

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

**In the Matter of the Accusation  
Against:**

**Sarabjit Singh Sandhu, M.D.**

**Physician's and Surgeon's  
Certificate No. A 47774**

**Case No.: 800-2021-076672**

**Respondent.**

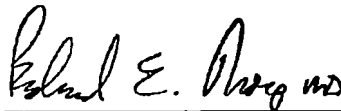
**DECISION**

**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 September 13, 2024.**

**IT IS SO ORDERED: August 16, 2024.**

**MEDICAL BOARD OF CALIFORNIA**



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**Richard E. Thorp, Chair  
Panel B**

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
4 State Bar No. 253172  
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5 San Diego, CA 92101  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **SARABJIT SINGH SANDHU, M.D.**  
15 **3 Corporate Plaza Dr., Suite 140**  
**Newport Beach, CA 92660**

16 **Physician's and Surgeon's**  
17 **Certificate No. A 47774**

18 Respondent.

Case No. 800-2021-076672

OAH No. 2024020256

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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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 Jason J. Ahn, Deputy  
26 Attorney General.

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1           2.     Respondent Sarabjit Singh Sandhu, M.D. (Respondent) is represented in this  
2 proceeding by attorney Paul Chan, Esq., whose address is: 1851 Heritage Lane, Suite 128  
3 Sacramento, CA 95815-4996.

4           3.     On or about November 27, 1989, the Board issued Physician's and Surgeon's  
5 Certificate No. A 47774 to Respondent. The Physician's and Surgeon's Certificate was in full  
6 force and effect at all times relevant to the charges brought in Accusation No. 800-2021-076672,  
7 and will expire on November 30, 2025, unless renewed.

8                                   **JURISDICTION**

9           4.     On January 12, 2024, Accusation No. 800-2021-076672 was filed before the Board,  
10 and is currently pending against Respondent. The Accusation and all other statutorily required  
11 documents were properly served on Respondent on or about January 12, 2024. Respondent  
12 timely filed his Notice of Defense contesting the Accusation.

13           5.     A copy of Accusation No. 800-2021-076672 is attached as exhibit A and incorporated  
14 herein by reference.

15                                   **ADVISEMENT AND WAIVERS**

16           6.     Respondent has carefully read, fully discussed with counsel, and understands the  
17 charges and allegations in Accusation No. 800-2021-076672. Respondent has also carefully read,  
18 fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement  
19 and Disciplinary Order.

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

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

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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 contained in Accusation  
4 No. 800-2021-076672, a copy of which is attached hereto as Exhibit A, and that he has thereby  
5 subjected his Physician's and Surgeon's Certificate No. A 47774 to disciplinary action.

6 10. Respondent agrees that if an accusation is ever filed against him before the Medical  
7 Board of California, all of the charges and allegations contained in Accusation No. 800-2021-  
8 076672 shall be deemed true, correct, and fully admitted by Respondent for purposes of that  
9 proceeding or any other licensing proceeding involving Respondent in the State of California.

10 11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 47774 is  
11 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
12 in the Disciplinary Order below.

13 CONTINGENCY

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

24 13. Respondent agrees that if he ever petitions for early termination or modification of  
25 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
26 Board, all of the charges and allegations contained in Accusation No. 800-2021-076672 shall be  
27 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
28 other licensing proceeding involving Respondent in the State of California.

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

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IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 47774 issued to Respondent Sarabjit Singh Sandhu, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

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

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

15           Respondent shall submit a certification of successful completion to the Board or its  
16 designee not later than 15 calendar days after successfully completing the course, or not later than  
17 15 calendar days after the effective date of the Decision, whichever is later.

18           3.    MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
19 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
20 advance by the Board or its designee. Respondent shall provide the approved course provider  
21 with any information and documents that the approved course provider may deem pertinent.  
22 Respondent shall participate in and successfully complete the classroom component of the course  
23 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
24 complete any other component of the course within one (1) year of enrollment. The medical  
25 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
26 Medical Education (CME) requirements for renewal of licensure.

27    ///

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

6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than 15 calendar days after successfully completing the course, or not later than  
8 15 calendar days after the effective date of the Decision, whichever is later.

9 4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
10 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
11 program approved in advance by the Board or its designee. Respondent shall successfully  
12 complete the program not later than six (6) months after Respondent's initial enrollment unless  
13 the Board or its designee agrees in writing to an extension of that time.

14 The program shall consist of a comprehensive assessment of Respondent's physical and  
15 mental health and the six general domains of clinical competence as defined by the Accreditation  
16 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
17 Respondent's current or intended area of practice. The program shall take into account data  
18 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
19 Accusation(s), and any other information that the Board or its designee deems relevant. The  
20 program shall require Respondent's on-site participation as determined by the program for the  
21 assessment and clinical education and evaluation. Respondent shall pay all expenses associated  
22 with the clinical competence assessment program.

23 At the end of the evaluation, the program will submit a report to the Board or its designee  
24 which unequivocally states whether the Respondent has demonstrated the ability to practice  
25 safely and independently. Based on Respondent's performance on the clinical competence  
26 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
27 scope and length of any additional educational or clinical training, evaluation or treatment for any  
28 medical condition or psychological condition, or anything else affecting Respondent's practice of

1 medicine. Respondent shall comply with the program's recommendations.

2 Determination as to whether Respondent successfully completed the clinical competence  
3 assessment program is solely within the program's jurisdiction.

4 If Respondent fails to enroll, participate in, or successfully complete the clinical  
5 competence assessment program within the designated time period, Respondent shall receive a  
6 notification from the Board or its designee to cease the practice of medicine within three (3)  
7 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
8 until enrollment or participation in the outstanding portions of the clinical competence assessment  
9 program have been completed. If the Respondent did not successfully complete the clinical  
10 competence assessment program, the Respondent shall not resume the practice of medicine until a  
11 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
12 cessation of practice shall not apply to the reduction of the probationary time period.

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

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

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

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

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1        8.    INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
2 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
3 limited to, expert review, legal reviews, and investigation(s), in the amount of \$28,412.75  
4 (Twenty-eight thousand four hundred twelve dollars and seventy-five cents). Costs shall be  
5 payable to the Medical Board of California. Failure to pay such costs shall be considered a  
6 violation of probation.

7        Payment must be made in full within 30 calendar days of the effective date of the Order, or  
8 by a payment plan approved by the Medical Board of California. Any and all requests for a  
9 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with  
10 the payment plan shall be considered a violation of probation.

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

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

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

18        10.   GENERAL PROBATION REQUIREMENTS.

19        Compliance with Probation Unit

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

21        Address Changes

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

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1        Place of Practice

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

5        License Renewal

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

8        Travel or Residence Outside California

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

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

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

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

1 on probation with the medical licensing authority of that state or jurisdiction shall not be  
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
3 period of non-practice.

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

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

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

11 Periods of non-practice for a Respondent residing outside of California will relieve  
12 Respondent of the responsibility to comply with the probationary terms and conditions with the  
13 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
14 General Probation Requirements; Quarterly Declarations.

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

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

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

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

16        17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
17 a new license or certification, or petition for reinstatement of a license, by any other health care  
18 licensing action agency in the State of California, all of the charges and allegations contained in  
19 Accusation No. 800-2021-076672 shall be deemed to be true, correct, and admitted by  
20 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
21 restrict license.

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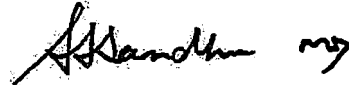
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ACCEPTANCE

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

DATED:

7/25/2024



SARABJIT SINGH SANDHU, M.D.  
*Respondent*

I have read and fully discussed with Respondent Sarabjit Singh Sandhu, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

7.25.24



PAUL CHAN  
*Attorney for Respondent*

**ENDORSEMENT**

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

DATED: July 25, 2024

Respectfully submitted,

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



JASON J. AHN  
Deputy Attorney General  
*Attorneys for Complainant*

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8 *Attorneys for Complainant*

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10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
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**STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2021-076672

14 **Sarabjit Singh Sandhu, M.D.**  
15 **3 CORPORATE PLAZA DR., STE. 140**  
**NEWPORT BEACH CA 92660-7980**

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

16 **Physician's and Surgeon's Certificate**  
17 **No. A 47774,**

Respondent.

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19  
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 November 27, 1989, the Medical Board issued Physician's and  
25 Surgeon's Certificate No. A 47774 to Sarabjit Singh Sandhu, M.D. (Respondent). The  
26 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
27 charges brought herein and will expire on November 30, 2025, unless renewed.

28 ///

## JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

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

(d) Incompetence.

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

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

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

6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

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

#### COST RECOVERY

8. Section 125.3 of the Code states:

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

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

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

limited to, charges imposed by the Attorney General.

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

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

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

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

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

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

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

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

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 47774 to  
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of  
5 the Code, in that he committed repeated negligent acts in his care and treatment of Patient A,<sup>1</sup>  
6 Patient B, Patient C, Patient D, and Patient E, as more particularly alleged herein:

7 **Patient A**

8 10. In around 2014 or 2015<sup>2</sup>, Respondent began treating Patient A. Patient A then moved  
9 out of the area and returned to Respondent in or around 2017.

10 11. On or about August 6, 2019, Patient A was evaluated for the status of psychiatric  
11 medication use related to a diagnosis of attention-deficit hyperactivity disorder,<sup>3</sup> and major  
12 depressive disorder,<sup>4</sup> recurrent, moderate. Medical records showed "current medications" as  
13 Adderall<sup>5</sup> 20 mg, three times per day. The plan was to continue this medication and return to  
14 Respondent in one month. Medical records for this visit were deficient in one or more of the  
15 following ways, including, but not limited to: a lack of adequate history of Patient A's recent  
16 outpatient treatment or status; a lack of reference to clonazepam [Klonopin] or sertraline [Zoloft];

17 <sup>1</sup> References to "Patients A~ E" are used to protect patient privacy.

18 <sup>2</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is  
19 for informational purposes only and is not alleged as a basis for disciplinary action.

20 <sup>3</sup> Attention Deficit /Hyperactivity Disorder (ADHD) is marked by ongoing pattern of  
inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

21 <sup>4</sup> Major Depressive Disorder (Clinical Depression) causes a persistently low or depressed  
22 mood and a loss of interest in activities a person used to enjoy.

23 <sup>5</sup> Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a  
24 central nervous system stimulant of the amphetamine class, and is a Schedule II controlled  
25 substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous  
26 drug pursuant to Business and Professions Code section 4022. When properly prescribed and  
27 indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the  
28 DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of  
amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their  
duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and  
other stimulants are contraindicated for patients with a history of drug abuse.

1 a lack of history of Patient A's depressive illness or any information about any medications used,  
2 such as sertraline [Zoloft], even though Patient A was diagnosed with major depressive disorder;  
3 a lack of history regarding Patient A's use of clonazepam [Klonopin], assessment of Patient A's  
4 symptoms of anxiety, and/or a discussion of any medical decision-making related to  
5 Respondent's prescription of clonazepam [Klonopin].

6 12. On or about August 6, 2019, Respondent prescribed to Patient A, Adderall 20 mg,  
7 four (4) times daily, Klonopin<sup>6</sup> 1 mg daily, and Zoloft<sup>7</sup> 200 mg daily. Prior to prescribing these  
8 medications to Patient A, Respondent failed to check CURES reports and/or failed to document  
9 having checked CURES reports.

10 13. On or about August 9, 2019, Respondent prescribed to Patient A, another prescription  
11 of Adderall 20 mg, four tablets daily, quantity of 120. Respondent failed to document this  
12 prescription or justification for the prescription in the medical records, and Respondent failed to  
13 document a clinical visit for Patient A on this date, if one had occurred.

14 14. On or about August 19, 2019, Patient A was found deceased at his parents' home.  
15 Following an examination, the Orange County Coroner determined that the cause of Patient A's  
16 death was "Acute polydrug intoxication" due to "combined toxic effects of methamphetamine,  
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22 <sup>6</sup> Klonopin® (clonazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that  
23 is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,  
24 subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.  
25 When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders.  
26 Concomitant use of Klonopin® with opioids "may result in profound sedation, respiratory  
27 depression, coma, and death." The Drug Enforcement Administration (DEA) has identified  
28 benzodiazepines, such as Klonopin®, as drugs of abuse. (Drugs of Abuse, DEA Resource Guide  
(2011 Edition), at p. 53.)

<sup>7</sup> Zoloft (Sertraline) is a Selective Serotonin Reuptake Inhibitor (SSRI), which can treat  
depression, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD),  
premenstrual dysphoric disorder (PMDD), social anxiety disorder, and panic disorder.

1 amphetamine, fentanyl,<sup>8</sup> norfentanyl,<sup>9</sup> 4-ANPP,<sup>10</sup> and 7-aminoclonazepam.”<sup>11</sup>

2 15. Respondent committed repeated negligent acts in his care and/or treatment of Patient  
3 A, including, but not limited to:

4 a. On or about August 6, 2019, Respondent prescribed controlled substances to Patient  
5 A, without reviewing CURES database and/or having documented a review of CURES database.

6 b. On or about August 6, 2019, Respondent failed to adequately document Patient A’s  
7 history and/or discussion of medical decision-making process for the treatment provided that day.

8 c. On or about August 6, 2019, Respondent prescribed Adderall and Klonopin to Patient  
9 A, without an adequate history and/or a review of CURES report(s).

10 d. On or about August 9, 2019, Respondent prescribed controlled substances to Patient  
11 A, without reviewing CURES database and/or having documented a review of CURES database.

12 e. On or about August 9, 2019, Respondent failed to generate a clinical encounter which  
13 led to Respondent’s prescription of Adderall to Patient A.

14 f. On or about August 9, 2019, Respondent prescribed Adderall to Patient A, without a  
15 documentation of complete history or sufficient clinical information justifying the need.

16 **Patient B**

17 16. Respondent treated Patient B from on or about January 19, 2018 through October 9,  
18 2019 for diagnoses of major depressive disorder, recurrent, and generalized anxiety disorder.  
19 Patient B had a history of psychiatric hospitalization. The medication treatment plan initially

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21  
22 <sup>8</sup> Fentanyl is a powerful synthetic (lab-made) opioid that is FDA-approved to treat severe  
23 pain related to surgery or complex pain conditions.

24 <sup>9</sup> Norfentanyl is a major metabolite of fentanyl.

25 <sup>10</sup> 4-ANPP also known as 4-anilino-N-phenethylpiperidine (4-ANPP), 4-aminophenyl-1-  
26 phenthyppiperidine, or despropionyl fentanyl, is a direct precursor to fentanyl and some fentanyl  
analgesics such as acetylfentanyl. It is commonly found as a contaminant in samples of drugs  
containing fentanyl.

27 <sup>11</sup> 7-Aminoclonazepam is structurally categorized as a benzodiazepine and it is the  
28 primary metabolite of clonazepam.

1 included Trintellix,<sup>12</sup> 20 mg daily, Vraylar<sup>13</sup> 1.5 mg daily, Wellbutrin<sup>14</sup> sustained-release, 100 mg  
2 tablet daily, and Klonopin 1 mg daily.

3 17. On or about October 5, 2018, Respondent changed the prescription of Trintellix to  
4 Zoloft, due to the cost of Trintellix.

5 18. On or about November 30, 2018, Respondent added a prescription of Trileptal,<sup>15</sup> to  
6 address Patient B's complaints of nausea.

7 19. On or about January 7, 2019, Respondent prescribed Klonopin to Patient B, without  
8 reviewing the CURES database and/or having documented a review of the CURES database.

9 20. On or about February 8, 2019, Respondent prescribed Pamelor<sup>16</sup> to Patient B, 25 mg  
10 for continued nausea, depression, and anxiety.

11 21. On or about February 27, 2019, Patient B returned to Respondent with increased  
12 anxiety and feeling in a crisis. Respondent increased prescription for Klonopin from 1 mg daily  
13 to twice daily, though the recorded instructions were to take 0.5 mg in the morning, 0.5 mg in the  
14 afternoon, and 1 mg at night.

15 22. On or about March 2, 2019, Respondent prescribed Klonopin to Patient B, without  
16 reviewing CURES database and/or having documented a review of CURES database.

17 23. On or about March 8, 2019, Respondent lowered his prescription of Klonopin to  
18 Patient B, from 1 mg twice daily, to 1 mg daily, because of Patient B's sedation and lack of  
19 benefit at the higher dose. Respondent discontinued prescription for Trileptal. Respondent

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20  
21 <sup>12</sup> Trintellix (vortioxetine) is a prescription medication used in adults to treat a certain type  
of depression called Major Depressive Disorder.

22 <sup>13</sup> Vraylar is a prescription medication used along with antidepressant medicines to treat  
23 major depressive disorder for short-term (acute) treatment of manic or mixed episodes that  
happen with bipolar I disorder.

24 <sup>14</sup> Wellbutrin (Bupropion) is an antidepressant which can be used to treat depression.

25 <sup>15</sup> Trileptal (Oxcarbazepine) is an anticonvulsant, which can be used to treat epileptic  
26 seizures.

27 <sup>16</sup> Pamelor (Nortriptyline) is an antidepressant and nerve pain medication, which can be  
28 used to treat depression.

1 prescribed Zofran<sup>17</sup> for Patient B's continued nausea. Patient B continued to have anxiety and  
2 also had gastrointestinal complaints in March 2019.

3 24. On or about April 12, 2019, Respondent prescribed lamotrigine<sup>18</sup> to Patient B, to  
4 address Patient B's residual anxiety symptoms. Respondent also prescribed Klonopin to Patient  
5 B, without reviewing CURES database and/or having documented a review of CURES database.

6 25. In or around June 2019, Patient B had improved and had returned to work.

7 26. On or about June 21, 2019, Respondent prescribed, Klonopin to Patient B, without  
8 reviewing CURES database and/or having documented a review of CURES database.

9 27. On or about July 25, 2019, Respondent prescribed Klonopin to Patient B, without  
10 reviewing CURES database and/or having documented a review of CURES database.

11 28. Respondent committed repeated negligent acts in his care and/or treatment of Patient  
12 B, including, but not limited to:

13 a. On or about January 7, 2019, Respondent prescribed Klonopin to Patient B, without a  
14 review and/or documentation of a review of CURES database.

15 b. On or about March 2, 2019, Respondent prescribed Klonopin to Patient B, without a  
16 review and/or documentation of a review of CURES database.

17 c. On or about April 12, 2019, Respondent prescribed Klonopin to Patient B, without a  
18 review and/or documentation of a review of CURES database.

19 d. On or about June 21, 2019, Respondent prescribed Klonopin to Patient B, without a  
20 review and/or documentation of a review of CURES database.

21 e. On or about July 25, 2019, Respondent prescribed Klonopin to Patient B, without a  
22 review and/or documentation of a review of CURES database.

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27 <sup>17</sup> Zofran (Ondansetron) is a medication, which can prevent nausea and vomiting.

28 <sup>18</sup> Lamotrigine (common brands including Lamictal XR, Lamictal ODT) is an  
anticonvulsant, which can be used to treat seizures and bipolar disorder.

1           **Patient C**

2           29. Respondent provided care and/or treatment to Patient C from on or about January 22,  
3 2018 through on or about March 13, 2023. Patient C was seen at regular, follow-up intervals  
4 during this period. Patient C, a sixty-nine (69) year-old woman was treated by Respondent for  
5 diagnoses of major depressive order, generalized anxiety disorder, and panic disorder.

6           30. Respondent's treatment of Patient C oriented around depression, anxiety, and Patient  
7 C's response to stress. Respondent treated Patient C with antidepressant medications including  
8 bupropion, Cymbalta,<sup>19</sup> trazodone,<sup>20</sup> and Klonopin 0.5 mg, four times a day, and alprazolam 0.25  
9 mg twice a day, as needed, for breakthrough anxiety. According to the medical records, Patient  
10 C's anxiety and response to benzodiazepine medication (Klonopin) were a primary focus of the  
11 treatment. Patient C had variable levels of anxiety and her symptoms fluctuated over time.

12           31. On or about October 5, 2018, Respondent prescribed Klonopin to Patient C, without  
13 reviewing CURES database and/or having documented a review of CURES database.

14           32. On or about October 11, 2018, Respondent prescribed alprazolam to Patient C,  
15 without reviewing CURES database and/or having documented a review of CURES database.

16           33. On or about October 17, 2018, Respondent prescribed Ritalin<sup>21</sup> to Patient C, for  
17 Patient C's fatigue.

18           34. On or about November 3, 2018, Respondent prescribed Klonopin to Patient C,  
19 without reviewing CURES database and/or having documented a review of CURES database.

20           35. On or about November 18, 2018, Respondent prescribed alprazolam to Patient C,  
21 without reviewing CURES database and/or having documented a review of CURES database.

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25           <sup>19</sup> Cymbalta (Duloxetine) is an antidepressant and nerve pain medication, which can be  
26 used to treat depression, anxiety, diabetic peripheral neuropathy, fibromyalgia, and chronic  
muscle and bone pain.

27           <sup>20</sup> Trazodone is an antidepressant and sedative, which can be used to treat depression.

28           <sup>21</sup> Ritalin (Methylphenidate) is a stimulant, which can be used to treat ADHD and  
narcolepsy.

1 36. On or about January 11, 2019, Respondent prescribed alprazolam to Patient C without  
2 reviewing CURES database and/or having documented a review of CURES database.

3 37. On or about March 30, 2019, Respondent prescribed alprazolam to Patient C, without  
4 reviewing CURES database and/or having documented a review of CURES database.

5 38. On or about April 30, 2019, Respondent prescribed alprazolam to Patient C, without  
6 reviewing CURES database and/or having documented a review of CURES database.

7 39. On or about April 30, 2019, Respondent prescribed Klonopin to Patient C, without  
8 reviewing CURES database and/or having documented a review of CURES database.

9 40. On or about May 6, 2019, Respondent prescribed alprazolam to Patient C, without  
10 reviewing CURES database and/or having documented a review of CURES database.

11 41. On or about May 14, 2019, Patient C returned to Respondent, reporting that Patient C  
12 had fallen and broken her femur. Patient C also reported GI symptoms that responded to  
13 Respondent's prescription of alprazolam.<sup>22</sup> At this time, Patient C's dose of Klonopin was 0.5  
14 mg, up to four (4) times per day, and alprazolam 0.25 mg, three times per day, as needed.

15 42. On or about May 27, 2019, Respondent prescribed Klonopin to Patient C, without  
16 reviewing CURES database and/or having documented a review of CURES database.

17 43. On or about July 5, 2019, Respondent prescribed to Patient C, Klonopin, without  
18 reviewing CURES database and/or having documented a review of CURES database.

19 44. On or about May 6, 2019, Respondent prescribed to Patient C, alprazolam, without  
20 reviewing CURES database and/or having documented a review of CURES database.

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24 <sup>22</sup> Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a  
25 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
26 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When  
27 properly prescribed and indicated, it is used for the management of anxiety disorders.  
28 Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory  
depression, coma, and death." The Drug Enforcement Administration (DEA) has identified  
benzodiazepines, such as Xanax®, as drugs of abuse. (Drugs of Abuse, DEA Resource Guide  
(2011 Edition), at p. 53.)

1        45. On or about July 30, 2019, Respondent prescribed to Patient C, Klonopin, without  
2 reviewing CURES database and/or having documented a review of CURES database.

3        46. On or about September 4, 2019, Respondent prescribed to Patient C, alprazolam,  
4 without reviewing CURES database and/or having documented a review of CURES database.

5        47. On or about September 4, 2019, Respondent prescribed to Patient C, Klonopin,  
6 without reviewing CURES database and/or having documented a review of CURES database.

7        48. On or about October 30, 2019, Respondent prescribed to Patient C, alprazolam,  
8 without reviewing CURES database and/or having documented a review of CURES database.

9        49. On or about November 3, 2019, Respondent prescribed to Patient C, Klonopin,  
10 without reviewing CURES database and/or having documented a review of CURES database.

11       50. On or about November 13, 2019, Respondent prescribed to Patient C, Klonopin,  
12 without reviewing CURES database and/or having documented a review of CURES database.

13       51. On or about December 1, 2019, Respondent prescribed to Patient C, alprazolam,  
14 without reviewing CURES database and/or having documented a review of CURES database.

15       52. On or about January 8, 2020, Respondent prescribed to Patient C, alprazolam, without  
16 reviewing CURES database and/or having documented a review of CURES database.

17       53. On or about February 29, 2020, Respondent prescribed to Patient C, alprazolam,  
18 without reviewing CURES database and/or having documented a review of CURES database.

19       54. On or about March 27, 2020, Respondent prescribed to Patient C, alprazolam, without  
20 reviewing CURES database and/or having documented a review of CURES database.

21       55. On or about April 25, 2020, Respondent prescribed to Patient C, alprazolam, without  
22 reviewing CURES database and/or having documented a review of CURES database.

23       56. On or about July 1, 2020, Respondent prescribed to Patient C, alprazolam, without  
24 reviewing CURES database and/or having documented a review of CURES database.

25       57. On or about July 31, 2020, Respondent prescribed to Patient C, alprazolam, without  
26 reviewing CURES database and/or having documented a review of CURES database.

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1        58. On or about September 8, 2020, Respondent prescribed to Patient C, alprazolam,  
2 without reviewing CURES database and/or having documented a review of CURES database.

3        59. On or about October 6, 2020, Respondent prescribed to Patient C, alprazolam,  
4 without reviewing CURES database and/or having documented a review of CURES database.

5        60. On or about January 15, 2021, Respondent prescribed to Patient C, alprazolam,  
6 without having checked CURES database and/or without having documented that Respondent  
7 checked CURES database, before doing so.

8        61. Respondent committed repeated negligent acts in his care and treatment of Patient C,  
9 including, but not limited to:

10        a. On or about October 5, 2018, Respondent prescribed to Patient C, Klonopin, without  
11 a review and/or documentation of a review of CURES database.

12        b. On or about October 11, 2018, Respondent prescribed to Patient C, alprazolam,  
13 without a review and/or documentation of a review of CURES database.

14        c. On or about November 3, 2018, Respondent prescribed to Patient C, Klonopin,  
15 without a review and/or documentation of a review of CURES database.

16        d. On or about November 18, 2018, Respondent prescribed to Patient C, alprazolam,  
17 without a review and/or documentation of a review of CURES database.

18        e. On or about January 11, 2019, Respondent prescribed to Patient C, alprazolam,  
19 without a review and/or documentation of a review of CURES database.

20        f. On or about March 30, 2019, Respondent prescribed to Patient C, alprazolam, without  
21 a review and/or documentation of a review of CURES database.

22        g. On or about April 30, 2019, Respondent prescribed to Patient C, alprazolam, without  
23 a review and/or documentation of a review of CURES database.

24        h. On or about April 30, 2019, Respondent prescribed to Patient C, Klonopin, without a  
25 review and/or documentation of a review of CURES database.

26        i. On or about May 6, 2019, Respondent prescribed to Patient C, alprazolam, without a  
27 review and/or documentation of a review of CURES database.

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- 1 j. On or about May 27, 2019, Respondent prescribed to Patient C, Klonopin, without a  
2 review and/or documentation of a review of CURES database.
- 3 k. On or about July 5, 2019, Respondent prescribed to Patient C, Klonopin, without a  
4 review and/or documentation of a review of CURES database.
- 5 l. On or about May 6, 2019, Respondent prescribed to Patient C, alprazolam, without a  
6 review and/or documentation of a review of CURES database.
- 7 m. On or about July 30, 2019, Respondent prescribed to Patient C, Klonopin, without a  
8 review and/or documentation of a review of CURES database.
- 9 n. On or about September 4, 2019, Respondent prescribed to Patient C, alprazolam,  
10 without a review and/or documentation of a review of CURES database.
- 11 o. On or about September 4, 2019, Respondent prescribed to Patient C, Klonopin,  
12 without reviewing CURES database and/or having documented a review of CURES database.
- 13 p. On or about October 30, 2019, Respondent prescribed to Patient C, alprazolam,  
14 without a review and/or documentation of a review of CURES database.
- 15 q. On or about November 3, 2019, Respondent prescribed to Patient C, Klonopin,  
16 without a review and/or documentation of a review of CURES database.
- 17 r. On or about November 13, 2019, Respondent prescribed to Patient C, Klonopin,  
18 without a review and/or documentation of a review of CURES database
- 19 s. On or about December 1, 2019, Respondent prescribed to Patient C, alprazolam,  
20 without a review and/or documentation of a review of CURES database.
- 21 t. On or about January 8, 2020, Respondent prescribed to Patient C, alprazolam, without  
22 a review and/or documentation of a review of CURES database.
- 23 u. On or about February 29, 2020, Respondent prescribed to Patient C, alprazolam,  
24 without a review and/or documentation of a review of CURES database.
- 25 v. On or about March 27, 2020, Respondent prescribed to Patient C, alprazolam, without  
26 a review and/or documentation of a review of CURES database.
- 27 w. On or about October 30, 2020, Respondent prescribed to Patient C, alprazolam,  
28 without a review and/or documentation of a review of CURES database.

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2 x. On or about April 25, 2020, Respondent prescribed to Patient C, alprazolam, without  
3 a review and/or documentation of a review of CURES database.

4 y. On or about July 1, 2020, Respondent prescribed to Patient C, alprazolam, without a  
5 review and/or documentation of a review of CURES database.

6 z. On or about July 31, 2020, Respondent prescribed to Patient C, alprazolam, without a  
7 review and/or documentation of a review of CURES database.

8 aa. On or about September 8, 2020, Respondent prescribed to Patient C, alprazolam,  
9 without a review and/or documentation of a review of CURES database.

10 bb. On or about October 6, 2020, Respondent prescribed to Patient C, alprazolam,  
11 without a review and/or documentation of a review of CURES database.

12 cc. On or about January 15, 2021, Respondent prescribed to Patient C, alprazolam,  
13 without a review and/or documentation of a review of CURES database.

14 **Patient D**

15 62. Respondent treated Patient D from on or about March 2, 2018 through on or about  
16 June 5, 2018. Patient D was maintained on Latuda<sup>23</sup> 80 mg daily, Lithium carbonate<sup>24</sup> 600 mg  
17 twice a day, Viibryd<sup>25</sup> 40 mg, and Klonopin 0.5 mg twice daily. Patient D is a thirty-nine (39)  
18 year-old male with a diagnosis of bipolar I disorder at the time of Respondent's treatment.

19 63. On or about March 2, 2018, Patient D presented to Respondent. Respondent  
20 prescribed Lithium Carbonate ER 300 mg to Patient D, oral tablet extended release, two (2)  
21 tablets orally, two (2) times a day. Respondent failed to order and/or failed to document having  
22 ordered laboratory testing of lithium level, kidney functioning, or thyroid functioning.  
23 Respondent failed to review and/or failed to document having reviewed recent laboratory testing  
24 results, or failed to consider and/or failed to document having considered the necessity of  
25 laboratory testing.

26 <sup>23</sup> Latuda (Lurasidone) is an antipsychotic, which can be used to treat schizophrenia.

27 <sup>24</sup> Lithium carbonate is a medication used to treat manic-depressive (bipolar disorder).

28 <sup>25</sup> Viibryd (Vilazodone) is an antidepressant, which can be used to treat depression.

1           64. On or about June 5, 2018, Patient D returned to Respondent. Respondent prescribed  
2 Lithium Carbonate ER 300 mg, two (2) tablets orally, twice daily. Respondent failed to order  
3 and/or failed to document having ordered laboratory testing of lithium level, kidney functioning,  
4 or thyroid functioning. Respondent failed to review and/or failed to document having reviewed  
5 recent laboratory testing results, or failed to consider and/or failed to document having considered  
6 the necessity of laboratory testing.

7           65. Respondent committed repeated negligent acts in his care and/or treatment of Patient  
8 D, including, but not limited to:

9           a. On or about March 2, 2018, Respondent failed to order and/or failed to document  
10 having ordered laboratory testing, and/or failed to review and/or failed to document having  
11 reviewed recent laboratory results, and/or failed to consider and/or failed to document having  
12 considered the necessity of laboratory testing, even though Respondent prescribed Lithium  
13 Carbonate to Patient D.

14           b. On or about June 5, 2018, Respondent failed to order and/or failed to document  
15 having ordered laboratory testing, and/or failed to review and/or failed to document having  
16 reviewed recent laboratory results, and/or failed to consider and/or failed to document having  
17 considered the necessity of laboratory testing, even though Respondent prescribed Lithium  
18 Carbonate to Patient D.

19           **Patient E**

20           66. From on or about January 10, 2018 through December 18, 2018, Respondent  
21 provided care and treatment to Patient E, a fifty-eight (58) year-old woman, who had a diagnosis  
22 of major depressive disorder, recurrent, moderate, and generalized anxiety disorder, during the  
23 treatment period.

24           67. Initially, Respondent treated Patient E with bupropion XL 300 mg daily,  
25 venlafaxine<sup>26</sup> ER 150 mg daily, Abilify<sup>27</sup> 5 mg daily, and Klonopin 1 mg, three times daily.

26           <sup>26</sup> Venlafaxine (common brand Effexor XR) is an antidepressant and nerve pain  
27 medication, which can be used to treat depression, generalized anxiety disorder, panic disorder,  
28 and social anxiety disorder.

1 Patient E's symptoms included poor focus, low motivation, feeling tired, and chronically negative  
2 mood.

3 68. On or about February 14, 2018, Respondent added a prescription of Adderall at 10  
4 mg twice daily, in order to target Patient E's symptoms of mood disturbance, fatigue, and poor  
5 focus.

6 69. On or about March 23, 2018, Respondent discontinued Adderall due to Patient E's  
7 poor tolerability. Respondent prescribed Phentermine<sup>28</sup> as an alternative medication to target the  
8 same symptoms described in paragraph 67, above.

9 70. On or about July 6, 2018, Patient E returned to Respondent. According to the  
10 medical records, it states, among other things, that Patient E was using a CPAP device.<sup>29</sup>  
11 Respondent continued prescribing to Patient E, Klonopin 1 mg, three times a day, stopped  
12 Phentermine, and increased venlafaxine ER to 300 mg, daily.

13 71. On or about September 21, 2018, Patient E returned to Respondent. Respondent  
14 prescribed Ritalin to Patient E, in order to treat the symptoms of poor mood, fatigue, and poor  
15 focus.

16 72. On or about December 18, 2018, Patient E returned to Respondent, reporting  
17 increased depression. Respondent prescribed a ninety (90) day supply of Ritalin to Patient E, 10  
18 mg tablets, without reviewing CURES database and/or having documented a review of CURES  
19 database.

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24 <sup>27</sup> Abilify (Aripiprazole) is an antipsychotic, which can be used to treat schizophrenia,  
25 bipolar disorder, depression, and Tourette syndrome.

26 <sup>28</sup> Phentermine (common brands: Lomaira, Adipex-P) is a medication which can promote  
weight loss when used for a short time.

27 <sup>29</sup> CPAP (Continuous Positive Airway Pressure) is a machine that uses mild air pressure to  
28 keep breathing airways open while a person sleeps.

73. Respondent committed repeated negligent acts in his care and/or treatment of Patient A, Patient B, Patient C, Patient D, and Patient E:

a. Paragraphs 9 through 72, above, are hereby incorporated by reference and realleged as if fully set forth herein.

b. On or about December 18, 2018, Respondent prescribed Ritalin to Patient E, without a review and/or documentation of a review of CURES database.

## SECOND CAUSE FOR DISCIPLINE

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

74. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 47774 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 9 through 73, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

### THIRD CAUSE FOR DISCIPLINE

**(General Unprofessional Conduct)**

75. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 47774 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 74, above, which are hereby incorporated 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 No. A 47774, issued to Respondent Sarabjit Singh Sandhu, M.D.;
2. Revoking, suspending or denying approval of Respondent Sarabjit Singh Sandhu, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Sarabjit Singh Sandhu, 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 11 2024

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