

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

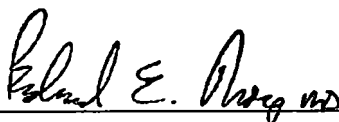
DECISION

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

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 TRINA L. SAUNDERS
Deputy Attorney General
4 State Bar No. 207764
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
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Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-051584

13 Mohammad Sirajullah, M.D.

OAH No. 2023080821

14 10661 Baton Rouge Avenue
Porter Ranch, California 91326-2905

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 Physician's and Surgeon's Certificate C 51163,
16 Respondent.
17

18
19 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Trina L. Saunders, Deputy
25 Attorney General.

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

1 **JURISDICTION**

2 3. Accusation No. 800-2019-051584 was filed before the Board, and is currently
3 pending against Respondent. The Accusation and all other statutorily required documents were
4 properly served on Respondent on January 4, 2022. A copy of Accusation No. 800-2019-051584
5 is attached as Exhibit A and incorporated herein by reference.

6 **ADVISEMENT AND WAIVERS**

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

11 5. Respondent is fully aware of his legal rights in this matter, including the right to a
12 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
13 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
14 to the issuance of subpoenas to compel the attendance of witnesses and the production of
15 documents; the right to reconsideration and court review of an adverse decision; and all other
16 rights accorded by the California Administrative Procedure Act and other applicable laws.

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

19 **CULPABILITY**

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

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

25 9. Respondent does not contest that, at an administrative hearing, Complainant could
26 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
27 2019-051584, a true and correct copy of which is attached hereto as Exhibit A, and that he has
28 thereby subjected his Physician's and Surgeon's Certificate No. C 51163 to disciplinary action.

1 CONTINGENCY

2 10. This stipulation shall be subject to approval by the Medical Board of California.
3 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
4 Board of California may communicate directly with the Board regarding this stipulation and
5 settlement, without notice to or participation by Respondent or his counsel. By signing the
6 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
7 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
8 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
9 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
10 action between the parties, and the Board shall not be disqualified from further action by having
11 considered this matter.

12 11. Respondent agrees that if he ever petitions for early termination or modification of
13 probation, or if an accusation and/or petition to revoke probation is filed against him before the
14 Board, all of the charges and allegations contained in Accusation No. 800-2019-051584 shall be
15 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
16 any other licensing proceeding involving Respondent in the State of California.

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

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

23 DISCIPLINARY ORDER

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

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

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

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

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

23 Respondent shall submit a certification of successful completion to the Board or its
24 designee not later than 15 calendar days after successfully completing the course, or not later than
25 15 calendar days after the effective date of the Decision, whichever is later.

26 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
27 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
28 advance by the Board or its designee. Respondent shall provide the approved course provider

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

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

12 Respondent shall submit a certification of successful completion to the Board or its
13 designee not later than 15 calendar days after successfully completing the course, or not later than
14 15 calendar days after the effective date of the Decision, whichever is later.

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

25 A professionalism program taken after the acts that gave rise to the charges in the
26 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
27 or its designee, be accepted towards the fulfillment of this condition if the program would have
28

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
23 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
24 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
25 enforcement, as applicable, in the amount of \$23,000.00 (twenty-three thousand and zero cents).
26 Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be
27 considered a violation of probation.

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

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

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

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

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

11 12. GENERAL PROBATION REQUIREMENTS.

12 Compliance with Probation Unit

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

14 Address Changes

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

20 Place of Practice

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

24 License Renewal

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

27 Travel or Residence Outside California

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

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

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

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

9 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
10 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
11 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
12 defined as any period of time Respondent is not practicing medicine as defined in Business and
13 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
14 patient care, clinical activity or teaching, or other activity as approved by the Board. If
15 Respondent resides in California and is considered to be in non-practice, Respondent shall
16 comply with all terms and conditions of probation. All time spent in an intensive training
17 program which has been approved by the Board or its designee shall not be considered non-
18 practice and does not relieve Respondent from complying with all the terms and conditions of
19 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
20 on probation with the medical licensing authority of that state or jurisdiction shall not be
21 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
22 period of non-practice.

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

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

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

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

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

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

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

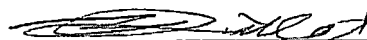
1 application shall be treated as a petition for reinstatement of a revoked certificate.

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

7 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
8 a new license or certification, or petition for reinstatement of a license, by any other health care
9 licensing action agency in the State of California, all of the charges and allegations contained in
10 Accusation No. 800-2019-051584 shall be deemed to be true, correct, and admitted by
11 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
12 restrict license.

13 ACCEPTANCE

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

19
20 DATED: 20th March 2024 

21 MOHAMMAD SIRAJULLAH
22 *Respondent*

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

26
27 DATED: _____
28 TRACY GREEN
Attorney for Respondent

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3 with probation monitoring each and every year of probation, as designated by the Board, which
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6 year.

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8 a new license or certification, or petition for reinstatement of a license, by any other health care
9 licensing action agency in the State of California, all of the charges and allegations contained in
10 Accusation No. 800-2019-051584 shall be deemed to be true, correct, and admitted by
11 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
12 restrict license.

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

19
20 DATED: _____

21 MOHAMMAD SIRAJULLAH
22 Respondent

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

26
27 DATED: 3/20/2024

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TRACY GREEN
Attorney for Respondent

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ENDORSEMENT

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

DATED: March 27, 2024

Respectfully submitted,

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


TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

Stip Settlement and Disc Order - SDAG Reviewed.docx

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Attorney General of California
2 JUDITH T. ALVARADO
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6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-051584

13 **MOHAMMAD SIRAJULLAH, M.D.**
10661 Baton Rouge Avenue
14 Porter Ranch, CA 91326-2905

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. C 51163,**

Respondent.

17
18
19 **PARTIES**

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

22 2. On April 25, 2003, the Board issued Physician's and Surgeon's Certificate Number C
23 51163 to Mohammad Sirajullah, M.D. (Respondent). That license was in full force and effect at
24 all times relevant to the charges brought herein and will expire on September 30, 2022, unless
25 renewed.

26 //

27 //

28 //

1 **JURISDICTION**

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

5 4. Section 2004 of the Code states:

6 The board shall have the responsibility for the following:

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

9 (b) The administration and hearing of disciplinary actions.

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

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

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

14 (f) Approving undergraduate and graduate medical education programs.

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

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

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

19 5. Section 2227 of the Code states:

20 (a) A licensee whose matter has been heard by an administrative law judge of
21 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
22 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:

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

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

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

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

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

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

6 STATUTORY PROVISIONS

7 6. Section 2234 of the Code, states:

8 The board shall take action against any licensee who is charged with
9 unprofessional conduct. In addition to other provisions of this article, unprofessional
10 conduct includes, but is not limited to, the following:

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

13 (b) Gross negligence.

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

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

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

26 (d) Incompetence.

27 (e) The commission of any act involving dishonesty or corruption that is
28 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,

1 prescription drugs or controlled substances.

2 (b) A physician and surgeon may prescribe, dispense, or administer prescription
3 drugs or prescription controlled substances to an addict for purposes of maintenance
4 on, or detoxification from, prescription drugs or controlled substances only as set
5 forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and
6 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a
7 physician and surgeon to prescribe, dispense, or administer dangerous drugs or
8 controlled substances to a person he or she knows or reasonably believes is using or
9 will use the drugs or substances for a nonmedical purpose.

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

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

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

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

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

24 (A) Impaired control over drug use.

25 (B) Compulsive use.

26 (C) Continued use despite harm.

27 (2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is
28 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:

22 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
23 4022 without an appropriate prior examination and a medical indication, constitutes
24 unprofessional conduct. An appropriate prior examination does not require a
25 synchronous interaction between the patient and the licensee and can be achieved
26 through the use of telehealth, including, but not limited to, a self-screening tool or a
27 questionnaire, provided that the licensee complies with the appropriate standard of
28 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 (1) The licensee was a designated physician and surgeon or podiatrist serving in
2 the absence of the patient's physician and surgeon or podiatrist, as the case may be,
3 and if the drugs were prescribed, dispensed, or furnished only as necessary to
4 maintain the patient until the return of the patient's practitioner, but in any case, no
5 longer than 72 hours.

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

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

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

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

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

20 9. Section 725 of the Code states:

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

28 (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

1
2 11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licensee found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
7 included in a stipulated settlement.

8 12. Section 125.3 of the Code states:

9 (a) Except as otherwise provided by law, in any order issued in resolution of a
10 disciplinary proceeding before any board within the department or before the
11 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
12 administrative law judge may direct a licensee found to have committed a violation or
13 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
14 investigation and enforcement of the case.

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

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

23 (d) The administrative law judge shall make a proposed finding of the amount
24 of reasonable costs of investigation and prosecution of the case when requested
25 pursuant to subdivision (a). The finding of the administrative law judge with regard
26 to costs shall not be reviewable by the board to increase the cost award. The board
27 may reduce or eliminate the cost award, or remand to the administrative law judge if
28 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

1 licensee who demonstrates financial hardship and who enters into a formal agreement
2 with the board to reimburse the board within that one-year period for the unpaid
3 costs.

4 (h) All costs recovered under this section shall be considered a reimbursement
5 for costs incurred and shall be deposited in the fund of the board recovering the costs
6 to be available upon appropriation by the Legislature.

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

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

12 **FIRST CAUSE FOR DISCIPLINE**

13 **(Gross Negligence/Repeated Negligent Acts – 5 Patients)**

14 13. Respondent Mohammad Sirajulla, M.D.¹ is subject to disciplinary action under
15 section 2234, subdivisions (b) and (c), of the Code for the commission of acts or omissions
16 involving gross negligence and repeated negligent acts in the care and treatment of Patients 1, 2,
17 3, 4, and 5.² The circumstances are as follows:

18 **Patient 1**

19 14. Patient 1 is a forty-six-year-old female who treated with Respondent from
20 approximately 2018 through 2019.³ Patient 1 had a history of addiction to controlled substances
21 from at least 2016, evidenced by CURES,⁴ which showed that Patient 1 was receiving regular
22 prescriptions for buprenorphine/suboxone (a controlled medication used to treat narcotic
23 dependence) and other controlled substances by a multitude of different prescribers from about
24 2016 to 2019.⁵

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

28 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

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

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

20 17. Overall, Respondent's care and treatment of Patient 1 represents an extreme departure
21 from the standard of care in respect to his treatment of the patient's chronic pain, and for
22 continuing to treat the patient by prescribing to her concomitant benzodiazepines with opioids,
23 "difficult" patient who would often demand medications that doctors at the clinic could not
24 prescribe. Respondent also asserted that he had tried unsuccessfully to transfer Patient 1 out of
his primary care.

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

27 ⁷ Despite Patient 1 displaying "red flags" (e.g., manipulation, non-compliance, multiple
28 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.

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

3 **Patient 2**

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

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

20 20. Patient 2's profile identified him as a high risk for opioid dependency. Despite this
21 profile, throughout the approximately five years of pain management for this patient, Respondent
22 never performed an objective assessment (e.g., checking CURES, periodic urine toxicology
23 testing, etc.) of the patient's opioid addiction and aberrancy risks. Furthermore, despite the
24
25

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

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

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

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

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

27 ¹⁰ Patient 2 gained more than 50 pounds in weight from 2017 to 2020, and his blood
28 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.

1 **Patient 3**

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

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

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

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

26 ¹¹ According to CURES, Patient 3 was already being prescribed a daily regimen of
27 hydrocodone and oxycodone with clonazepam and lorazepam and zolpidem (sleep aid) regularly
28 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.

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

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

12 **Patient 4**

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

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

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

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

16 **Patient 5**

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

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

26 _____
27 ¹² From early 2017 to late 2018, Patient 5 did not have any clinic visits with Respondent,
28 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.

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

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

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

22 SECOND CAUSE FOR DISCIPLINE

23 (Excessive Prescribing – 5 Patients)

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

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Furnishing Drugs to an Addict – 3 Patients)**

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

7 **FOURTH CAUSE FOR DISCIPLINE**

8 **(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication –**
9 **5 Patients)**

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

15 **FIFTH CAUSE FOR DISCIPLINE**

16 **(Inadequate Records – 5 Patients)**

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

21 **DISCIPLINARY CONSIDERATIONS**

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

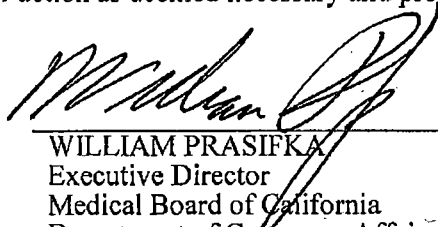
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PRAYER

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