

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

In the Matter of the Accusation Against:

Elaheh Farshidi, M.D.

Physician's and Surgeon's
Certificate No. A 49801

Respondent.

Case No. 800-2020-071703

DECISION

The attached Stipulated Surrender of License and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on July 30, 2024.

IT IS SO ORDERED July 23, 2024.

MEDICAL BOARD OF CALIFORNIA



Reji Varghese
Executive Director

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 ROSEMARY F. LUZON
Deputy Attorney General
4 State Bar No. 221544
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9074
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:
14 **Elaheh Farshidi, M.D.**
15 **925 S. Euclid St.**
Anaheim, CA 92802
16 **Physician's and Surgeon's Certificate**
17 **No. A 49801,**
18 Respondent.

Case No. 800-2020-071703

OAH No. 2023120773

**STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER**

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

22 **PARTIES**

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

27 ///

28 ///

1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations in Accusation No. 800-
4 2020-071703, and Respondent hereby gives up her rights to contest those charges. Respondent
5 further agrees that she has thereby subjected her Physician's and Surgeon's Certificate
6 No. A 49801 to disciplinary action. Respondent hereby surrenders her Physician's and Surgeon's
7 Certificate No. A 49801 for the Board's formal acceptance.

8 10. Respondent agrees that her Physician's and Surgeon's Certificate No. A 49801 is
9 subject to discipline and she agrees to be bound the Board's imposition of discipline as set forth
10 in the Disciplinary Order below.

11 11. Respondent further agrees that if she ever petitions for reinstatement of her
12 Physician's and Surgeon's Certificate No. A 49801, or if an accusation or petition to revoke
13 probation is ever filed against her before the Medical Board of California, all of the charges and
14 allegations contained in Accusation No. 800-2020-071703 shall be deemed true, correct, and fully
15 admitted by Respondent for purposes of any such proceeding or any other licensing proceeding
16 involving Respondent in the State of California or elsewhere.

17 CONTINGENCY

18 12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
19 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...
20 stipulation for surrender of a license."

21 13. Respondent understands that, by signing this stipulation, she enables the Executive
22 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of her
23 Physician's and Surgeon's Certificate No. A 49801 without further notice to, or opportunity to be
24 heard by, Respondent.

25 14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the
26 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated
27 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his
28 consideration in the above-entitled matter and, further, that the Executive Director shall have a

1 reasonable period of time in which to consider and act on this Stipulated Surrender of License and
2 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands
3 and agrees that she may not withdraw her agreement or seek to rescind this stipulation prior to the
4 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

5 15. The parties agree that this Stipulated Surrender of License and Disciplinary Order
6 shall be null and void and not binding upon the parties unless approved and adopted by the
7 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full
8 force and effect. Respondent fully understands and agrees that in deciding whether or not to
9 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive
10 Director and/or the Board may receive oral and written communications from its staff and/or the
11 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the
12 Executive Director, the Board, any member thereof, and/or any other person from future
13 participation in this or any other matter affecting or involving Respondent. In the event that the
14 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this
15 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it
16 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied
17 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees
18 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason
19 by the Executive Director on behalf of the Board, Respondent will assert no claim that the
20 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,
21 discussion, and/or consideration of this Stipulated Surrender of License and Disciplinary Order or
22 of any matter or matters related hereto.

23 **ADDITIONAL PROVISIONS**

24 16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties
25 herein to be an integrated writing representing the complete, final, and exclusive embodiment of
26 the agreements of the parties in the above-entitled matter.

27 ///

28 ///

1 California, all of the charges and allegations contained in Accusation No. 800-2020-071703 shall
2 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
3 Issues or any other proceeding seeking to deny or restrict licensure.

4 ACCEPTANCE

5 I have carefully read the above Stipulated Surrender of License and Disciplinary Order and
6 have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the
7 stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 49801.
8 I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and
9 intelligently, and agree to be bound by the Decision and Order of the Medical Board of
10 California.

11
12 DATED: 7/11/2024



13 ELAHEH FARSHIDI, M.D.
14 *Respondent*

15 I have read and fully discussed with Respondent Elaheh Farshidi, M.D., the terms and
16 conditions and other matters contained in this Stipulated Surrender of License and Disciplinary
17 Order. I approve its form and content.

18
19 DATED: July 8, 2024



20 RAYMOND J. MCMAHON, ESQ.
21 *Attorney for Respondent*

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

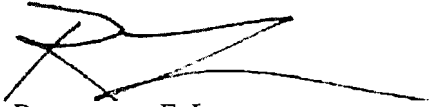
ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 7/8/24

Respectfully submitted,

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



ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

SD2023802287
84606496.docx

Exhibit A

Accusation No. 800-2020-071703

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 ROSEMARY F. LUZON
Deputy Attorney General
4 State Bar No. 221544
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9074
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:
14 **Elaheh Farshidi, M.D.**
15 **925 S. Euclid St.**
16 **Anaheim, CA 92802**
17 **Physician's and Surgeon's Certificate**
18 **No. A 49801,**
19
20 **Respondent.**

Case No. 800-2020-071703

ACCUSATION

20 **PARTIES**

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

24 2. On or about August 6, 1991, the Board issued Physician's and Surgeon's Certificate
25 No. A 49801 to Elaheh Farshidi, M.D. (Respondent). The Physician's and Surgeon's Certificate
26 was in full force and effect at all times relevant to the charges brought herein and will expire on
27 May 31, 2025, unless renewed.

28 ///

JURISDICTION

1
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 2220 of the Code states:

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

8 5. Section 2227 of the Code states:

9 (a) A licensee whose matter has been heard by an administrative law judge of
10 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
11 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:

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

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

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

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

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

20 ...

21 6. Section 2234 of the Code states:

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

24 ...

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

28 ///

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

3 (2) When the standard of care requires a change in the diagnosis, act, or
4 omission that constitutes the negligent act described in paragraph (1), including, but
5 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.

6 ...

7 7. Section 2266 of the Code states:

8 The failure of a physician and surgeon to maintain adequate and accurate
9 records relating to the provision of services to their patients constitutes unprofessional
conduct.

10 COST RECOVERY

11 8. Section 125.3 of the Code states:

12 (a) Except as otherwise provided by law, in any order issued in resolution of a
13 disciplinary proceeding before any board within the department or before the
14 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.

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
designated representative shall be prima facie evidence of reasonable costs of
19 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.

20 (d) The administrative law judge shall make a proposed finding of the amount
21 of reasonable costs of investigation and prosecution of the case when requested
22 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
23 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).

24 (e) If an order for recovery of costs is made and timely payment is not made as
25 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
26 the board may have as to any licensee to pay costs.

27 (f) In any action for recovery of costs, proof of the board's decision shall be
28 conclusive proof of the validity of the order of payment and the terms for payment.

1 (g) (1) Except as provided in paragraph (2), the board shall not renew or
2 reinstate the license of any licensee who has failed to pay all of the costs ordered
under this section.

3 (2) Notwithstanding paragraph (1), the board may, in its discretion,
4 conditionally renew or reinstate for a maximum of one year the license of any
5 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.

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

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

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

12 FIRST CAUSE FOR DISCIPLINE

13 (Repeated Negligent Acts)

14 9. Respondent has subjected her Physician's and Surgeon's Certificate No. A 49801 to
15 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of
16 the Code, in that she committed repeated negligent acts in her care and treatment of Patient A,¹ as
17 more particularly alleged hereinafter:

18 10. On or about September 22, 2017, Patient A had his first visit with Respondent. He
19 presented for a consultation because his physician had moved and he needed a physical and to
20 refill his medications. His chronic conditions included cerebrovascular accident (CVA), chronic
21 obstructive pulmonary disorder (COPD) exacerbation, other chronic pain, and Type 2 diabetes
22 with complications, among other conditions. Respondent performed a Review of Systems (ROS),
23 which was positive for anxiety, depression, gait disturbance, numbness in the extremities, and
24 rash, but negative for musculoskeletal issues such as back pain, joint pain, joint swelling, muscle
25 weakness, and neck pain. Respondent also conducted a physical exam, which was positive for
26 wheezing and lumbar spine tenderness, but negative for neurological and psychiatric problems.

27 _____
28 ¹ References to "Patient A" herein are used to protect patient privacy.

1 The Assessment and Plan included "Other chronic pain," for which Respondent recommended
2 observation, continued medication, and referral to a specialist.

3 11. On or about October 18, 2017, Patient A presented to Respondent to follow up on
4 labs and refill his medications. His active medications list included hydrocodone-acetaminophen²
5 10-325 mg, four times daily as needed. The ROS was positive for gait disturbance and back pain,
6 but negative for anxiety, depression, and insomnia. Respondent also conducted a physical exam,
7 which revealed left-sided weakness, multiple ecchymosis on the arm, and decreased breath
8 sounds. The musculoskeletal exam, which included a visual overview of all four extremities, and
9 the neurological exam, which included deep tendon reflexes, were normal. The psychiatric exam
10 was also normal. Respondent discussed the lab results with Patient A and counseled him on diet,
11 exercise, and his medications and side effects. Respondent refilled alprazolam³ 2 mg (#30), three
12 times daily as needed.

13 12. On or about November 17, 2017, Patient A presented to Respondent for a rash and
14 cough. His active medications list included hydrocodone-acetaminophen 10-325 mg, four times
15 daily as needed, and alprazolam 2 mg, three times daily as needed. The ROS was positive for
16 cough, dyspnea, wheezing, pruritus, rash, and back pain, but negative for anxiety, depression, and
17 insomnia. On the physical exam, Respondent noted ecchymosis on the arm and wheezing. The
18 musculoskeletal exam was positive for lumbar spine tenderness, and the neurological exam
19 included a normal sensory exam and normal deep tendon reflexes. The psychiatric exam was also
20 normal. Respondent renewed the prescription for alprazolam 2mg (#120), increasing the dosage
21 to four times daily as needed.

22 13. On or about December 15, 2017, Patient A presented to Respondent for leg pain, back
23 pain, and to refill his medications. His active medications list included alprazolam 2 mg, four
24 times daily as needed. According to the History of Present Illness, the leg pain started one year

25 _____
26 ² Hydrocodone-acetaminophen is a Schedule II controlled substance pursuant to Health
and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and
Professions Code section 4022.

27 ³ Alprazolam (Xanax) is a Schedule IV controlled substance pursuant to Health and Safety
28 Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions
Code section 4022.

1 ago, the severity level was "7," and the pain was constant, fluctuating, sharp, aggravated by
2 movement and walking, and associated with limping and weakness. The lower back pain started
3 10 years ago. The pain was fluctuating, persistent, radiated to the back and left thigh, aggravated
4 by daily activities, associated with burning, sharp, and shooting pain, and relieved by pain
5 medications. The ROS was positive for back pain, joint pain, limping, and weakness, but
6 negative for anxiety, depression, and insomnia. Respondent also conducted a physical exam,
7 which revealed ecchymosis on the arm and use of a cane. The musculoskeletal exam noted
8 lumbar spine tenderness and left knee tenderness, and the neurological exam included a normal
9 sensory exam and normal deep tendon reflexes. The psychiatric exam was also normal. The
10 Assessment and Plan included "Other specified persistent mood disorders," for which Respondent
11 recommended continued medication and follow-up as needed. It also included "Xanax use
12 disorder, moderate, dependent, [and] chronic," but there was no documented plan. Respondent
13 refilled hydrocodone-acetaminophen 10-325 mg (#120), four times daily as needed.

14 14. On or about January 15, 2018, Patient A presented to Respondent for a rash and to
15 refill his medications. His active medications list included hydrocodone-acetaminophen 10-325
16 mg, four times daily as needed. The ROS was positive for anxiety, depression, back pain, and
17 skin changes. Respondent also conducted a physical exam, which included ecchymosis on the
18 arm, wound on the right leg, use of a cane, a normal musculoskeletal exam with visual overview
19 of all four extremities, a normal neurological exam with a normal sensory exam and normal deep
20 tendon reflexes, and a normal psychiatric exam. The Assessment and Plan included persistent
21 mood disorders and chronic pain, and Respondent recommended continued medication as ordered
22 for both conditions. She advised him to schedule a follow-up visit as needed for his persistent
23 mood disorders. Respondent refilled alprazolam 2 mg (#120), four times daily as needed.

24 15. On or about March 14, 2018, Patient A presented to Respondent for a consult on
25 increased anxiety, severe back pain, chest pain, and possible bypass surgery. His active
26 medications list included alprazolam 2 mg, four times daily as needed, and hydrocodone-
27 acetaminophen 10-325 mg, four times daily as needed. The History of Present Illness noted
28 multiple chronic conditions, including peripheral vascular disease, other chronic pain, moderate

1 Xanax use disorder, and bullous pemphigoid. The ROS was positive for chest pain, anxiety, and
2 depression. Respondent also conducted a physical exam, which included ecchymosis on the
3 arms, wound on the right leg, use of a cane, decreased breath sounds, inappropriate mood and
4 affect, and musculoskeletal issues, including lordosis, lumbar spine tenderness, moderate pain
5 with motion, and mild osteoarthritis of the hands. The Assessment and Plan recommended a
6 lower extremity study to further evaluate Patient A's peripheral vascular disease, continued
7 medication for his chronic pain with a follow-up visit to be scheduled in one month, and
8 observation and continued medication for his Xanax use disorder. Respondent also counseled
9 Patient A on his medications and side effects.

10 16. On or about April 11, 2018, Patient A presented to Respondent with complaints of
11 blood in the urine. His active medications list included alprazolam 2 mg, four times daily as
12 needed, and hydrocodone-acetaminophen 10-325 mg, four times daily as needed. Patient A
13 requested a consult and refill of his medications. He reported being hospitalized due to fainting.
14 He also complained of severe pain with urination post-hospitalization, which required follow-up
15 with urology. Respondent advised him to see pain management, and he reported having an
16 appointment in one month. Respondent then noted, "this will be [the] last time to get meds from
17 me." Patient A reported being able to walk for 10 minutes, but found it difficult to complete
18 many other activities of daily living, such as ascending and descending stairs, community errands,
19 cooking, getting dressed, driving, and getting in and out of the bathtub and vehicle. The ROS was
20 positive for hematuria, but negative for anxiety, depression, insomnia, and musculoskeletal
21 issues. Respondent also conducted a physical exam, which showed ecchymosis on the arms,
22 wound on the right leg, use of a cane, a normal neurological exam, and inappropriate mood and
23 affect. No musculoskeletal exam was performed. In the Assessment and Plan, Respondent
24 recommended continued medication for chronic pain and referral to a specialist. Respondent
25 refilled alprazolam 2 mg (#120), four times daily as needed.

26 17. On or about May 9, 2018, Patient A presented to Respondent with right hand and left
27 leg complaints. His active medications list included alprazolam 2 mg, four times daily as needed,
28 and hydrocodone-acetaminophen 10-325 mg, four times daily as needed. He reported not being

1 able to hold anything with his right hand and having problems with his left leg. He had pending
2 appointments with neurology, psychiatry, and pain management, and he was being seen by
3 urology and ENT. He also requested a refill of his medications. The ROS was positive for
4 numbness in the extremities, anxiety, and depression. Respondent also conducted a physical
5 exam, which was remarkable for ecchymosis on the arm, wound on the right leg, and use of a
6 cane. The musculoskeletal exam included lumbar spine tenderness, the neurological exam
7 included decreased position sense of the upper extremities, and the psychiatric exam included
8 inappropriate mood and affect. In the Assessment and Plan, Respondent recommended continued
9 medication, referral to a specialist, and follow-up as needed for his persistent mood disorders.
10 She also recommended referral to a specialist for his Xanax user disorder. Respondent refilled
11 alprazolam 2 mg (#120), four times daily as needed, and hydrocodone-acetaminophen 10-325 mg
12 (#120), four times daily as needed.

13 18. On or about June 6, 2018, Patient A presented to Respondent for a consultation
14 regarding worsening skin issues. The ROS was positive for dyspnea, anxiety, back pain, and joint
15 pain. The physical exam was remarkable for ecchymosis on the arm, wound on the right leg, use
16 of a cane, decreased breath sounds, lumbar spine tenderness, and inappropriate mood and affect
17 (depression). In the Assessment and Plan, Respondent referred Patient A to a specialist for Xanax
18 use disorder and chronic pain, respectively, and she advised him to cut down on the Xanax.
19 Respondent refilled alprazolam 2 mg (#120), four times daily as needed, and hydrocodone-
20 acetaminophen 10-325 mg (#120), four times daily as needed.

21 19. On or about July 3, 2018, Patient A presented to Respondent to refill his medications.
22 He reported having difficulty getting to pain management. His active medications list included
23 hydrocodone-acetaminophen 10-325 mg, four times daily as needed. The ROS was positive for
24 anxiety, depression, and back pain. The physical exam was the same as the last visit. Respondent
25 discussed diet, exercise, and medications and side effects with Patient A. In the Assessment and
26 Plan, Respondent recommended observation and continued medication for his Xanax use disorder
27 and chronic pain, respectively. Respondent refilled alprazolam 2 mg (#120), four times daily as
28 needed.

1 20. On or about August 6, 2018, Patient A presented to Respondent to refill his
2 medications. He reported not being able to see a specialist. His active medications list included
3 alprazolam 2 mg, four times daily as needed, and hydrocodone-acetaminophen 10-325 mg, four
4 times daily as needed. The ROS was positive for anxiety, depression, insomnia, and back pain.
5 The physical exam was the same as the last visit. Respondent discussed diet, exercise, and
6 medications and side effects with Patient A. In the Assessment and Plan, Respondent
7 recommended observation, continued medication, and diet and exercise for his chronic pain.
8 Respondent also recommended observation, continued medication, and referral to a specialist for
9 his depression and advised him to schedule a follow-up visit in one month.

10 21. On or about September 5, 2018, Patient A presented to Respondent for a consultation
11 and to refill his medications. His active medications list included alprazolam 2 mg, four times
12 daily as needed, and hydrocodone-acetaminophen 10-325 mg, four times daily as needed. The
13 ROS was positive for anxiety, depression, pruritus, rash, and back pain. The physical exam
14 revealed ecchymosis on the arm, wound on the right leg, use of a cane, decreased breath sounds,
15 lumbar spine tenderness, mild osteoarthritis of the left and right hands, and inappropriate mood
16 and affect (depression). Respondent discussed diet, exercise, and medications and side effects
17 with Patient A. In the Assessment and Plan, Respondent recommended observation and
18 continued medication for his persistent mood disorders, depression, and chronic pain,
19 respectively. She also advised him to schedule a follow-up visit with her in one month for his
20 persistent mood disorders. Respondent refilled hydrocodone-acetaminophen 10-325 mg (#120),
21 four times daily as needed.

22 22. On or about October 3, 2018, Patient A presented to Respondent for pain in the lower
23 extremities emanating from the back. He reported being told that he had spinal stenosis and was
24 advised to see a spine surgeon. He also stated that ortho and pain management decided that they
25 could help him. His active medications list included alprazolam 2 mg, four times daily as needed,
26 and hydrocodone-acetaminophen 10-325 mg, four times daily as needed. The ROS was positive
27 for numbness in the extremity, pruritus, skin lesion, and back pain. The physical exam revealed
28 ecchymosis on the arm, use of a cane, wound on the right leg, pemphigoid lesion on the leg,

1 lumbar spine tenderness, and decreased position sense of the lower extremity. However,
2 Respondent did not document assessing range of motion or performing a straight leg test to
3 evaluate Patient A's complaints of lower extremity pain. The Assessment and Plan recommended
4 observation and continued medication for his fibromyalgia, spinal stenosis, bilateral sciatica, and
5 other chronic pain, as well as referral to a specialist for his fibromyalgia, Xanax use disorder, and
6 lower back pain. Respondent refilled hydrocodone-acetaminophen 10-325 mg (#120), four times
7 daily as needed.

8 23. On or about November 5, 2018, Patient A presented to Respondent for a consultation
9 and with complaints of voice loss, back pain, and knee pain. His active medications list included
10 alprazolam 2 mg, four times daily as needed, and hydrocodone-acetaminophen 10-325 mg, four
11 times daily as needed. Patient A reported that his pain management appointment had been
12 postponed again, but he made an appointment with a new doctor. Respondent noted that Patient
13 A's back pain was fluctuating, persistent, and radiating to the back right thigh and left knee.
14 Patient A described the pain as an ache, burning, deep, discomforting, sharp, and aggravated by
15 changing positions, daily activities, and descending stairs. He stated that the symptoms were
16 relieved by pain medications. Regarding Patient A's knee pain, Respondent noted that it started
17 10 years ago and was constant, fluctuating, accompanied by joint tenderness, aggravated by
18 bending, climbing and descending stairs, and movement, and relieved by pain medications. The
19 ROS was positive for voice loss, back pain, joint swelling, and joint tenderness. The physical
20 exam was remarkable for ecchymosis on the arm, use of a cane, wound on the right leg,
21 pemphigoid lesion on the leg, dry buccal mucosa with erythema of the oropharynx, and mild
22 wheezing. The musculoskeletal and psychiatric exams were normal. Respondent noted that his
23 mouth was very dry and his blood sugar was high. However, Respondent did not document any
24 additional information about his high blood sugar, diet, and signs of hyperglycemia. In the
25 Assessment and Plan, Respondent recommended observation and follow-up labs for his diabetes
26 with hyperglycemia. She instructed him on using an inhaler and nebulizer at home and
27 recommended observation for his COPD exacerbation. She recommended observation, follow-up
28 with pain management, and pain medication for his lower extremity pain, as well as observation

1 and medication for his anxiety. Respondent refilled alprazolam 2 mg (#120), four times daily as
2 needed.

3 24. On or about December 5, 2018, Patient A presented to Respondent to refill his
4 medications. He reported having a new cardiologist and neurologist. He had a pending
5 appointment with pain management, but needed pain medication. His active medications list
6 included alprazolam 2 mg, four times daily as needed, and hydrocodone-acetaminophen 10-325
7 mg, four times daily as needed. They discussed Patient A's lab results, diet, exercise, and
8 medications and side effects. The ROS was positive for voice loss. The physical exam was
9 remarkable for ecchymosis on the arm, use of a cane, wound on the right leg, pemphigoid lesion
10 on the leg, decreased breath sounds, lumbar spine tenderness, and inappropriate mood and affect
11 with irritability. In the Assessment and Plan, Respondent recommended observation, continued
12 medication, and referral to a specialist for his persistent mood disorders. Respondent refilled
13 alprazolam 2 mg (#120), four times daily as needed.

14 25. On or about January 2, 2019, Patient A presented to Respondent for a consultation,
15 back pain complaints, and an assessment of his chronic conditions. Patient A had a pending
16 appointment with pain management the following month, and he reported having an onset of
17 lower back pain a week earlier that radiated to the back, left foot, and left thigh. The pain was at
18 a level of "7/10" and was fluctuating, persistent, aching, burning, deep, diffuse, discomforting,
19 sharp, aggravated by changing positions, daily activities, and descending stairs, and relieved by
20 pain medications. Patient A reported being able to walk for 10 minutes, but found it difficult to
21 complete many other activities of daily living. The ROS was positive for extreme weakness,
22 numbness in the extremity, back pain, muscle weakness, and weakness in the legs, but negative
23 for anxiety and depression. Respondent also conducted a physical exam, which showed
24 ecchymosis on the arm, wound on the right leg, use of a cane, pemphigoid lesion on the leg,
25 decreased breath sounds, lumbar spine tenderness, and inappropriate mood and effect
26 (depression). In the Assessment and Plan, Respondent noted COPD exacerbation and Xanax use
27 disorder, among other diagnoses. She recommended observation and referral to a specialist for
28 his Xanax use disorder and advised him to take his medications as ordered. Respondent refilled

1 alprazolam 2 mg (#120), four times daily as needed, and hydrocodone-acetaminophen 10-325 mg
2 (#120), four times daily as needed.

3 26. On or about February 4, 2019, Patient A presented to Respondent for frequent falls
4 and to refill his medications. He was seen by physical therapy and was waiting for an electric
5 wheelchair. He recently fell again, resulting in a scar on his feet. The ROS was positive for
6 fatigue, gait disturbance, anxiety, depression, skin lesion, and back pain. The physical exam was
7 remarkable for ecchymosis on the arm, use of a cane, wound on the right leg, pemphigoid lesion
8 on the legs, unstable gait, and inappropriate mood and affect. In the Assessment and Plan,
9 Respondent recommended observation and continued medication for his diabetes, chronic pain,
10 and bullous pemphigoid. Respondent also recommended observation and labs for his unstable
11 gait. She referred him to a specialist for his diabetes, bullous pemphigoid, and unstable gait, and
12 advised him to schedule a follow-up visit in three months for his diabetes. Respondent refilled
13 alprazolam 2 mg (#120), four times daily as needed, and hydrocodone-acetaminophen 10-325 mg
14 (#120), four times daily as needed.

15 27. On or about February 11, 2019, Patient A presented to Respondent to follow up on
16 his lab results, which revealed low GFR (glomerular filtration rate), elevated lipids, and low
17 hemoglobin. They discussed the lab results, diet, exercise, and medications and side effects. His
18 active medications list included alprazolam 2 mg, four times daily as needed, and hydrocodone-
19 acetaminophen 10-325 mg, four times daily as needed. The ROS was positive for edema, back
20 pain, and joint pain. The physical exam was remarkable for use of a cane, wound on the right leg,
21 pemphigoid lesion on the legs, decreased breath sounds, lumbar spine tenderness, and edema. In
22 the Assessment and Plan, Respondent recommended observation, continued medication, referral
23 to a specialist, further diagnostic evaluations, and a follow-up visit as needed for his chronic
24 kidney disease. She recommend observation, continued medication as adjusted, and referral to
25 multiple specialists for his diabetes, as well as observation and continued medication for his
26 chronic pain.

27 28. On or about March 4, 2019, Patient A presented to Respondent for continuing leg
28 ulcers and to refill his medications. His active medications list included hydrocodone-

1 acetaminophen 10-325 mg, four times daily as needed. The ROS was positive for fatigue, ulcer,
2 and joint pain, but negative for anxiety, depression, and insomnia. The physical exam was
3 remarkable for ecchymosis on the arm, use of a cane, wound on the right leg, pemphigoid lesion
4 on the legs, decreased breath sounds, and lumbar spine tenderness. The neurological and
5 psychiatric exams were normal. They discussed Patient A's lab results, diet, exercise, and
6 medications and side effects. In the Assessment and Plan, Respondent noted Xanax use disorder
7 and recommended continued medication. In addition, Respondent noted screening for other
8 disorders and recommended quality dashboard, abnormal follow-up, advanced care planning,
9 cessation, fall risk discussion, functional status assessment, medication review, pain assessment,
10 tobacco screening, and observation. Respondent refilled alprazolam 2 mg (#120), four times
11 daily as needed.

12 29. On or about April 3, 2019, Patient A presented to Respondent to discuss ultrasound
13 results, a new onset of rash, and to refill his medications. They discussed Patient A's diet,
14 exercise, and medications and side effects. His active medications list included alprazolam 2 mg,
15 four times daily as needed, and hydrocodone-acetaminophen 10-325 mg, four times daily as
16 needed. The ROS was positive for anxiety and depression, skin issues, and back pain.
17 Respondent noted screening for alcohol and caffeine use and asking Patient A about feeling
18 down, depressed, and his interest in activities. The physical exam was remarkable for ecchymosis
19 on the arm, use of a cane, wound on the right leg, pemphigoid lesion on the legs, decreased breath
20 sounds, lumbar spine tenderness, and inappropriate mood and affect (depression). Respondent
21 noted additional comments regarding Patient A's rash. In the Assessment and Plan, Respondent
22 noted Xanax use disorder and chronic opiate drug use for therapeutic purposes, for which she
23 recommended observation and continued medication. Respondent refilled alprazolam 2 mg
24 (#120), four times daily as needed, and hydrocodone-acetaminophen 10-325 mg (#120), four
25 times daily as needed.

26 30. On or about May 1, 2019, Patient A presented to Respondent with complaints of not
27 feeling well, needing help at home, and chest tightness. He also requested a refill of his
28 medications. He reported going to pain management, but not being seen or given an appointment.

1 Respondent noted that she would discuss with the social worker how they could help Patient A,
2 and she advised him to go to the emergency room if he had chest pain and to have blood testing
3 performed. His active medications list included alprazolam 2 mg, four times daily as needed, and
4 hydrocodone-acetaminophen 10-325 mg, four times daily as needed. The ROS was positive for
5 fatigue, malaise, and joint pain. The physical exam was remarkable for ecchymosis on the arm,
6 use of a cane, wound on the right leg, and pemphigoid lesion on the legs. The neurological and
7 psychiatric exams were normal, but no musculoskeletal exam was noted. In the Assessment and
8 Plan, Respondent noted Xanax use disorder and chronic pain, for which she recommended
9 observation and continued medication. She also referred him to a specialist for his Xanax use
10 disorder.

11 31. On or about June 3, 2019, Patient A had his last visit with Respondent. He presented
12 for a follow-up on his lab results and chronic conditions. Patient A reported not exercising due to
13 severe back and knee pain, and they discussed medications and side effects. His active
14 medications list included alprazolam 2 mg, four times daily as needed, and hydrocodone-
15 acetaminophen 10-325 mg, four times daily as needed. The ROS was remarkable for pruritus,
16 rash, back pain, and joint pain. Respondent noted a pain level of "6/10," and he was screened for
17 alcohol and caffeine use. The physical exam was remarkable for ecchymosis on the arm, use of a
18 cane, wound on the right leg, pemphigoid lesion on the legs, decreased breath sounds, lumbar
19 spine tenderness, and left and right knee tenderness. The neurological and psychiatric exams
20 were normal. In the Assessment and Plan, Respondent noted Xanax use disorder and
21 recommended observation and continued medication. She recommended observation for his
22 chronic pain and that he start taking his medications as ordered. Respondent also ordered a
23 follow-up visit in one month.

24 32. Approximately three months later, on or about August 29, 2019, Respondent sent a
25 letter to Patient A notifying him that she was no longer willing to be his primary care physician
26 and advising that he must select another physician by on or about September 29, 2019.

27 ///

28 ///

1 33. Respondent committed repeated negligent acts in her care and treatment of Patient A,
2 which included, but were not limited to, the following:

3 A. Respondent improperly prescribed controlled substances for pain to
4 Patient A by: (1) failing to weigh the risks and benefits of hydrocodone-
5 acetaminophen use to Patient A before deciding to renew prescriptions that were
6 started by a prior physician; (2) continuing to prescribe hydrocodone-acetaminophen
7 to Patient A without reassessing the treatment plan and medication management,
8 establishing patient goals for improving pain and function, assessing risks and
9 benefits, and establishing criteria for tapering and discontinuing therapy; and
10 (3) concurrently prescribing hydrocodone-acetaminophen with alprazolam despite
11 Patient A's heightened risk of adverse reactions from using multiple CNS active
12 medications due to Patient A's elderly age, and without reassessing Patient A's need
13 for multiple CNS active medications, using the lowest effective dose, evaluating
14 tapering or de-prescribing opportunities, and considering his health risks, such as
15 COPD and kidney disease;

16 B. Respondent continuously prescribed alprazolam to Patient A for anxiety
17 without stressing alternative treatments for better anxiety control, limiting the refills,
18 considering safer alternative medication options until a specialist could be seen, and
19 properly documenting addiction evaluations that she performed before refilling the
20 prescriptions; and

21 C. Respondent failed to properly document: (1) the justifications for
22 continuously prescribing hydrocodone-acetaminophen and alprazolam to Patient A
23 despite Respondent's preference and insistence that he be seen by specialists;
24 (2) alternative treatment options to Patient A's hydrocodone-acetaminophen and
25 alprazolam regimen, additional evaluations to perform, and limitations for refills
26 pending follow-up with specialists; (3) Respondent's preference and policy against
27 managing patients who have complex medical problems and who use hydrocodone-
28 acetaminophen and alprazolam, the importance of seeing specialists to assume care

1 and treatment as soon as possible, and her next course of action; (4) concerns about
2 Patient A's hydrocodone-acetaminophen and alprazolam regimen, including
3 discussions with Patient A regarding the risks of using these medications;
4 (5) abnormalities in Patient A's mood or anxiety to support continuing to prescribe
5 alprazolam; (6) addiction evaluations performed, including Patient A's stated reasons
6 for taking alprazolam and his prior attempts at weaning; (7) the performance of a
7 musculoskeletal exam on or about April 11, 2018; (8) an adequate physical exam to
8 evaluate Patient A's complaints of lower extremity pain on or about October 3, 2018;
9 and (9) information concerning Patient A's blood sugar level, diet, and signs of
10 hyperglycemia on or about November 5, 2018.

11 **SECOND CAUSE FOR DISCIPLINE**

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

13 34. Respondent has subjected her Physician's and Surgeon's Certificate No. A 49801 to
14 disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that
15 she failed to maintain adequate and accurate records regarding her care and treatment of Patient
16 A, as more particularly alleged in paragraphs 10 through 33, above, which are hereby
17 incorporated by reference and re-alleged as if fully set forth herein.

18 **PRAYER**

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

21 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 49801, issued
22 to Respondent Elaheh Farshidi, M.D.;

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

25 ///

26 ///

27 ///

28 ///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

3. Ordering Respondent Elaheh Farshidi, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: OCT 04 2023

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

SD2023802287
84177938.docx