abuse. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(I), and a dangerous drug pursuant to Code section 4022.

"Including," means including, without limitation.

"Intermezzo®" is a brand name for zolpidem.

"Lamotrigine" is known as an anticonvulsant or antiepileptic drug. It is used alone or with other medications to prevent and control seizures. It is a dangerous drug pursuant to Code section 4022.

"Lidoderm" is a prescription medicine used to treat the symptoms of nerve pain (neuralgia) and for temporary pain relief.

"Lipitor®" is a brand name for atorvastatin, which is a medication used to treat high cholesterol and triglyceride levels, which may reduce the risk of angina, stroke, heart attack, and heart and blood vessel problems. It is a dangerous drug pursuant to Code section 4022.

"Lumbar scoliosis" is a sideways curve in the lower (aka lumbar) portion of the spine.

"Lyrica®" is a brand name for pregabalin, a nerve pain medication used to treat nerve and muscle pain, including fibromyalgia. It can also be used to treat

seizures. It is a dangerous drug pursuant to Code section 4022.

"Methadone" is an opioid used for opioid maintenance therapy in opioid dependence and for chronic pain management. It is sold in its various forms under the brand names Dolophine® and Methadose® among others. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Code section 4022.

"Movantik" is a prescription medicine used to treat constipation that is caused by prescription pain medicines, such as opioids, in adults with long-lasting (chronic) pain that is not caused by active cancer. It is a dangerous drug as defined in Code section 4022.

"Naloxone" is a medication used to reverse the effects of opioids. It is commonly used to counter decreased breathing in opioid overdose. It can treat narcotic overdose in an emergency situation. It is sold under the brand names Narcan® and Evzio®, It is a dangerous drug as designated in Health and Safety Code section 4022.

"Norco®" is a brand name for acetaminophen and hydrocodone. This combination of hydrocodone and acetaminophen is used to relieve pain severe enough to require opioid treatment and when other pain medicines did not work well enough or cannot be tolerated. Other brand names for this combination of drugs include Hycet®, Lorcet®, Lortab®, Maxidone®, Vicodin®, Zamicet®, and Zydone®.

"Opana®" is a brand name for oxymorphone, which is an opiate analgesic used to relieve moderate to severe pain. It is a dangerous drug as defined in Code section 4022 and a Schedule II controlled substance and narcotic, as defined by Health and Safety Code section 11055 (b)(1)(N).

"Opioids" are substances that act on opioid receptors to produce morphine-like effects. Medically, they are primarily used for pain relief, including anesthesia.

"Oxycodone" is an opioid analgesic medication synthesized from thebaine. It is a semi-synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine. It is generally used as an analgesic, but it also has a high potential for abuse. Repeated administration of oxycodone may result in psychic and physical dependence. Oxycodone is commonly prescribed for moderate to severe chronic pain. It is sold in its various forms under several brand names, including OxyContin® (a time-release formula) and Roxicodone®. Oxycodone is also available in combination with other drugs and sold under brand names including, acetaminophen (Endocet®, Percocet®, Roxicet®, and Tylox® among others); aspirin (Endodan®, Percodan®, and Roxiprin® among others); and ibuprofen (Combunox®). It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M), and a dangerous drug as defined in Code section 4022.

"Proximal femoral focal deficiency" is a complex birth defect in which the upper part of the femur bone, in the thigh, is either malformed or missing, causing one leg to be shorter than the other.

"Sedatives" are a type of prescription medication that slows down your brain activity. They are typically used to make you feel more relaxed. Doctors commonly prescribe sedatives to treat conditions like anxiety and sleep disorders. They also use them as general anesthetics.

"Synthroid" is medication used to treat an underactive thyroid (hypothyroidism). It replaces or provides more thyroid hormone, which is normally produced by the thyroid gland.

"Tramadol" is a synthetic pain medication used to treat moderate to moderately severe pain. The extended-release or long-acting tablets are used for chronic ongoing pain. Tramadol is sold under various brand names, including Ultram® and ConZip®. It is a Schedule IV controlled substance pursuant to federal Controlled Substances Act, and a dangerous drug pursuant to Code section 4022.

"Xanax®" is a brand name for alprazolam, which is a benzodiazepine drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. Alprazolam has a central nervous system depressant effect and patients should be cautioned about the simultaneous ingestions of alcohol and other central nervous system depressant drugs during treatment with it. Addiction prone individuals should be under careful surveillance when receiving alprazolam because of the predisposition of such patients to habituation and dependence. The usual starting dose of alprazolam is 0.25 mg to 0.5 mg, three times per day (for a maximum 1.5 mg per day). It is also sold under various brand names including, Intensol®, Xanax®, and Xanax XR®. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057(d)(1), and a dangerous drug as defined in Code section 4022. It is also a Schedule IV controlled substance as defined by the Code of Federal Regulations Title 21, section 1308.14 (c).

"Zolpidem" is a sedative drug primarily used to treat insomnia. It has a short half-life. Its hypnotic effects are similar to those of the benzodiazepine class of drugs. It is sold under the brand names Ambien® and Intermezzo®. It is a Schedule IV controlled substance and narcotic as defined by Health and Safety Code section 11057, subdivision (d)(32) and a dangerous drug pursuant to Code section 4022.

FACTUAL ALLEGATIONS

Patient A[1]

10. In and around 2017, Patient A, a 33-year-old male, was seen by Dr. I.R. for pain on his right hip caused by proximal femoral focal deficiency and his associated lumbar scoliosis. On or about October 18, 2017, Patient A saw Respondent for his right hip pain. Respondent documented that Patient A was taking methadone (5 mg) twice daily and oxycodone (15 mg) every 6 hours. Respondent did not document any vital signs for Patient A. Respondent's plan for Patient A was to continue taking methadone and oxycodone.

11. From in or around 2017 to in or around 2020, Respondent saw Patient A approximately 21 times. Respondent's documentation of his care and treatment of Patient A failed to include any documentation of vital signs. Respondent's documentation also contained conflicting information regarding Patient A's current medications.

[1] Patient names have been anonymized to address privacy concerns.

12. During Respondent's treatment of Patient A, Patient A received opioid medications on a daily basis in a range exceeding 100 to 200 Morphine Milligram Equivalent (MME).[2] Respondent's records for the patient fail to document any discussion of offering or recommending any prescription for naloxone as an antidote for narcotic overdose. Respondent's records also failed to document periodic urine toxicology screenings.

13. Under Respondent's care, Patient A received concurrent prescriptions for opioid and benzodiazepine medications. Despite the risk of respiratory depression inherent with the concurrent consumption of opioid and benzodiazepine medications, Respondent continued to include this combination in his mediation therapy plan for Patient A from approximately June 1, 2018 to January 17, 2020.

Patient B

14. In and about 2017, Patient B, a 68-year-old female, was seen by Dr. I.R. A controlled substance therapy agreement was signed by Patient B and a clinic provider. On or about December 11, 2017, Patient B saw Respondent for right shoulder pain, left ankle and foot pain, lower back pain, and right buttock pain. Respondent documented that Patient B was taking Lipitor, Synthroid, Dilaudid® (4 mg) every 8 hours as needed, and gabapentin (100 mg) nightly. Respondent did not document any vital signs for Patient B. Respondent's plan for Patient B was to continue all current medications.

15. From in or around 2017 to in or around 2019, Respondent saw Patient B approximately 27 times. Respondent's documentation of his care and treatment of Patient B failed to include any documentation of vital signs. Respondent also failed to document relevant physical findings. Respondent's documentation also contained conflicting information regarding Patient B's current medications. For example, Respondent's chart continued to list medications that had been discontinued.

16. During Respondent's treatment of Patient B, Patient B received opioid medications

[2] Morphine milligram equivalents (MME) are values that represent the potency of an opioid dose relative to morphine. MME is intended to help clinicians make safe, appropriate decisions concerning changes to opioid regimens.

on a daily basis in a range exceeding 100 MME. Respondent's records for the patient fail to document any discussion of offering or recommending any prescription for naloxone as an antidote for narcotic overdose. Respondent's records also failed to document periodic urine toxicology screenings.

17. Under Respondent's care, Patient B received concurrent prescriptions for opioid and benzodiazepine medications. Despite the risk of respiratory depression inherent with the concurrent consumption of opioid and benzodiazepine medications, Respondent continued to include this combination in his mediation therapy plan.

Patient C

18. In and about 2016, Patient C, a 63-year-old male, was seen by Dr. I.R. for chronic pain syndrome caused by a car accident. On or about October 3, 2018, Patient C saw Respondent for headaches and left leg pain. Respondent documented that Patient C was taking lamotrigine and tramadol (50 mg) twice daily as needed. Respondent did not document any vital signs for Patient C. Respondent's plan for Patient C was to return in one month for continuity of care.

19. From in or around 2018 to in or around 2020, Respondent saw Patient C approximately 10 times. Respondent's documentation of his care and treatment of Patient C failed to include any documentation of vital signs. Respondent's documentation also contained conflicting information regarding Patient C's current medications. Respondent's notes for Patient C also failed to document that Patient C had received benzodiazepine medications from another medical provider.

20. Under Respondent's care, although Patient C was on a low dosage for opioids, Respondent's records also failed to adequately document any review of CURES and any periodic urine toxicology screenings.

21. Under Respondent's care, Respondent prescribed opioids to Patient C while at the same time, Patient C received prescriptions for benzodiazepine medications from another medical provider. Despite the risk of respiratory depression inherent with the concurrent consumption of opioid and benzodiazepine medications, Respondent continued to prescribe opioids to Patient C while at the same time, he failed to adequately monitor Patient C's CURES data.

Patient D

22. In and about 2009, Patient D, a 63-year-old female, was seen by Dr. I.R. for lower back pain. On or about October 10, 2016, Patient D saw Respondent for her lower back, knee, and leg pain. Respondent documented that Patient D was taking Valium® (10 mg) daily as needed, oxycodone (30 mg) every 8 hours as needed, Lidoderm (5%) patch, and Movantik®. Respondent did not document any vital signs for Patient D. Respondent's plan for Patient D was to continue the patient's current medications.

23. From in or around 2016 to in or around 2020, Respondent saw Patient D approximately 34 times. Respondent's documentation of his care and treatment of Patient D failed to include any documentation of vital signs. Respondent's documentation also contained conflicting information regarding Patient D's current medications.

24. During Respondent's treatment of Patient D, Patient D received opioid medications on a daily basis in a range exceeding 100 MME on a daily basis. Respondent's records for the patient fail to document any discussion of offering or recommending any prescription for naloxone as an antidote for narcotic overdose. Respondent's records also failed to document periodic urine toxicology screenings.

25. Respondent concurrently prescribed opiates, benzodiazepines, and sedatives to Patient D. Despite the risk of respiratory depression inherent with the concurrent consumption of those medications, Respondent continued to prescribe that dangerous combination to Patient D.

Patient E

26. In and about 2012, Patient E, a 43-year-old male, was seen by Dr. I.R. for pain related to a work crush injury. On or about November 27, 2017, Patient E saw Respondent for multiregional pain. Respondent documented that Patient E was taking Lyrica®, Opana® (15 mg) twice daily, Dilaudid® (4 mg) every 8 hours as needed, Xanax® (0.5 mg) three times daily as needed, and Intermezzo® (3.5 mg) as needed nightly. Respondent did not document any vital signs for Patient E. Respondent's plan for Patient E was to continue current medications.

27. From in or around 2017 to in or around 2020, Respondent saw Patient E approximately 26 times. Respondent's documentation of his care and treatment of Patient E

failed to include any documentation of vital signs. Respondent's documentation also contained conflicting information regarding Patient E's current medications

28. During Respondent's treatment of Patient E, Patient E received opioid medications on a daily basis in a range exceeding 90 MME on a daily basis. Respondent's records for the patient fail to document any discussion of offering or recommending any prescription for naloxone as an antidote for narcotic overdose. Respondent's records also failed to document periodic urine toxicology screenings.

29. Respondent concurrently prescribed opiates, benzodiazepines, and sedatives to Patient E. Despite the risk of respiratory depression inherent with the concurrent consumption of those medications, Respondent continued to prescribe that dangerous combination to Patient E.

30. Although Respondent prescribed Diazepam® and Zolpidem®, a benzodiazepine and a sedative, to Patient E, Respondent failed to adequately document any goals of treatment or exit strategy for prescribing these medications to Patient E.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

31. Respondent Parham Amini, M.D. is subject to disciplinary action under Code section 2234, subdivision (b) in that he committed gross negligence in connection with his care and treatment of three patients. The circumstances are as follows:

32. The facts and circumstances as set forth in paragraphs 10 through 30 inclusive above, are incorporated by reference herein as if fully set forth.

33. Respondent committed gross negligence in connection with his care and treatment of Patients B, D and E, including as follows:

Patient B

A. On or about December 11, 2017 and thereafter, Respondent committed gross negligence in his care and treatment of Patient B when he failed to adequately assess and/or document his assessment of Patient B.

Patient D

B. On or about October 10, 2016 and thereafter, Respondent committed gross

negligence in his care and treatment of Patient D when he:

(i) Failed to adequately monitor Patient D, including by using urine drug screens and/or CURES, if available;

(ii) Concurrently prescribed opioids, benzodiazepines and/or other sedatives to Patient D, and/or failed to adequately discuss and/or document the risks of concurrently being prescribed those drugs;

(iii) Failed to recommend or offer a prescription for naloxone to Patient D.

Patient E

C. On or about November 27, 2017 and thereafter, Respondent committed gross negligence in his care and treatment of Patient E when he:

(i) Concurrently prescribed opioids, benzodiazepines and/or other sedatives to Patient E, and/or failed to adequately discuss and/or document the risks of concurrently being prescribed those drugs;

(ii) Failed to recommend or offer a prescription for naloxone to Patient E.

34. Each of Respondent's acts and/or omissions as set forth in this First Cause for Discipline, individually, collectively, or in any combination thereof, constitutes gross negligence.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

35. Respondent Parham Amini, M.D. is subject to disciplinary action under Code section 2234, subdivision (c), in that Respondent committed repeated negligent acts. The circumstances are as follows:

36. The allegations of the First Cause for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

37. Each of Respondent's acts and/or omissions as set forth in the First and this Second Causes for Discipline, individually, collectively, or in any combination thereof, constitutes repeated negligent acts.

38. Respondent committed repeated negligent acts in connection with his care and treatment of Patients A, B, C, D and E, including as follows:

Patient A

A. On or about October 18, 2017 and thereafter, Respondent committed repeated negligent acts in his care and treatment of Patient A when he:

(i) Failed to adequately assess and/or document his assessment of Patient A;

(ii) Failed to adequately monitor Patient A, including by using urine drug screens and/or CURES, if available;

(iii) Prescribed controlled substances to Patient A, including when he concurrently prescribed opioids and benzodiazepines, and/or failed to adequately discuss and/or document the risks of concurrently being prescribed those drugs;

(iv) Failed to recommend or offer a prescription for naloxone to Patient A.

Patient B

B. On or about December 11, 2017 and thereafter, Respondent committed repeated negligent acts in his care and treatment of Patient B when he:

(i) Failed to adequately monitor Patient B, including by using urine drug screens and/or CURES, if available;

(ii) Prescribed controlled substances to Patient B, including when he concurrently prescribed opioids and benzodiazepines, and/or failed to adequately discuss and/or document the risks of being concurrently prescribed those drugs;

(iii) Failed to recommend or offer a prescription for naloxone to Patient B.

Patient C

C. On or about October 3, 2018 and thereafter, Respondent committed repeated negligent acts in his care and treatment of Patient C when he:

(i) Failed to adequately assess and/or document his assessment of Patient C;

(ii) Failed to adequately monitor Patient C, including by using urine drug screens and/or CURES, if available;

(iii) Failed to recommend or offer a prescription for naloxone to Patient C.

Patient D

D. On or about October 10, 2016 and thereafter, Respondent committed peated

negligent acts in his care and treatment of Patient D when he failed to adequately assess and/or document his assessment of Patient D.

Patient E

E. On or about November 27, 2017 and thereafter, Respondent committed repeated negligent acts in his care and treatment of Patient E when he:

(i) Failed to adequately assess and/or document his assessment of Patient E;

(ii) Failed to adequately monitor Patient E, including by using urine drug screens and/or CURES, if available;

39. Respondent committed repeated negligent acts when he failed to adequately discuss and/or document any of the foregoing patient encounters.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Medical Records)

40. Respondent Parham Amini, M.D. is subject to disciplinary action under Code section 2266 in that Respondent failed to maintain adequate and accurate records related to the provision of medical services to patients. The circumstances are as follows:

41. The allegations of the First and Second Causes for Discipline are incorporated herein by reference as if fully set forth.

42. Respondent failed to adequately document his care and treatment for Patients A, B, C, D, and E including, physical findings at patient visits, and as follows:

Patient A

A. On or about October 18, 2017 and thereafter, Respondent failed to adequately document (i) any discussion with Patient A about the risks when concomitantly taking opioids and sedatives, including benzodiazepines; (ii) review, if any, of information contained in CURES; and/or (iii) any drug screening.

Patient B

B. On or about December 11, 2017 and thereafter, Respondent failed to adequately document (i) the source of Patient B's opioid medications (oxycodone) in or around February 2018; (ii) in or around April 2018, any rationale for switching back to Dilaudid® from

oxycodone; (iii) review, if any, of information contained in CURES; (iv) that the patient had been taking benzodiazepines prescribed by another doctor; (v) any discussion with Patient B about the risks when concomitantly taking opioids and sedatives, including benzodiazepines; and/or (vi) any drug screening.

Patient C

C. On or about October 3, 2018 and thereafter, Respondent failed to adequately document (i) review, if any, of information contained in CURES; and/or (ii) any drug screening.

Patient D

D. On or about October 10, 2016 and thereafter, Respondent failed to adequately document (i) any discussion with Patient D about the risks when concomitantly taking opioids and sedatives, including benzodiazepines; (ii) review, if any, of information contained in CURES; and/or (iii) any drug screening.

Patient E

E. On or about November 27, 2017 and thereafter, Respondent failed to adequately document (i) any discussion with Patient E about the risks when concomitantly taking opioids and sedatives, including benzodiazepines; (ii) review, if any, of information contained in CURES; and/or (iii) any drug screening.

FOURTH CAUSE FOR DISCIPLINE

(Prescribing Dangerous Drugs Without an Appropriate Prior Examination and a Medical Indication)

43. Respondent Parham Amini, M.D. is subject to disciplinary action under Code section 2242 for prescribing controlled substances without appropriate examinations and medical indications. The circumstances are as follows:

44. The allegations of the First, Second and Third Causes for Discipline are incorporated herein by reference as if fully set forth.

Patient D

45. Respondent prescribed opioids and benzodiazepines to Patient D, without adequate examinations and medical justifications.

FIFTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

46. Respondent Parham Amini, M.D. is subject to disciplinary action under Code section 2234 in that Respondent's actions and/or omissions represent unprofessional conduct, generally. The circumstances are as follows:

47. The allegations of the First, Second, Third, and Fourth Causes for Discipline are incorporated herein by reference as if fully set forth.

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 A 131804, issued to Respondent Parham Amini, M.D.;

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

3. Ordering Respondent Parham Amini, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: FEB 22 2022

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

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