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

In the Matter of the Accusation Against: Mohammad Sirajullah, M.D. Physician's and Surgeon's Certificate No. C 51163 Respondent.	Case No.: 800-2019-051584

DECISION

The attached Stipulated Settlement and Disciplinary 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 August 9, 2024.

IT IS SO ORDERED: July 12, 2024.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, Chair
Panel B

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
TRINA L. SAUNDERS
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State Bar No. 207764
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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: Mohammad Sirajullah, M.D. 10661 Baton Rouge Avenue Porter Ranch, California 91326-2905 Physician's and Surgeon's Certificate C 51163, Respondent.	Case No. 800-2019-051584 OAH No. 2023080821 **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 Trina L. Saunders, Deputy Attorney General.

2. Respondent Mohammad Sirajullah, M.D. (Respondent) is represented in this proceeding by attorney Tracy Green, Green & Associates, 800 West Sixth Street, Suite 500, Los Angles, California 90017.

JURISDICTION

3. Accusation No. 800-2019-051584 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 January 4, 2022. A copy of Accusation No. 800-2019-051584 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

4. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-051584. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

5. 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.

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

CULPABILITY

7. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-051584, if proven at a hearing, constitute cause for discipline.

8. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

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 Accusation No. 800-2019-051584, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. C 51163 to disciplinary action.

CONTINGENCY

10. 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.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2019-051584 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.

12. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. C 51163, issued to Respondent Mohammad Sirajullah, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee

for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

been approved by the Board or its designee had the program been taken after the effective date of this Decision.

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

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

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

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

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

shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

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

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

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

6. PROHIBITED PRACTICE. During probation, Respondent is prohibited from prescribing narcotics. He is specifically prohibited from prescribing Schedule II, Schedule III, and Schedule IV controlled substances. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent is prohibited from prescribing Schedule II, Schedule III, and Schedule IV controlled substances. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was

made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

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

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

8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

10. 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, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $23,000.00 (twenty-three thousand and zero cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or

by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

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

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

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

12. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any

areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

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

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

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

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

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

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

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

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

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

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

application shall be treated as a petition for reinstatement of a revoked certificate.

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

19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-051584 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, Tracy Green. 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: 20th March 2024 _____

MOHAMMAD SIRAJULLAH
Respondent

I have read and fully discussed with Respondent Mohammad Sirajullah the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____

_____
TRACY GREEN
Attorney for Respondent

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I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Tracy Green. 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: _____

MOHAMMAD SIRAJULLAH
Respondent

I have read and fully discussed with Respondent Mohammad Sirajullah the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 3/20/2024

Tracy Green

TRACY GREEN
Attorney for Respondent

ENDORSEMENT

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

DATED: March 27, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Trina L. Saunders

TRINA L. SAUNDERS
Deputy Attorney General
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: **MOHAMMAD SIRAJULLAH, M.D.** **10661 Baton Rouge Avenue** **Porter Ranch, CA 91326-2905** **Physician's and Surgeon's Certificate No. C 51163,** Respondent.	Case No. 800-2019-051584 **ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On April 25, 2003, the Board issued Physician's and Surgeon's Certificate Number C 51163 to Mohammad Sirajullah, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2022, 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 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

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:

(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.

(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.

STATUTORY PROVISIONS

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:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

7. Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription-controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from,

prescription drugs or controlled substances.

(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

(d)(1) For purposes of this section and Section 2241.5, addict means a person whose actions are characterized by craving in combination with one or more of the following:

(A) Impaired control over drug use.

(B) Compulsive use.

(C) Continued use despite harm.

(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5.

8. Section 2242 of the Code states:

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

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

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(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case, no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

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

9. Section 725 of the Code states:

(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.

10. 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

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

12. 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/Repeated Negligent Acts – 5 Patients)

13. Respondent Mohammad Sirajulla, M.D.[1] is subject to disciplinary action under section 2234, subdivisions (b) and (c), of the Code for the commission of acts or omissions involving gross negligence and repeated negligent acts in the care and treatment of Patients 1, 2, 3, 4, and 5.[2] The circumstances are as follows:

Patient 1

14. Patient 1 is a forty-six-year-old female who treated with Respondent from approximately 2018 through 2019.[3] Patient 1 had a history of addiction to controlled substances from at least 2016, evidenced by CURES,[4]which showed that Patient 1 was receiving regular prescriptions for buprenorphine/suboxone (a controlled medication used to treat narcotic dependence) and other controlled substances by a multitude of different prescribers from about 2016 to 2019.[5]

[1] Respondent is a retired orthopedic surgeon who treated the patients named in this Accusation at a clinic, which Respondent describes as a clinic that treats many people addicted to different drugs, and where the "...clinic must keep [the patients] happy to maintain business."

[2] The patients are identified by number to protect their privacy.

[3] These are approximate dates based on the documents which were available to the Board. Patient 1 may have treated with Respondent before or after these dates.

[4] CURES refers to the Controlled Substance Utilization Review and Evaluation System, a drug monitoring database for Schedule II through V controlled substances dispensed in California.

[5] Respondent asserted, among other things, in a Board interview that Patient 1 was a very

15. Throughout 2019, Respondent would regularly prescribe/refill prescriptions of controlled substances (both opiates and benzodiazepines) for Patient 1, including Norco/hydrocodone (opiate painkiller), clonazepam (a benzodiazepine used to treat anxiety), Adderall (often used to treat Attention Deficit Hyperactivity Disorder (ADHD), alprazolam/Xanax (benzodiazepine), and diazepam.[6] Respondent prescribed said medications to Patient 1 throughout this period, despite the patient's physical examinations listing her as "normal," and without adequate assessment of the patient, and often without adequate documentation of the medical reasoning for the increases in dosage or change in medication.[7]

16. Throughout the period Respondent treated Patient 1, there was no adequate documentation that Respondent had adequately evaluated the patient's chronic pain and other conditions, as there was no detailed history or physical examination done and no radiologic imaging tests. Nor was there any documentation that Respondent tried safer, less-addictive pharmacotherapy or other non-opiate treatment options (e.g., physical therapy, chiropractic manipulation, etc.) on Patient 1. Moreover, Respondent failed to perform a formal opioid risk stratification for Patient 1, failed to perform periodic urine toxicology testing, failed to check CURES, failed to prescribe to Patient 1 a naloxone antidote (to reduce the risk of a potentially fatal drug overdose), and failed to refer Patient 1 to a drug detoxification treatment program, despite the patient displaying signs of addiction. Lastly, Respondent failed to adequately evaluate Patient 1's anxiety disorder and ADHD.

17. Overall, Respondent's care and treatment of Patient 1 represents an extreme departure from the standard of care in respect to his treatment of the patient's chronic pain, and for continuing to treat the patient by prescribing to her concomitant benzodiazepines with opioids,

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"difficult" patient who would often demand medications that doctors at the clinic could not prescribe. Respondent also asserted that he had tried unsuccessfully to transfer Patient 1 out of his primary care.

[6] The medications above are controlled substances and have serious side effects and risk for addiction. They are also dangerous drugs under section 4022 of the Code.

[7] Despite Patient 1 displaying "red flags" (e.g., manipulation, non-compliance, multiple providers, multiple pharmacies, etc.) of addiction, it appeared that Respondent felt obliged to keep the patient satisfied by giving her the controlled substances she requested.

despite Patient 1 showing signs of addiction or illicit behavior. Respondent's treatment of Patient 1 also represents repeated acts of negligence, as outlined above.

Patient 2

18. Patient 2 is a fifty-five-year-old male, who treated with Respondent from approximately 2015 through 2020,[8] for various conditions including obesity, hypertension, and chronic low back pain. Patient 2 had already been prescribed hydrocodone (an opiate painkiller) and carisoprodol (a controlled muscle relaxant) when he first saw Respondent for medication renewal in early 2015. During the above time period, Patient 2 would receive monthly prescriptions for controlled substances including hydrocodone, carisoprodol, alprazolam (a.k.a. Xanax, a benzodiazepine), as well as other medications. Records show that during this time period, Respondent relied mostly on narcotics and addictive muscle relaxants for pain control and treatment of the patient's ailments.

19. Respondent failed to adequately diagnose and evaluate/treat the patient's conditions, such as trying safer and non-addictive pharmacotherapy. From 2015 to 2020, there was no adequate documentation to show that Patient 2 had a history of low back pain, and there were no relevant musculoskeletal examinations throughout this time period. Respondent also failed to recommend Patient 2 to physical therapy, chiropractic manipulation, and active weight loss treatment, although the patient was referred to surgical specialties and recommended to seek pain management consultations.

20. Patient 2's profile identified him as a high risk for opioid dependency. Despite this profile, throughout the approximately five years of pain management for this patient, Respondent never performed an objective assessment (e.g., checking CURES, periodic urine toxicology testing, etc.) of the patient's opioid addiction and aberrancy risks. Furthermore, despite the

[8] Again, these are approximate dates based on the documents which were available to the Board. It appears that Patient 2 may have switched to a different primary care provider from about September 2016 to December 2017.

recommendations of pain management consultants in June 2015 to avoid narcotics, Respondent continued to prescribe narcotics to Patient 2 for the next three years.[9]

21. Respondent also failed to evaluate Patient 2's anxiety disorder adequately. Instead, Respondent appeared to rely on long-term benzodiazepine therapy to treat the patient's anxiety instead of trying safer anxiolytic medications. Respondent also concurrently prescribed addictive opiates (e.g., hydrocodone) and benzodiazepines (e.g., alprazolam) to Patient 2, although the patient had no documented strong indications for taking these controlled substances. Although Respondent's actions exposed the patient to an increased risk of a drug overdose, there was no documentation that Respondent ever prescribed to Patient 2 a naloxone antidote to reduce these risks, nor was there any documentation that there was any informed consent and pain care agreement between Respondent and the patient. Lastly, Respondent's treatment of Patient 2's hypertension/blood pressure,[10] obesity, chronic cough, and other ailments also represented departures from the standard of care.

22. Overall, Respondent's care and treatment of Patient 2 represents an extreme departure from the standard of care for abetting the patient's narcotic dependency and encouraging the patient's malingering behaviors (apparently to continue receiving disability income), and an extreme departure from the standard of care in managing the patient's blood pressure. Respondent's treatment of Patient 2 also represents repeated acts of negligence, as outlined above.

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[9] It appeared that Patient 2 was more interested in obtaining narcotics and collecting disability income during this period, rather than seeking specialty evaluations with orthopedics and pain management. By continuing to prescribe narcotics to Patient 2, despite no documentation showing the functional benefits and side effects of the opiate therapy, Respondent may have unwittingly or willingly tolerated and contributed to the patient's malingering behavior to receive disability income.

[10] Patient 2 gained more than 50 pounds in weight from 2017 to 2020, and his blood pressures were becoming more uncontrolled. Despite this, Respondent failed to perform any therapeutic measures (e.g., testing, monitoring, dietary recommendations, etc.) to treat the patient's blood pressure.

Patient 3

23. Patient 3 was a sixty-six-year-old quadriplegic male who treated with Respondent from approximately late May/early June 2015 through 2019, when he died of cardiac arrest on February 5, 2019. During the above time period, Respondent prescribed to Patient 3 a daily regimen of controlled substances, including hydrocodone (an opiate painkiller), oxycodone (an opiate painkiller), clonazepam (a benzodiazepine often used for anxiety), and lorazepam (a benzodiazepine often used for anxiety). These medications appeared to be refills of the patient's prior chronic narcotic and benzodiazepine prescriptions.[11]

24. During the above time period, Respondent failed to adequately document any medical reasons for the patient needing narcotic pain medications and there was no detailed assessment of anxiety disorder. There was no physical examination focusing on areas of physical pains and no functional assessment was documented. Examinations were documented as normal and no specific cause of the chronic pain syndrome was mentioned.

25. Respondent failed to review if there were any prior diagnostic evaluations done for Patient 3's chronic pain syndrome and failed to perform any independent evaluation(s) of the patient's condition. Respondent also failed to offer Patient 3 non-opiate treatment such as physical therapy, and to expedite any pain management consultation for this patient. From 2015 to 2019, Respondent failed to perform an adequate opioid risk stratification of the patient to prevent opioid addiction and aberrant behavior. Also, Respondent failed to query CURES adequately, failed to prescribe naloxone, failed to adequately document the functional assessment of long-term opiate therapy and its analgesic benefits on Patient 3, and to use other tools in order to prevent opioid addiction.

26. Moreover, Respondent also failed to adequately manage the patient's anxiety disorder by not consulting any mental health specialists and by concurrently prescribing to Patient 3 two different benzodiazepines (e.g. clonazepam and lorazepam), a combination which is highly

[11] According to CURES, Patient 3 was already being prescribed a daily regimen of hydrocodone and oxycodone with clonazepam and lorazepam and zolpidem (sleep aid) regularly by many different providers from 2013 to 2015. It also appears that Patient 3 did not receive any additional narcotic or benzodiazepine prescriptions from any health providers for two years, from May 2016 to December 2018, for unclear reasons.

dangerous due to its combined toxicity potential and elevated risks of respiratory failure. Also, although Respondent did refer the patient to cardiology for hypertension management, Respondent mismanaged Patient 3's hypertension in the primary care setting, as it was clear or should have been clear to Respondent that the patient had uncontrolled high blood pressure. Lastly, Respondent departed from the standard of care by the absence of informed consent and a signed pain agreement between the physician and patient.

27. Overall, Respondent's care and treatment of Patient 3 represents an extreme departure from the standard of care for the excessive prescribing of both opiates and benzodiazepines to the patient, and an extreme departure from the standard of care for the mismanagement of Patient 3's hypertension. Respondent's treatment of Patient 3 also represents repeated negligent acts, as outlined above.

Patient 4

28. Patient 4 is a thirty-four-year-old female who treated with Respondent from approximately early March 2018 through July 2019 for management of chronic headaches and hyperlipidemia (high levels of fat particles in the blood). During the initial visit, there was not any detailed history taken and no functional limitations of headaches were reviewed. The physical examination was documented as completely "normal," and Respondent prescribed Fioricet (an analgesic to treat headaches) with codeine and hydrocodone for the patient.

29. For the subsequent thirteen monthly visits, Respondent prescribed to Patient 4 monthly prescriptions of hydrocodone (an opiate painkiller), but the prescribing of the controlled substances was mostly not documented in the charts and the notes appeared to be templated and copied from visit to visit with hardly any changes or history of examinations. While Patient 4 was receiving monthly prescriptions for hydrocodone from Respondent, the patient was also receiving additional opioid medications from two other physicians in late 2018, but there was no documentation to show that Respondent checked CURES, which would have assisted Respondent to recognize that the patient may have a pattern of opioid addiction and, therefore, to taper her narcotic usage/prescriptions and refer the patient to addiction medicine. Also, there were no radiologic imaging results in the charts and no urine toxicology testing done on Patient 4.

30. During his care and treatment of Patient 4, Respondent also failed to perform a detailed evaluation to determine the true cause of Patient 4's headaches and failed to use safer non-addictive pharmacotherapy to treat the patient's headaches. Respondent also failed to perform an opioid risk stratification of the patient, failed to consult CURES on a regular basis, failed to perform urine toxicology testing, failed to have a signed pain agreement with the patient, and failed to document that the patient was given informed consent. In November 2018, Respondent also diagnosed Patient 4 with diabetes, but there was no adequate documentation as to how Respondent arrived at this diagnosis, and no laboratory evidence to support such a diagnosis. If the patient truly had diabetes, Respondent's management of this disease was inadequate as Respondent failed to perform the necessary therapeutic measures (e.g., diabetic medications, testing, counseling, etc.) to treat the patient's diabetes disease.

31. Overall, Respondent's care and treatment of Patient 4 represents an extreme departure from the standard of care for the initiation and monitoring of chronic opiate therapy and for the diagnosis and management of the patient's diabetes, as well as repeated negligent acts, as outlined above.

Patient 5

32. Patient 5 is a twenty-seven-year-old male who treated with Respondent from approximately 2016 through 2020,[12] primarily for pain management from abdominal problems and anxiety. During his treatment of Patient 5, Respondent prescribed controlled substances including oxycodone (an opiate painkiller), hydrocodone (another opiate painkiller), lorazepam (a benzodiazepine/anxiety reliever), and tramadol (a narcotic painkiller).

33. Throughout 2018-2020, the clinic visit documentation appeared copied and pasted from visit to visit, with no relevant history and no meaningful physical examinations, as the findings were all listed as "normal." Despite at least two pain clinic management notes included in the records (dated December 2019 and April 2020) which assessed Patient 5 as having high

[12] From early 2017 to late 2018, Patient 5 did not have any clinic visits with Respondent, but the patient continued to receive various controlled substances and benzodiazepines from several different physicians including tramadol, hydrocodone, lorazepam, and zolpidem. It is not clear whether Respondent checked CURES to verify these prescriptions.

risks of addiction and clearly indicating that opiates should be avoided, Respondent continued to renew the oxycodone (an opiate painkiller) to Patient 5 every month from December 2019 to at least April 2020.

34. During his treatment of Patient 5, Respondent failed to obtain a detailed history and failed to perform relevant examinations which would substantiate the patient's various diagnoses and indicate that the medications being prescribed were indicated. Throughout the almost 24 months of chronic pain management, Respondent failed to perform an objective opioid risk stratification of the patient, failed to consult CURES on a regular basis, failed to perform frequent urine toxicology testing to assess the patient's risk for addiction, failed to refer the patient to mental health, and failed to prescribe to Patient 5 a naloxone antidote to mitigate the risk of an overdose. Instead of tapering Patient 5's opioid dosage, Respondent paradoxically escalated the oxycodone (opioid) dosage given to the patient in 2019, which may have exacerbated the patient's abdominal problems. Furthermore, Respondent failed to adequately treat/manage Patient 5's anxiety disorder by not trying safer non-addictive anxiolytic medications. Instead, Respondent appeared to rely on benzodiazepines as the main therapy for the patient's anxiety. Lastly, Respondent failed to document an informed discussion between doctor and patient (i.e., informed consent) and failed to have Patient 5 sign a pain management agreement.

35. Overall, Respondent's care and treatment of Patient 5 represents an extreme departure from the standard of care in the initiation and monitoring of long-term opiate therapy. Respondent's care and treatment of Patient 5 also represents repeated negligent acts, as outlined above.

SECOND CAUSE FOR DISCIPLINE

(Excessive Prescribing – 5 Patients)

36. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Mohammad Sirajulla, M.D. is subject to disciplinary action under section 725 of the Code, in that Respondent excessively prescribed dangerous drugs to Patients 1, 2, 3, 4, and 5, above.

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THIRD CAUSE FOR DISCIPLINE

(Furnishing Drugs to an Addict – 3 Patients)

37. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Mohammad Sirajulla, M.D. is subject to disciplinary action under section 2241 of the Code, in that Respondent furnished dangerous drugs to Patients 1, 2, and 5, who had signs of addiction to controlled substances.

FOURTH CAUSE FOR DISCIPLINE

(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication – 5 Patients)

38. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Mohammad Sirajulla, M.D. is subject to disciplinary action under section 2242 of the Code, in that he furnished dangerous drugs to Patients 1, 2, 3, 4, and 5, without conducting an appropriate prior examination and/or medical indication, as shown by his inappropriate prescribing of controlled substances to Patients 1, 2, 3, 4, and 5, above.

FIFTH CAUSE FOR DISCIPLINE

(Inadequate Records – 5 Patients)

39. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Mohammad Sirajulla, M.D. is subject to disciplinary action under section 2266 of the Code, in that he failed to maintain adequate and accurate records of his care and treatment of Patients 1, 2, 3, 4, and 5, above.

DISCIPLINARY CONSIDERATIONS

40. To determine the degree of discipline, if any, to be imposed on Respondent Mohammad Sirajullah, M.D., Complainant alleges that on or about February 29, 2012, in Case Number 05-2009-201586, Respondent's Physician's and Surgeon's Certificate Number C 51163 was publicly reprimanded by the Medical Board of California for committing repeated negligent acts in the care and treatment of two patients, and failing to maintain adequate and accurate records in the care and treatment of one patient. That Decision is now final and is 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 Number C 51163, issued to Respondent Mohammad Sirajullah, M.D.;

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

3. Ordering Respondent Mohammad Sirajullah, 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: JAN 04 2022

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

Complainant