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

In the Matter of the Accusation Against: Prakash Krishin Bhatia, M.D. Physician's & Surgeon's Certificate No. A 74848 Respondent.	Case No. 800-2020-067286

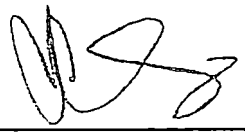
DECISION

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 January 26, 2024.

IT IS SO ORDERED: December 28, 2023.

MEDICAL BOARD OF CALIFORNIA



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

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

In the Matter of the Accusation Against: **PRAKASH KRISHIN BHATIA, M.D.** **610 Euclid Ave., Ste. 200** **National City, CA 91950-2951** **Physician's and Surgeon's Certificate No. A 74848** Respondent.	Case No. 800-2020-067286 OAH No. 2023050747 **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 Jason J. Ahn, Deputy Attorney General.

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2. Respondent Prakash Krishin Bhatia, M.D. (Respondent) is represented in this proceeding by attorney David M. Balfour Esq., whose address is: 655 W. Broadway, Suite 1600 San Diego, CA 92101.

3. On or about June 7, 2001, the Board issued Physician's and Surgeon's Certificate No. A 74848 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2020-067286, and will expire on May 31, 2025, unless renewed.

JURISDICTION

4. On April 24, 2023, Accusation No. 800-2020-067286 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 or about April 24, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2020-067286 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. 800-2020-067286. Respondent has also carefully read, fully discussed with his counsel, and fully 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.

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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 contained in Accusation No. 800-2020-067286, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 74848 to disciplinary action.

10. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2020-067286 shall be deemed true, correct, and fully admitted by Respondent for purposes of that 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 74848 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.

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. 800-2020-067286 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.

ADDITIONAL PROVISIONS

14. 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.

15. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent Prakash Krishin Bhatia, M.D., holder of Physician's and Surgeon's Certificate No. A 74848, shall be and hereby is Publicly Reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued in connection with the allegation as set forth in Accusation No. 800-2020-067286, is as follows:

> From 2015 ~ 2017, Respondent failed to adequately monitor Patients A, B, and C, and failed to adequately coordinate care of Patient C, while prescribing controlled substances.

1. 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 40 hours. 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 65 hours of CME of which 40 hours were in satisfaction of this condition.

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2. PRESCRIBING PRACTICES COURSE. Within 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 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. MEDICAL RECORD KEEPING COURSE. Within 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 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 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 the 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. The 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 the Respondent did not successfully complete the clinical competence assessment program, the 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.

5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, legal reviews, and investigation(s), as applicable, in the amount of $51,736.25 (fifty-one thousand seven hundred thirty-six dollars and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall constitute unprofessional conduct and grounds for further disciplinary action.

6. 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 constitute unprofessional conduct and grounds for further disciplinary action

7. The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

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8. 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. 800-2020-067286 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.

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

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, David M. Balfour Esq. 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 fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/9/23

PRAKASH KRISHIN BHATIA, M.D.
Respondent

I have read and fully discussed with Respondent Prakash Krishin Bhatia, 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: 11/9/23

DAVID M. BALFOUR ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: November 9 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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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: **Prakash Krishin Bhatia, M.D.** **610 EUCLID AVE STE 200** **NATIONAL CITY CA 91950-2951** **Physician's and Surgeon's Certificate No. A 74848,** Respondent.	Case No. 800-2020-067286 **ACCUSATION**

PARTIES

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

2. On or about June 7, 2001, the Medical Board issued Physician's and Surgeon's Certificate No. A 74848 to Prakash Krishin Bhatia, 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, 2025, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
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> (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.
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> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

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.

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

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.

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FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 74848 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A,[1] Patient B, and Patient C, as more particularly alleged herein:

Patient A

10. On or about December 28, 2015,[2] Patient A first presented to Respondent. At that time, Patient A was a fifty-one (51) year-old male with a medication list of oxymorphone[3] ER 60 mg three times daily, oxycodone[4] 20 mg three times daily, carvedilol,[5] omeprazole,[6] and

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

[2] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[3] Opana ER® (oxymorphone HCL), an opioid analgesic, 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. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are not available. The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The Food & Drug Administration has issued a black box warning for Opana ER® which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also cautions about the risks associated with concomitant use of Opana ER® with benzodiazepines or other central nervous system (CNS) depressants.

[4] Oxycodone HCL (OxyContin®) 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. When properly prescribed and indicated, Oxycodone HCL is used for the management of pain severe enough to require daily, around-the-clock, long term opioid treatment for which alternative treatment options are inadequate. The Drug Enforcement Administration (DEA) has identified oxycodone as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression.

[5] Carvedilol is a medication [beta blocker] which can be used to treat high blood pressure and heart failure.

[6] Omeprazole is a medication [proton-pump inhibitor] which can be used to treat heartburn, a damaged esophagus, stomach ulcers, and gastroesophageal reflux disease (GERD).

atorvastatin.[7] Patient A reported drinking alcohol "once a year" but denied smoking cigarettes.

11. Thereafter, from on or about December 28, 2015 through July 2017, Patient A returned to Respondent approximately fourteen (14) times, on a nearly monthly basis, with ten (10) of these visits seen by Respondent's nurse practitioner.

12. From January 2016 through July 2017, Respondent prescribed the following controlled substances to Patient A as part of a pain management treatment program: oxycodone averaging 60 mg daily and oxymorphone averaging 180 mg daily, a combination with a morphine equivalent dosage (MED) of 630 mg daily.

13. During the treatment period, from on or about December 28, 2015 through July 2017, Respondent did not adequately monitor how Patient A was progressing regarding his pain treatment goals. The progress notes provide scant information regarding the nature and extent of Patient A's pain, including, but not limited to, location of the pain, quality and intensity of the pain, and factors that exacerbate or relieve the pain.

14. During the treatment period, from on or about December 28, 2015 through July 2017, Respondent failed to adequately check CURES[8] reports and/or failed to document having adequately checked CURES reports.

15. During the treatment period, from on or about December 28, 2015 through July 2017, Respondent failed to adequately utilize urine drug screen tests despite inconsistent result(s). For example, Patient A's urine sample collected on or about December 28, 2015 was positive for oxymorphone, but negative for oxycodone and all other substances tested. This result was inconsistent with a prescription of oxycodone (20 mg quantity 60) by Patient A's primary care physician.

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[7] Atorvastatin (common brand Lipitor) is a medication which can be used to treat high cholesterol and triglyceride levels.

[8] CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a database of Schedule II, III, and IV controlled substance prescriptions dispensed in California, serving the public health, regulatory oversight agencies, and law enforcement.

16. During the treatment period, from on or about December 28, 2015 through July 2017, Respondent failed to adequately monitor and/or failed to document having adequately monitored Patient A for possible side effects from the opioid analgesics.

Patient B

17. On or about January 31, 2012, Patient B first presented to Respondent. At that time, Patient B was a fifty-three (53) year-old female with a history of ADHD[9] and bipolar disorder.[10] Respondent began providing pain management treatment.

18. From about June 2016 through June 2017, Respondent prescribed the following controlled substances to Patient B: transdermal fentanyl[11] 100 µg quantity 10 on average every 38 days, oxycodone averaging 114 mg daily (Morphine Equivalent Dose of 171 mg daily), clonazepam[12] averaging 2.5 mg daily, and carisoprodol[13] 350 mg averaging 2.9 tablets daily.

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[9] Attention Deficit Hyperactivity Disorder (ADHD) is a chronic condition including attention difficulty, hyperactivity, and impulsiveness.

[10] Bipolar disorder is a disorder associated with episodes of mood swings ranging from depressive lows to manic highs.

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

[12] Klonopin® (clonazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders. Concomitant use of Klonopin® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Klonipin®, as drugs of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[13] Soma® (carisoprodol) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the short-term treatment of acute and painful musculoskeletal conditions. Soma® is commonly used by those who abuse opioids to potentiate the euphoric effect of opioids, to create a better "high." According to the DEA, Office of Diversion Control, "[c]arisoprodol abuse has escalated in the

19. During the treatment period, from about June 2016 through June 2017, Respondent did not adequately monitor how Patient B was progressing regarding her pain treatment goals. The progress notes provide scant information regarding the nature and extent of Patient B's pain, including, but not limited to, location of the pain, quality and intensity of the pain, and factors that exacerbate or relieve the pain.

20. During the treatment period, from about June 2016 through June 2017, Respondent failed to adequately check CURES reports and/or failed to document having adequately checked CURES reports.

21. During the treatment period, from about June 2016 through June 2017, Respondent failed to adequately utilize urine drug screen tests despite the fact that Respondent was aware of at least one prior Driving Under the Influence of a Drug [Oxycodone] incident for Patient B.

Patient C

22. On or about August 11, 2014, Patient C first presented to Respondent after her admission to a nursing home in or around May 2014 following pneumonia and exacerbation of her chronic obstructive pulmonary disease (COPD).[14] Patient C had a history of COPD, diabetes mellitus type 2, diabetic neuropathy,[15] hypertension,[16] hyperlipidemia,[17] obesity, coronary artery

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last decade in the United States. According to Diversion Drug Trends, published by the DEA on the trends in diversion of controlled and noncontrolled pharmaceuticals, carisoprodol continues to be one of the most commonly diverted drugs. Diversion and abuse of carisoprodol is prevalent throughout the country. As of March 2011, street prices for [carisoprodol] Soma® ranged from $1 to $5 per tablet. Diversion methods include doctor shopping for the purposes of obtaining multiple prescriptions and forging prescriptions."

[14] Chronic obstructive pulmonary disease (COPD) is a group of lung diseases that block airflow and make it difficult to breathe.

[15] Diabetic neuropathy refers to a type of nerve damage that can occur with diabetes.

[16] Hypertension refers to a high blood pressure.

[17] Hyperlipidemia refers to a condition in which there are high levels of fat particles (lipids) in the blood.

disease,[18] diastolic heart failure,[19] depression, anxiety, gastroesophageal reflux disease,[20] spinal stenosis,[21] chronic pain and degenerative joint disease.[22] At the nursing home, Patient C was managed by her primary care physician and various consultants, including a psychiatrist for her mental health.

23. From on or about August 11, 2014 through on or about March 19, 2017, Patient C presented to Respondent for a total of approximately twenty-three (23) times. Respondent provided pain management treatment and/or care, including, but not limited to, prescribing analgesic medications, including opioid analgesics and carisoprodol, and administering several steroid injections at the knees.

24. From on or about May 8, 2016 through on or about May 17, 2016, Patient C was hospitalized due to a drug overdose, and was brought to the emergency room by paramedics from her skilled nursing facility "for altered mental status."

25. On or about May 9, 2016, a psychiatric consultant found Patient C to be confused and a poor historian and noted that Patient C's urine drug screen was positive for amphetamine, cannabis, opiates, and oxycodone.

26. On or about May 17, 2016, Patient C was discharged back to the nursing home.

27. Respondent's medical records regarding Patient C's May 2016 hospitalization contain, among other things, references to diagnoses of amphetamine use and marijuana use, "crystal meth[amphetamine] use," morbid obesity, and suspected obstructive sleep apnea.[23] However, Respondent failed to adequately follow up and/or failed to document having adequately

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[18] Coronary artery disease refers to a damage or disease in the heart's major blood vessels.

[19] Diastolic heart failure occurs if the left ventricle muscle becomes stiff or thickened.

[20] Gastroesophageal reflux disease (GERD) refers to a digestive disease in which stomach acid or bile irritates the food pipe lining.

[21] Spinal stenosis refers to a narrowing of the spinal canal.

[22] Degenerative joint disease, also called osteoarthritis, is a type of arthritis that occurs when flexible tissue at the ends of bones wears down.

[23] Obstructive sleep apnea refers to an intermittent airflow blockage during sleep.

followed up with Patient C's use of amphetamine and marijuana; Respondent failed to obtain urine drug screens. Respondent failed to adequately discuss and/or failed to document having adequately discussed with Patient C regarding her amphetamine and cannabis use.

28. During the treatment period, from on or about May 1, 2016 through on or about March 19, 2017, Respondent failed to adequately coordinate care with other health care providers, including, but not limited to, other treating physicians such as the primary care physician, psychiatrist, and staff at the nursing home.

29. Respondent committed repeated negligent acts in his care and treatment of Patient A Patient B, and Patient C, including, but not limited to:

30. Respondent failed to adequately monitor Patient A during his pain management care and treatment of Patient A;

31. Respondent failed to adequately monitor Patient B during his pain management care and treatment of Patient B;

32. Respondent failed to adequately follow up with Patient C regarding Patient C's amphetamine and cannabis use; and

33. Respondent failed to adequately coordinate his care and treatment of Patient C with other health care providers and staff at the nursing home.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

34. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 74848 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, Patient B, and Patient C, as more particularly alleged in paragraphs 9 through 33, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

35. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 74848 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 34, above, which are hereby incorporated by reference as if fully set forth herein.

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 74848, issued to Prakash Krishin Bhatia, M.D.;

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

3. Ordering Prakash Krishin Bhatia, 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: APR 24 2023

REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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