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

In the Matter of the First Amended Accusation Against: Robert Behrooz Lajvardi, M.D. Physician's & Surgeon's Certificate No. A 89608 Respondent.	Case No. 800-2020-063659

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 December 29, 2023.

IT IS SO ORDERED: December 1, 2023.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
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ALEXANDRA M. ALVAREZ
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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 First Amended Accusation Against: **ROBERT BEHROOZ LAJVARDI, M.D.** **7051 Alvarado Road** **La Mesa, CA 91942-8901** **Physician's and Surgeon's Certificate No. A 89608,** Respondent.	Case No. 800-2020-063659 OAH No. 2023020204 **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 Rosemary F. Luzon, Deputy Attorney General.

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

3. On or about December 15, 2004, the Board issued Physician's and Surgeon's Certificate No. A 89608 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2020-063659, and will expire on May 31, 2024, unless renewed.

JURISDICTION

4. On or about October 6, 2023, First Amended Accusation No. 800-2020-063659 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on or about October 6, 2023, at his address of record. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A true and correct copy of First Amended Accusation No. 800-2020-063659 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2020-063659. 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 First Amended 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, having been fully advised of same by his attorney, Raymond J. McMahon, Esq.

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

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations in First Amended Accusation No. 800-2020-063659, and Respondent hereby gives up his rights to contest those charges. Respondent further agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. A 89608 to disciplinary action.

10. Respondent agrees that if an accusation is ever filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2020-063659 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.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 89608 is subject to discipline and he agrees to be bound by the Board's imposition of discipline 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.

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

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.

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 Respondent Robert Behrooz Lajvardi, M.D., Physician's and Surgeon's Certificate No. A 89608, shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a), subsection (4). This Public Reprimand is issued in connection with the allegations relating to Respondent's care and treatment of Patients A, B, and C, which are set forth in First Amended Accusation No. 800-2020-063659, as follows:

1. PUBLIC REPRIMAND.

You did not engage in any discussions with Patient A regarding your plan for addressing urine drug screen (UDS) results that were obtained between in or about July 2017 and February 2018, you did not document your evaluation, assessments, and plan regarding these UDS results in Patient A's medical chart, and you did not document offering naloxone to Patients B and C in their respective medical charts, in violation of California Business and Professions Code sections 2234 and 2266, as more fully described in First Amended Accusation No. 800-2020-063659, a true and copy of which is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

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2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, 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 20 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge specifically in the areas of documentation and urine drug screen monitoring, 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. Within one year of the effective date of this Decision, Respondent shall provide proof of attendance for 45 hours of CME of which 20 hours were in satisfaction of this condition.

3. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of $26,159.00 (twenty-six thousand one hundred fifty-nine dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of this Disciplinary Order.

Payment must be made in full within 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 this Disciplinary Order.

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

4. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

5. 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

First Amended Accusation No. 800-2020-063659 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, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 89608. 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: 10.13.2023

ROBERT BEHROOZ LAJVARDI, M.D.
Respondent

I have read and fully discussed with Respondent Robert Behrooz Lajvardi, 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: October 13, 2023

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

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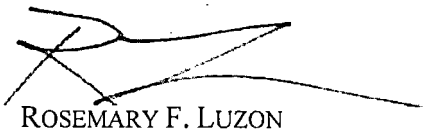
ENDORSEMENT

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

DATED: 10-13-23

Respectfully submitted,

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



ROSEMARY F. LUZON
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 First Amended Accusation Against: **Robert Behrooz Lajvardi, M.D.** **7051 Alvarado Road** **La Mesa, CA 91942-8901** **Physician's and Surgeon's Certificate No. A 89608,** Respondent.	Case No. 800-2020-063659 **FIRST AMENDED ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this First Amended 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 December 15, 2004, the Medical Board issued Physician's and Surgeon's Certificate No. A 89608 to Robert Behrooz Lajvardi, 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 May 31, 2024, unless renewed.

JURISDICTION

3. This First Amended 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 2220 of the Code states:

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

5. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
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> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
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> . . .

6. Section 2234 of the Code states:

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

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7. 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.

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may 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.

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

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

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if 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 licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement

for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 89608 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereinafter:

Patient A

10. Between on or about May 1, 2017, and April 25, 2018, Respondent provided care and treatment to Patient A. Patient A had a long history of back pain and underwent multiple treatment efforts, including a back fusion procedure in 2009, trials of epidurals, facet injections, stimulator, a permanent stimulator, and use of oxymorphone and oxycodone.[2]

11. During Patient A's first visit on or about May 1, 2017, Respondent noted that Patient A recently moved from out-of-state and his prior pain management team was appropriately weaning him down from a higher Morphine Equivalent Dose (MED) ranging between 200 MED and 250 MED. Respondent's plan included eliminating oxymorphone from Patient A's treatment regimen, further decreasing the dosage of oxycodone from 120 MED to 90 MED, increasing the frequency from 10 mg to 15 mg four times per day, placing him on a lumbosacral back brace, adding a non-narcotic medication to the treatment regimen (Celexa) and possibly tricyclics at the next visit, and having him follow up with a pain management provider, Dr. M.V., for a second

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

[2] Oxycodone 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.

opinion regarding placement of a pain pump if the MED adjustments did not provide adequate pain control.

12. After the first visit until on or about April 25, 2018, Respondent saw Patient A on a near-monthly basis for follow-ups and to refill his medications. During this timeframe, Patient A filled the following prescriptions for oxycodone, which Respondent prescribed:

Date Filled	Drug Name	Form	Strength	Quantity	Days Supplied
5-1-2017	Oxycodone HCL	TAB	15 mg	40	10
5-9-2017	Oxycodone HCL	TAB	15 mg	120	30
6-7-2017	Oxycodone HCL	TAB	15 mg	120	30
6-21-2017	Oxycodone HCL	TAB	15 mg	120	30
7-19-2017	Oxycodone HCL	TAB	15 mg	120	30
8-16-2017	Oxycodone HCL	TAB	15 mg	120	30
9-13-2017	Oxycodone HCL	TAB	15 mg	120	30
10-11-2017	Oxycodone HCL	TAB	15 mg	120	30
11-8-2017	Oxycodone HCL	TAB	15 mg	120	30
12-6-2017	Oxycodone HCL	TAB	15 mg	120	30
1-3-2018	Oxycodone HCL	TAB	15 mg	120	30
2-7-2018	Oxycodone HCL	TAB	15 mg	120	30
3-8-2018	Oxycodone HCL	TAB	15 mg	120	30
4-6-2018	Oxycodone HCL	TAB	15 mg	120	30

13. In addition, on or about November 1, 2017, Patient A filled a prescription for oxycodone (15 mg, #21, 7-day supply), which Dr. M.V. prescribed. The Controlled Substance Utilization Review & Evaluation System (CURES) Patient Activity Report for Patient A did not show any prescriptions for codeine during this timeframe.

14. On or about May 8, 2017, Patient A had a follow-up visit with Respondent. A comprehensive ongoing assessment was completed. According to Respondent, Patient A was tolerating his tapering of oxycodone and had a pending appointment with Dr. M.V. Respondent noted that he refilled Patient A's one-month supply of oxycodone and would be receiving Patient A's earlier pain management records.

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15. On or about June 5, 2017, Patient A presented to Respondent with complaints of hip and back pain and to refill his medications. Patient A reported a pain level of 6-7. A comprehensive ongoing assessment was completed. Respondent noted that Patient A was under 80 MED and would be getting a second opinion from Dr. M.V. regarding other treatment modalities. Respondent planned to order a CT scan to re-evaluate Patient A's conditions and they discussed the pain management guidelines. Labs and CT scans of the right ankle, right knee, and lower back were subsequently performed. The CT scans showed severe degenerative changes of the right ankle, mild degenerative changes of the right knee, and disc bulging with moderate to severe stenosis of the lower back.

16. On or about June 21, 2017, Patient A had a follow-up visit with Respondent. Patient A presented for an early refill because he was going out of town. Respondent noted that he would allow an early refill, but there was a problem with his urine drug screen (UDS). According to Respondent, Norco was present in his UDS. Patient A reported that Norco had been given to him by a previous doctor. Respondent explained to Patient A that if it happened again, he would be in violation of his pain contract and would be discharged. Respondent noted that Patient A understood and promised to stay compliant. The progress notes included a CURES Patient Activity Report for Patient A, which was generated on or about the same day. The CURES report showed that Patient A filled three prescriptions for oxycodone written by Respondent.

17. On or about July 19, 2017, Respondent saw Patient A to refill his medications. A comprehensive ongoing assessment was completed. Respondent noted that Patient A was seen by Dr. M.V. and had a trigger injection and was set up for an epidural. Patient A stated that he would continue with Dr. M.V. to see if he could get significant relief and may have to come off his pain medication. Respondent and Patient A also discussed his progress and treatment for multiple respiratory conditions.

18. The same day, on or about July 19, 2017, Patient A had a UDS performed, which Respondent ordered. The results were reported on or about July 26, 2017, and were contained in the progress notes. The lab report showed that Patient A was inconsistently negative for oxycodone. The Comments section of the lab report stated, "Specimen was negative for

Oxycodone. Prescription information provided suggests noncompliance." The lab report also contained a handwritten note, which stated: "FLAG. . ."

19. On or about August 16, 2017, Patient A presented to refill his medications. A comprehensive ongoing assessment was completed. Respondent noted that Patient A was seen by Dr. M.V. and a stimulation trial was planned. Respondent discussed the risks and benefits of the trial with Patient A. Respondent also noted that Patient A went to the emergency room and was given muscle relaxants and steroids, but was otherwise stable. Respondent refilled Patient A's medications. The progress notes failed to include any documentation that Respondent discussed with Patient A or otherwise addressed the inconsistent oxycodone result from the July 19, 2017, UDS.

20. On or about September 13, 2017, Patient A presented to refill his medications. A comprehensive ongoing assessment was completed. The progress notes failed to include documentation that the inconsistent oxycodone result from the July 19, 2017, UDS was discussed with Patient A or otherwise addressed by Respondent.

21. The same day, on or about September 13, 2017, Patient A had a UDS performed, which Dr. M.V. ordered. The results were reported on or about September 19, 2017, and were contained in the progress notes. The lab report showed that Patient A was inconsistently negative for oxycodone and inconsistently positive for codeine. In addition, Patient A was noted to be inconsistently negative for tramadol and positive for cannabinoids. The lab report also contained a handwritten and circled note, which stated: "Red Flag."

22. On or about October 11, 2017, Patient A presented to refill his medications. The progress notes documented chronic knee pain and a successful nerve stimulator trial. A comprehensive ongoing assessment was completed. The progress notes failed to include documentation that the inconsistent oxycodone result from the July 19, 2017, UDS or the inconsistent oxycodone and codeine results from the September 13, 2017, UDS were discussed with Patient A or otherwise addressed by Respondent.

23. The same day, on or about October 11, 2017, Patient A had a UDS performed, which Respondent ordered. The results were reported on or about October 17, 2017, and were contained

in the progress notes. The lab report again showed that Patient A was inconsistently negative for oxycodone and inconsistently positive for codeine. In addition, Patient A was noted to be positive for THC. The lab report contained a handwritten note, which stated: "Red Flag."

24. On or about November 8, 2017, Patient A presented to refill his medications. A comprehensive ongoing assessment was completed. The progress notes included a CURES Patient Activity Report for Patient A, which was generated on or about the same day. The CURES report showed seven prescriptions for oxycodone written by Respondent and one prescription for oxycodone written by Dr. M.V., which Patient A filled at multiple pharmacies. The progress notes failed to include documentation that the inconsistent oxycodone result from the July 19, 2017, UDS or the inconsistent oxycodone and codeine results from the September 13, 2017, UDS and October 11, 2017, UDS were discussed with Patient A or otherwise addressed by Respondent.

25. On or about December 6, 2017, Patient A presented to refill his medications. Respondent noted that Patient A had a nerve stimulator and was doing better. Respondent encouraged Patient A to use less opioids and noted that he would try to extend the patient's visits longer than 30 days. The progress notes failed to include documentation that the inconsistent oxycodone result from the July 19, 2017, UDS or the inconsistent oxycodone and codeine results from the September 13, 2017, UDS and October 11, 2017, UDS were discussed with Patient A or otherwise addressed by Respondent.

26. On or about January 3, 2018, Patient A presented to refill his medications. A comprehensive ongoing assessment was completed. The progress notes failed to include documentation that the inconsistent oxycodone result from the July 19, 2017, UDS or the inconsistent oxycodone and codeine results from the September 13, 2017, UDS and October 11, 2017, UDS were discussed with Patient A or otherwise addressed by Respondent.

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27. The same day, on or about January 3, 2018, Patient A had a UDS performed, which Respondent ordered. The results were reported on or about January 8, 2018, and were contained in the progress notes. The lab report again showed that Patient A was inconsistently negative for oxycodone. In addition, Patient A was noted to be positive for THC. The lab report contained a handwritten note, which stated: "Flag."

28. On or about February 5, 2018, Patient A presented for a follow-up and to refill his medications. A comprehensive ongoing assessment was completed. Respondent noted that Patient A was stable and had chronic back pain with spinal stenosis. Respondent planned to continue the current regimen. He noted that Patient A was working with Dr. M.V. and had refilled his prescriptions at a different pharmacy. Respondent stated that Patient A was otherwise stable and would follow up in four weeks. The progress notes failed to include documentation that the inconsistent oxycodone result from the July 19, 2017, UDS, the inconsistent oxycodone and codeine results from the September 13, 2017, UDS and October 11, 2017, UDS, or the inconsistent oxycodone result from the January 3, 2018, UDS were discussed with Patient A or otherwise addressed by Respondent.

29. On or about February 26, 2018, Patient A presented for a follow-up and to refill his medications. A comprehensive ongoing assessment was completed. Respondent noted that Patient A had a CT scan of the elbow showing chronic tendon tear and a CT scan of his sinuses showing a deviated septum with chronic sinusitis. Respondent stated that he would refer Patient A to other providers for further evaluation of these conditions. Regarding Patient A's chronic pain management, Respondent noted that Patient A was on a stimulator, doing well, and was seeing Dr. M.V. Respondent stated that he would "continue as before" and follow up in four weeks. The progress notes failed to include documentation that the inconsistent oxycodone result from the July 19, 2017, UDS, the inconsistent oxycodone and codeine results from the September 13, 2017, UDS and October 11, 2017, UDS, or the inconsistent oxycodone result from the January 3, 2018, UDS were discussed with Patient A or otherwise addressed by Respondent.

30. The same day, on or about February 26, 2018, Patient A had a UDS performed, which Respondent ordered. The results were reported on or about March 2, 2018, and were contained in

the progress notes. The lab report showed that Patient A was inconsistently negative for oxycodone. In addition, Patient A was noted to be positive for THC. The Specimen Validity section also noted abnormal results for specific gravity and urine creatinine, raising a concern for possible specimen tampering.

31. On or about April 4, 2018, Patient A presented for a follow-up and to refill his medications. A comprehensive ongoing assessment was completed. Respondent noted that Patient A had a spinal stimulator, was doing significantly better, and that he was "following all the Medical Board of California guidelines." Respondent noted that Patient A was on minimal morphine equivalents (MME) and was still following with Dr. M.V. Respondent discussed risks and benefits with Patient A. Respondent noted that Patient A would continue with the stimulator and follow up in four weeks. The progress notes failed to include documentation that the inconsistent oxycodone result from the July 19, 2017, UDS, the inconsistent oxycodone and codeine results from the September 13, 2017, UDS and October 11, 2017, UDS, the inconsistent oxycodone results from the January 3, 2018, UDS and February 26, 2018, UDS, or the specific gravity and urine creatinine abnormalities from the February 26, 2018, UDS were discussed with Patient A or otherwise addressed by Respondent.

32. On or about April 25, 2018, Patient A presented for a follow-up and to refill his medications. Patient A reported that he was going out of town for two months. A comprehensive ongoing assessment was completed. Respondent noted that Patient A's UDS showed codeine, but not oxycodone. Respondent further noted, "Usually oxycodone does not convert to codeine. Several times, we have tried to confirm this and it has not shown." Respondent noted that Patient A had a nerve stimulator implant. He stated that the situation was a "very peculiar case," noting Patient A had come from out-of-state on pain medication. Respondent concluded, "At this time due to diversion concerns, we will stop his pain management." Respondent stated that Patient A would need to get clearance from an addiction specialist or another pain management provider "explaining the lack of oxycodone in this UDS."

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

A. Despite multiple inconsistent UDS results, Respondent failed to ensure appropriate compliance monitoring and continuously prescribed oxycodone to Patient A for a prolonged period without entering into an exit strategy until on or about April 25, 2018.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

34. Respondent has subjected his Physician's and Surgeon's Certificate No. A 89608 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records regarding his care and treatment of Patients A, B, and C, as more particularly alleged hereinafter:

Patient A

35. Paragraphs 10 through 32, above, are hereby incorporated by reference and re-alleged as if fully set forth herein.

Patient B

36. Since on or about January 19, 2017, Patient B was under Respondent's care for pain management relating to chronic pain of the back and neck.

37. Between on or about January 1, 2019, and December 9, 2020, Patient B filled the following prescriptions for morphine sulfate,[3] which Respondent or his physician assistants prescribed:

Date Filled	Drug Name	Form	Strength	Quantity	Days Supplied
1-18-2019	Morphine Sulfate	TAB	30 mg	90	30
2-19-2019	Morphine Sulfate	TAB	30 mg	90	30
3-20-2019	Morphine Sulfate	TAB	30 mg	90	30
4-25-2019	Morphine Sulfate	TAB	30 mg	90	30

[3] Morphine sulfate 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
6-1-2019	Morphine Sulfate	TAB	30 mg	90	30
6-29-2019	Morphine Sulfate	TAB	30 mg	90	30
7-27-2019	Morphine Sulfate	TAB	30 mg	90	30
8-27-2019	Morphine Sulfate	TAB	30 mg	90	30
9-25-2019	Morphine Sulfate	TAB	30 mg	90	30
11-5-2019	Morphine Sulfate	TAB	30 mg	90	30
12-3-2019	Morphine Sulfate	TAB	30 mg	90	30
1-7-2020	Morphine Sulfate	TAB	30 mg	90	30
2-4-2020	Morphine Sulfate	TAB	30 mg	90	30
3-6-2020	Morphine Sulfate	TAB	30 mg	90	30
4-7-2020	Morphine Sulfate	TAB	30 mg	90	30
5-5-2020	Morphine Sulfate	TAB	30 mg	90	30
6-9-2020	Morphine Sulfate	TAB	30 mg	90	30
7-9-2020	Morphine Sulfate	TAB	30 mg	90	30
8-11-2020	Morphine Sulfate	TAB	30 mg	90	30
9-9-2020	Morphine Sulfate	TAB	30 mg	90	30
10-9-2020	Morphine Sulfate	TAB	30 mg	90	30
11-10-2020	Morphine Sulfate	TAB	30 mg	90	30
12-9-2020	Morphine Sulfate	TAB	30 mg	90	30

38. The dosage for each prescription of morphine sulfate was 90 MED per day.

39. During this timeframe, Patient B had an office visit with Respondent or his physician assistants on a near-monthly basis. Respondent electronically co-signed the progress notes for almost all of the visits with his physician assistants. Although Patient B's morphine sulfate prescriptions were refilled at each visit, the corresponding progress notes and prescription records failed to show that naloxone[4] (or an approved equivalent drug) was offered to Patient B.[5]

[4] Naloxone (Narcan) is a medication that rapidly reverses an opioid overdose. As an opioid antagonist, it attaches to opioid receptors and reverses and blocks the effects of other opioids, such as morphine. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose.

[5] On or about January 1, 2019, Business and Professions Code section 741 took effect, requiring prescribers to offer a prescription for naloxone (or an approved equivalent drug) to a patient when prescribing an opioid to the patient and, *inter alia*, the prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

Patient C

40. Since on or about September 1, 2017, Patient C was under Respondent's care for pain management relating to chronic spinal stenosis and multiple failed back and spinal surgeries.

41. Between on or about January 1, 2019, and March 23, 2019, Patient C filled the following prescriptions for oxycodone and OxyContin,[6] which Respondent's physician assistants prescribed:

Date Filled	Drug Name	Form	Strength	Quantity	Days Supplied
1-21-2019	Oxycodone HCL	TAB	5 mg	60	30
1-22-2019	OxyContin	TER	15 mg	120	30
2-22-2019	Oxycodone HCL	TAB	5 mg	60	30
2-22-2019	OxyContin	TER	15 mg	120	30
3-22-2019	Oxycodone HCL	TAB	5 mg	60	30
3-23-2019	OxyContin	TER	15 mg	120	30

42. The combined dosage for each concurrent prescription of oxycodone and OxyContin was 105 MED per day.

43. On or about January 21, 2019, February 22, 2019, and March 22, 2019, respectively, Patient C had an office visit with Respondent's physician assistant. Respondent electronically co-signed the progress notes for each visit. Although Patient C's oxycodone and OxyContin prescriptions were refilled at these visits, the corresponding progress notes and prescription records failed to show that naloxone (or an approved equivalent drug) was offered to Patient C.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 89608, issued to Respondent Robert Behrooz Lajvardi, M.D.;

[6] OxyContin is the extended-release form of oxycodone. Oxycodone 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.

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

3. Ordering Respondent Robert Behrooz Lajvardi, 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: OCT 0 6 2023

Jenna Jones for
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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