

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

In the Matter of the Accusation  
Against:

Bikramjit Singh Ahluwalia, M.D.

Physician's and Surgeon's  
Certificate No. C 52278

Respondent.

Case No.: 800-2020-067225

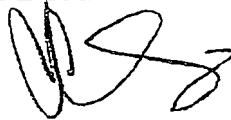
DECISION

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 May 22, 2024.

IT IS SO ORDERED: April 22, 2024.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KEITH C. SHAW  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:  
**BIKRAMJIT SINGH AHLUWALIA, M.D.**  
16143 Kokanee Road, Suite C  
Apple Valley, CA 92307-1355  
**Physician's and Surgeon's Certificate No.  
C 52278**  
Respondent.

Case No. 800-2020-067225  
OAH No. 2023060412

**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 Keith C. Shaw, Deputy Attorney General.

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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2020-067225, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent gives up his right to contest that, at a hearing, Complainant  
7 could establish a *prima facie* case with respect to the charges and allegations contained in the  
8 Accusation.

9 11. Respondent agrees that if he ever petitions for early termination or modification of  
10 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
11 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-  
12 2020-067225 shall be deemed true, correct and fully admitted by Respondent for purposes of any  
13 such proceeding or any other licensing proceeding involving Respondent in the State of  
14 California.

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

18 **CONTINGENCY**

19 13. This stipulation shall be subject to approval by the Medical Board of California.  
20 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
21 Board of California may communicate directly with the Board regarding this stipulation and  
22 settlement, without notice to or participation by Respondent or his counsel. By signing the  
23 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
24 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
25 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
26 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
27 action between the parties, and the Board shall not be disqualified from further action by having  
28 considered this matter.

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

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

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 52278 issued  
9 to Respondent Bikramjit Singh Ahluwalia, M.D., is revoked. However, the revocation is stayed  
10 and Respondent is placed on probation for three (3) years from the effective date of the Decision  
11 on the following terms and conditions:

12 1. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO**  
13 **RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled  
14 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
15 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
16 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
17 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and  
18 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
19 and 4) the indications and diagnosis for which the controlled substances were furnished.

20 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
21 records and any inventories of controlled substances shall be available for immediate inspection  
22 and copying on the premises by the Board or its designee at all times during business hours and  
23 shall be retained for the entire term of probation.

24 2. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
25 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
26 for its prior approval educational program(s) or course(s) which shall not be less than 30 hours  
27 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
28 correcting any areas of deficient practice or knowledge, including an emphasis on the prescribing

1 of controlled substances, and shall be Category I certified. The educational program(s) or  
2 course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical  
3 Education (CME) requirements for renewal of licensure. Following the completion of each  
4 course, the Board or its designee may administer an examination to test Respondent's knowledge  
5 of the course. Respondent shall provide proof of attendance for 55 hours of CME of which 30  
6 hours were in satisfaction of this condition.

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

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

21 Respondent shall submit a certification of successful completion to the Board or its  
22 designee not later than 15 calendar days after successfully completing the course, or not later than  
23 15 calendar days after the effective date of the Decision, whichever is later.

24 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
25 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
26 advance by the Board or its designee. Respondent shall provide the approved course provider  
27 with any information and documents that the approved course provider may deem pertinent.  
28 Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
2 complete any other component of the course within one (1) year of enrollment. The medical  
3 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
4 Medical Education (CME) requirements for renewal of licensure.

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

10 Respondent shall submit a certification of successful completion to the Board or its  
11 designee not later than 15 calendar days after successfully completing the course, or not later than  
12 15 calendar days after the effective date of the Decision, whichever is later.

13 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
14 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
15 meets the requirements of Title 16, California Code of Regulations section 1358.1. Respondent  
16 shall participate in and successfully complete that program. Respondent shall provide any  
17 information and documents that the program may deem pertinent. Respondent shall successfully  
18 complete the classroom component of the program not later than six (6) months after  
19 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
20 time specified by the program, but no later than one (1) year after attending the classroom  
21 component. The professionalism program shall be at Respondent's expense and shall be in  
22 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

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

7 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar  
8 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,  
9 the name and qualifications of a replacement monitor who will be assuming that responsibility  
10 within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within  
11 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
12 notification from the Board or its designee to cease the practice of medicine within three (3)  
13 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
14 replacement monitor is approved and assumes monitoring responsibility.

15 In lieu of a monitor, Respondent may participate in a professional enhancement program  
16 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
17 review, semi-annual practice assessment, and semi-annual review of professional growth and  
18 education. Respondent shall participate in the professional enhancement program at Respondent's  
19 expense during the term of probation.

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

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

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

4           9.    INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
5 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
6 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena  
7 enforcement, as applicable, in the amount of \$21,186.00. Costs shall be payable to the Medical  
8 Board of California. Failure to pay such costs shall be considered a violation of probation.

9           Any and all requests for a payment plan shall be submitted in writing by respondent to the  
10 Board.

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

14          Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
15 of the preceding quarter.

16          11.   GENERAL PROBATION REQUIREMENTS.

17               Compliance with Probation Unit

18               Respondent shall comply with the Board's probation unit.

19               Address Changes

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

25               Place of Practice

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

1           License Renewal

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

4           Travel or Residence Outside California

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

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

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

14           13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
15 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
16 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
17 defined as any period of time Respondent is not practicing medicine as defined in Business and  
18 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
19 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
20 Respondent resides in California and is considered to be in non-practice, Respondent shall  
21 comply with all terms and conditions of probation. All time spent in an intensive training  
22 program which has been approved by the Board or its designee shall not be considered non-  
23 practice and does not relieve Respondent from complying with all the terms and conditions of  
24 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
25 on probation with the medical licensing authority of that state or jurisdiction shall not be  
26 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
27 period of non-practice.

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

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

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

8 Periods of non-practice for a Respondent residing outside of California will relieve  
9 Respondent of the responsibility to comply with the probationary terms and conditions with the  
10 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
11 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
12 Controlled Substances; and Biological Fluid Testing..

13 14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
14 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
15 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
16 be fully restored.

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

24 16. LICENSE SURRENDER. Following the effective date of this Decision, if  
25 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
26 the terms and conditions of probation, Respondent may request to surrender his or her license.  
27 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
28 determining whether or not to grant the request, or to take any other action deemed appropriate

1 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
2 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
3 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
4 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
5 application shall be treated as a petition for reinstatement of a revoked certificate.

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

11 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
12 a new license or certification, or petition for reinstatement of a license, by any other health care  
13 licensing action agency in the State of California, all of the charges and allegations contained in  
14 Accusation No. 800-2020-067225 shall be deemed to be true, correct, and admitted by  
15 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
16 restrict license.

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**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. 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: 3/5/2024   
BIKRAMJIT SINGH AHLUWALIA, M.D.  
*Respondent*

I have read and fully discussed with Respondent Bikramjit Singh Ahluwalia, 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: March 8, 2024   
RAYMOND J. MCMAHON, 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: 3/8/2024

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

  
KEITH C. SHAW  
Deputy Attorney General  
*Attorneys for Complainant*

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8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

Case No. 800-2020-067225

15 **BIKRAMJIT SINGH AHLUWALIA, M.D.**  
16 **16143 Kokanee Road, Ste. C**  
**Apple Valley, CA 92307-1355**

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

17 **Physician's and Surgeon's Certificate**  
18 **No. C 52278,**

Respondent.

19  
20  
21 **PARTIES**

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

25 2. On or about April 5, 2006, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. C 52278 to Bikramjit Singh Ahluwalia, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on November 30, 2023, unless renewed.

JURISDICTION

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

5       4.    Section 2227 of the Code states:

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

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

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

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

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

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

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

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1 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
2 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
3 included in a stipulated settlement.

#### 4 PERTINENT DRUGS

5 9. **Hydrocodone APAP** (Vicodin, Lortab, and Norco) is a hydrocodone combination of  
6 hydrocodone bitartrate and acetaminophen and is a Schedule II controlled substance pursuant to  
7 Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Code  
8 section 4022. Schedule II controlled substances are substances that have a currently accepted  
9 medical use in the United States, but also have a high potential for abuse, and the abuse of which  
10 may lead to severe psychological or physical dependence. When properly prescribed and  
11 indicated, hydrocodone is used for the treatment of moderate to severe pain. In addition to the  
12 potential for psychological and physical dependence, there is also the risk of acute liver failure  
13 which has resulted in a black box warning being issued by the Food and Drug Administration  
14 (FDA). The Drug Enforcement Administration (DEA) has identified opioids, such as  
15 hydrocodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p.  
16 38.)

17 10. **Oxycodone with acetaminophen** (Percocet), an opioid analgesic, is a Schedule II  
18 controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a  
19 dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is  
20 used for the management of moderate to moderately severe pain. The DEA has identified  
21 oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p.  
22 41.) The FDA has issued a black box warning for Percocet which warns about, among other  
23 things, addiction, abuse and misuse, and the possibility of “life-threatening respiratory distress.”

24 11. **Oxycodone HCL** (OxyContin, Roxicodone) is a Schedule II controlled substance  
25 pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug  
26 pursuant to Code section 4022. When properly prescribed and indicated, Oxycodone HCL is  
27 used for the management of pain severe enough to require daily, around-the-clock, long-term  
28 opioid treatment for which alternative treatment options are inadequate. The DEA has identified

1 Oxycodone HCL as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at  
2 p. 41.) The risk of respiratory depression and overdose is increased with the concomitant use of  
3 benzodiazepines or when prescribed to patients with pre-existing respiratory depression.

4 12. **Tramadol hydrochloride**, is a centrally acting synthetic analgesic compound. It is a  
5 dangerous drug as defined in section 4022 of the Code, and a Schedule II controlled substance as  
6 defined by section 11057 of the Health and Safety Code. Tramadol is indicated for the  
7 management of moderate to moderately severe pain.

8 13. **Xanax** (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is  
9 a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,  
10 subdivision (d), and a dangerous drug pursuant to Code section 4022. When properly prescribed  
11 and indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax  
12 with opioids “may result in profound sedation, respiratory depression, coma, and death.” The  
13 DEA has identified benzodiazepines, such as Xanax, as drugs of abuse. (Drugs of Abuse, DEA  
14 Resource Guide (2017 Edition), at p. 59.)

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Gross Negligence)**

17 14. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
18 by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care  
19 and treatment of Patient A, as more particularly alleged hereinafter:

20 **PATIENT A**

21 15. Respondent, who practices internal medicine and rheumatology, began treating  
22 Patient A,<sup>1</sup> a then 56-year-old male, in approximately October 2012.<sup>2</sup> Patient A presented with a  
23 chief complaint of degenerative disk disease due to an automobile accident. Respondent began  
24

25 \_\_\_\_\_  
26 <sup>1</sup> The patients listed in this document are unnamed to protect their privacy. Respondent  
27 knows the names of the patients and can confirm their identity through discovery.

28 <sup>2</sup> 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.

1 issuing regular prescriptions for Percocet (50 mg oxycodone daily), and soon after oxycodone  
2 (150 mg daily).

3 16. On or about May 5, 2013, Respondent referred Patient A to a pain specialist,  
4 however, the patient did not follow-up. On or about December 5, 2014, Respondent diagnosed  
5 Patient A with Opiate Addiction, as well as Chronic Pain Syndrome and Bipolar Disorder.  
6 Respondent noted Patient A was referred to psychiatry, but there was no follow-up reference of  
7 the results. On or about January 14, 2014, Respondent began regularly prescribing Roxicodone  
8 (180 mg), in addition to Patient A's regular prescriptions for Percocet (40 mg oxycodone daily),  
9 while oxycodone was discontinued. Regular prescriptions for Percocet and Roxicodone would  
10 continue until Patient A's last visit with Respondent on or about December 10, 2021.

11 17. During the course of prescribing opiates to Patient A, Respondent's notes describing  
12 the pain history, physical examination, treatment plan with objectives, periodic review, as well as  
13 non-opiate attempts to control pain, were either completely absent or very limited. Additionally,  
14 more than half of Respondent's recorded visits for Patient A were handwritten and largely  
15 illegible, while the electronic notes were lacking, especially concerning opiate assessment.  
16 Despite numerous notations regarding Patient A's narcotics addiction, there were very limited  
17 attempts to refer him to a pain specialist or psychiatry.

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

20 (a) Respondent failed to appropriately document a treatment plan with  
21 objectives; and

22 (b) Respondent inappropriately managed the patient's chronic pain with  
23 opiates.

24 **SECOND CAUSE FOR DISCIPLINE**

25 **(Repeated Negligent Acts)**

26 19. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
27 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent  
28 acts in his care and treatment of Patients A, B, and C, as more particularly alleged herein.

1           **PATIENT A**

2           20. Respondent committed repeated negligent acts in his care and treatment of Patient A  
3 which included, but was not limited to, the following:

- 4           (a) Paragraphs 15 through 18, above, are hereby incorporated by reference  
5           and realleged as if fully set forth herein;
- 6           (b) Respondent failed to properly record a pain history and physical  
7           examination;
- 8           (c) Respondent failed to appropriately record periodic review of pain  
9           treatment; and
- 10          (d) Respondent made only limited attempts to appropriately refer the  
11          patient to an addiction or pain management specialist.

12           **PATIENT B**

13          21. Respondent started treating Patient B, a then 55-year-old male, on or about October 9,  
14 2012. Patient B was treated primarily for psoriatic arthritis. Respondent noted that the patient  
15 was responding well to arthritis treatment, but began prescribing Norco (40 mg hydrocodone  
16 daily) without providing a clear reason. While a fairly complete physical examination was noted  
17 at the initial visit, lacking was an appropriate record of the patient's pain and drug history, as well  
18 as pain levels with physical findings. On or about June 14, 2019, Respondent began prescribing  
19 Otezla, a psoriatic arthritis medication, as well as biologic injections, to treat the patient's  
20 arthritis. Regular prescriptions of Norco would continue through at least December 2021. On or  
21 about February 2, 2022, Respondent noted that Patient B was "Opioid Dependent."

22          22. During the course of prescribing opiates to Patient B, Respondent's notes describing a  
23 treatment plan with stated objectives, periodic review, rehabilitation efforts, as well as referral for  
24 opioid addiction, were either completely absent or very limited. Additionally, a large portion of  
25 Respondent's recorded visits for Patient B were handwritten and largely illegible.

26          23. Respondent committed repeated negligent acts in his care and treatment of Patient B  
27 which included, but was not limited to, the following:

28          ///

- 1 (a) Respondent failed to properly record the patient's pain and drug  
2 history;
- 3 (b) Respondent failed to appropriately record periodic review of pain  
4 treatment;
- 5 (c) Respondent failed to appropriately refer the patient to an addiction  
6 specialist; and
- 7 (d) Respondent failed to appropriately document a treatment plan with  
8 objectives, rehabilitation efforts, as well as the reason opiates were  
9 being used.

10 **PATIENT C**

11 24. Respondent started treating Patient C, a then 54-year-old female, on or about June 9,  
12 2014. Patient C had a history of congestive heart failure, diabetes, hypertension, congestive  
13 obstructive pulmonary disease (COPD), kidney disease, gout, and severe spinal stenosis of the  
14 lumbar spine. Respondent began issuing regular prescriptions for Norco (30 mg hydrocodone  
15 daily) and tramadol. Beginning in at least January 2018, Patient C started regular prescriptions  
16 for Percocet (30 mg oxycodone daily) and Xanax (2 mg daily), while Norco and tramadol were  
17 discontinued. However, Respondent failed to record an appropriate justification for starting  
18 opiates at any time.

19 25. In approximately May 2017, Respondent diagnosed Patient C with psoriatic arthritis,  
20 but continued to treat her with narcotics rather than attempt anti-arthritis drugs. Patient C also  
21 had a likely diagnosis of fibromyalgia (although not charted), which is best treated without  
22 opiates.

23 26. During the course of prescribing opiates to Patient C, Respondent's notes describing a  
24 complete pain history requiring opiate treatment, an appropriate treatment plan for long-term,  
25 chronic pain, and periodic review for pain control were very limited. Additionally, a fair portion  
26 of Respondent's recorded visits for Patient C were handwritten and largely illegible. Patient care  
27 continued until at least February 2022.

28 ///

1 27. Respondent committed repeated negligent acts in his care and treatment of Patient C  
2 which included, but was not limited to, the following:

3 (a) Respondent failed to properly record the patient's pain history  
4 requiring long-term opiate treatment;

5 (b) Respondent failed to appropriately record periodic review of pain  
6 treatment;

7 (c) Respondent failed to appropriately refer the patient to a pain  
8 specialist; and

9 (d) Respondent failed to appropriately document a treatment plan with  
10 objectives for long-term, chronic pain.

11 **THIRD CAUSE FOR DISCIPLINE**

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

13 28. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
14 defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate  
15 records regarding his care and treatment of Patients A, B, and C, as more particularly alleged in  
16 paragraphs 15 through 27, above, which are hereby incorporated by reference and realleged as if  
17 fully set forth herein.

18 **PRAYER**

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

21 1. Revoking or suspending Physician's and Surgeon's Certificate No. C 52278, issued to  
22 Bikramjit Singh Ahluwalia, M.D.;

23 2. Revoking, suspending or denying approval of Bikramjit Singh Ahluwalia, M.D.'s  
24 authority to supervise physician assistants and advanced practice nurses;

25 3. Ordering Bikramjit Singh Ahluwalia, M.D., to pay the Board the costs of the  
26 investigation and enforcement of this case, and if placed on probation, the costs of probation  
27 monitoring;

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

DATED: MAY 04 2023

JENNA JONES FOR  
REJI VARGHESE  
Interim Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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