

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

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

Siamak Stephen Marzban, M.D.

**Physician's and Surgeon's
Certificate No. A 48221**

Case No.: 800-2021-078307

Respondent.

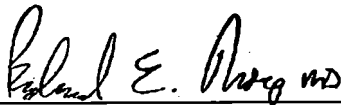
DECISION

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

This Decision shall become effective at 5:00 p.m. on December 18, 2024.

IT IS SO ORDERED: November 18, 2024.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 MARSHA E. BARR-FERNANDEZ
Deputy Attorney General
4 State Bar No. 200896
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Attorneys for Complainant
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8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2021-078307

12 **SIAMAK STEPHEN MARZBAN, M.D.**
13 **28201 Ridgethorne Court**
Rancho Palos Verdes, CA 90275-3255

OAH No. 2024030530

14 **Physician's and Surgeon's Certificate No.**
15 **A 48221,**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

16 Respondent.

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

19 **PARTIES**

20 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
21 California (Board). He brought this action solely in his official capacity and is represented in this
22 matter by Rob Bonta, Attorney General of the State of California, by Marsha E. Barr-Fernandez,
23 Deputy Attorney General.

24 2. Respondent Siamak Stephen Marzban, M.D. (Respondent) is represented in this
25 proceeding by attorney Raymond J. McMahon, whose address is: 5440 Trabuco Road, Irvine,
26 CA 92620.

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3. On or about April 30, 1990, the Board issued Physician's and Surgeon's Certificate No. A 48221 to Siamak Stephen Marzban, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-078307, and will expire on April 30, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-078307 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 9, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-078307 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-078307. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2021-078307, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2021-078307, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 48221 to disciplinary action.

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

CONTINGENCY

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

14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above-entitled matter.

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15. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-078307 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 48221 issued to Respondent Siamak Stephen Marzban, M.D. is revoked. However, the revocation is stayed, and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions:

1. EDUCATION COURSE. Within sixty (60)) calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than forty (40) hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

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

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

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

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

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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 fifteen (15) calendar days after successfully completing the course, or not
8 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

24 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
25 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
26 \$20,000.00 (twenty thousand dollars). Costs shall be payable to the Medical Board of California.
27 Failure to pay such costs shall be considered a violation of probation.

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

5 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
6 to repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

12 9. GENERAL PROBATION REQUIREMENTS.

13 Compliance with Probation Unit

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

15 Address Changes

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

21 Place of Practice

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

25 License Renewal

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

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1 Travel or Residence Outside California

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

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

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

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

25 In the event Respondent's period of non-practice while on probation exceeds eighteen (18)
26 calendar months, Respondent shall successfully complete the Federation of State Medical
27 Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence
28 assessment program that meets the criteria of Condition 18 of the current version of the Board's

1 “Manual of Model Disciplinary Orders and Disciplinary Guidelines” prior to resuming the
2 practice of medicine.

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

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

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

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

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

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1 14. 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 fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the
8 Board, or its designee, and Respondent shall no longer practice medicine. Respondent will no
9 longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical
10 license, the application shall be treated as a petition for reinstatement of a revoked certificate.

11 15. 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 16. 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. 800-2021-078307 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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ACCEPTANCE

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

DATED: 10/23/2024 S Marzban MD.
SIAMAK STEPHEN MARZBAN, M.D.
Respondent

I have read and fully discussed with Respondent Siamak Stephen Marzban, 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: October 23, 2024 Raymond J. McMahon
RAYMOND J. MCMAHON
Attorney for Respondent

ENDORSEMENT

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

DATED: October 23, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

Marsha E. Barr-Fernandez
MARSHA E. BARR-FERNANDEZ
Deputy Attorney General
Attorneys for Complainant

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8 **BEFORE THE**
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10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2021-078307

12 **SIAMAK STEPHEN MARZBAN, M.D.**
13 **28201 Ridgethorpe Court**
Rancho Palos Verdes, CA 90275-3255

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. A 48221,**

16 Respondent.

17 **PARTIES**

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

21 2. On or about April 30, 1990, the Board issued Physician's and Surgeon's Certificate
22 Number A 48221 to Siamak Stephen Marzban, M.D. (Respondent). The Physician's and
23 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
24 herein and will expire on April 30, 2024, unless renewed.

25 **JURISDICTION**

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

1 4. Section 2004 of the Code states:

2 The board shall have the responsibility for the following:

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

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

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

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

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

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

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

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

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

15 5. Section 2220 of the Code states:

16 Except as otherwise provided by law, the board may take action against all
17 persons guilty of violating this chapter. The board shall enforce and administer this
18 article as to physician and surgeon certificate holders, including those who hold
19 certificates that do not permit them to practice medicine, such as, but not limited to,
retired, inactive, or disabled status certificate holders, and the board shall have all the
powers granted in this chapter for these purposes including, but not limited to:

20 (a) Investigating complaints from the public, from other licensees, from health
21 care facilities, or from the board that a physician and surgeon may be guilty of
unprofessional conduct. The board shall investigate the circumstances underlying a
22 report received pursuant to Section 805 or 805.01 within 30 days to determine if an
interim suspension order or temporary restraining order should be issued. The board
23 shall otherwise provide timely disposition of the reports received pursuant to Section
805 and Section 805.01.

24 (b) Investigating the circumstances of practice of any physician and surgeon
25 where there have been any judgments, settlements, or arbitration awards requiring the
physician and surgeon or his or her professional liability insurer to pay an amount in
26 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with
respect to any claim that injury or damage was proximately caused by the physician's
and surgeon's error, negligence, or omission.

27 (c) Investigating the nature and causes of injuries from cases which shall be
28 reported of a high number of judgments, settlements, or arbitration awards against a
physician and surgeon.

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

6 (d) Incompetence.

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

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

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

14 8. Section 2266 of the Code states:

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

17 COST RECOVERY

18 9. Section 125.3 of the Code states:

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

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

27 (c) A certified copy of the actual costs, or a good faith estimate of costs where
28 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.

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

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

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

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

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

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

19 FACTUAL ALLEGATIONS

20 Patient 1:

21 10. On or about January 17, 2017, Patient 1,¹ a female, was 58-years-old when she
22 presented to Respondent, an internal medicine doctor, to establish primary care. Respondent
23 documented a history, including but not limited to, that Patient 1 was a smoker and had a history
24 of asthma, chronic obstructive pulmonary disease (COPD), arthritis, ovarian cancer, seizures, and
25 depression.² Respondent indicated in the chart that a mammogram was done, but the results of
26 the mammogram are not in the chart. Patient 1 reported that she was taking medications,
27 including but not limited to, diazepam (a benzodiazepine medication to treat anxiety, muscle
28 spasms, and seizures), tramadol (a narcotic used to treat moderate to severe pain), Norco (a
narcotic used to treat moderate to severe pain), zolpidem (a sedative used to treat insomnia),
topiramate (a medication used to manage and treat seizures and migraines), and Paxil (an
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26 ¹ The patients are identified in this Accusation by number for privacy purposes.
27 Respondent is aware of the identity of these patients.

28 ² Respondent's charting in the patient record is handwritten and many times illegible,
making the record difficult to read and interpret.

1 antidepressant used to treat depression and anxiety disorders). These medications had been
2 prescribed to Patient 1 by her previous provider. Respondent's documentation does not specify
3 the reason Patient 1 was taking tramadol and Norco.

4 11. Patient 1's pharmacy records show that on April 6, 2018, Respondent prescribed to
5 Patient 1 topiramate, mupirocin 2% ointment (a topical antibiotic for superficial skin infections),
6 ibuprofen 800 mg, tramadol, zolpidem tartrate (for insomnia), and nicotine lozenges. Respondent
7 did not document in Patient 1's chart that he prescribed these medications, nor did he document
8 the clinical indication for prescribing them.

9 12. From April 6, 2018 through December 26, 2020, Respondent prescribed tramadol to
10 Patient 1 a total of thirty (30) times. Respondent did not document in Patient 1's chart the clinical
11 indication for the tramadol prescription, but during Respondent's interview with the Board,
12 Respondent explained that he prescribed tramadol to Patient 1 to treat chronic back pain. One of
13 the adverse reactions of tramadol is that it increases a person's risk of having a seizure.
14 Therefore, it is not recommended for use in patients with a low seizure threshold (meaning
15 patients that are more vulnerable to seizures), such as patients like Patient 1 who have a history of
16 seizures. During the interview with the Board, Respondent stated that he was not aware that
17 tramadol could lower a person's seizure threshold.

18 13. On April 9, 2018, Patient 1 presented to Respondent's office complaining of
19 coughing, vomiting, and not sleeping well for the past week, with fevers, chills, and clear thick
20 phlegm. On the physical examination template, Respondent noted that the lungs were clear to
21 auscultation, that genitalia was grossly normal, that a pap smear was done, and the skin was clear
22 with no significant lesions. On the handwritten progress note of that date, Respondent
23 documented finding a herpes lesion during the pelvic exam. On this date, Respondent prescribed
24 lorazepam, guaifenesin AC (an expectorant cough medicine), and amoxicillin-clavulanate (an
25 antibiotic for treatment of bacterial infections). Respondent did not document a plan for treating
26 the herpes lesion. The results of the pap smear are not in the chart.

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1 14. On May 7, 2018, Patient 1 returned to Respondent for a follow up visit. On that date,
2 there is no documentation in the record that Respondent conducted a follow up examination or
3 inquiry to determine whether Patient 1's complaint of coughing and vomiting had resolved, or
4 whether she continued to have fevers and chills or trouble sleeping. Instead, the progress note of
5 that date states "last seizure," and indicates that Patient 1 was to be referred to a dermatologist for
6 an abnormal mole growth on her left upper arm and shoulder. Respondent also documented that
7 all medications would be continued. On this date, Respondent prescribed, among other things,
8 Norco.

9 15. On May 14, 2018, June 5, 2018, July 10, 2018, April 3, 2019, May 2, 2019, and June
10 12, 2019, according to pharmacy records, Respondent prescribed potassium chloride to Patient 1.
11 This medication is a mineral supplement used to treat or prevent low amounts of potassium in the
12 blood. There is no documentation in Patient 1's chart of the fact that Respondent prescribed
13 potassium or the clinical indication for prescribing it.

14 16. On May 14, 2018, June 5, 2018, July 2, 2018, August 7, 2018, April 2, 2019, April
15 30, 2019, and May 29, 2019, according to pharmacy records, Respondent prescribed furosemide
16 to Patient 1. Furosemide is a diuretic (water pill), given to help treat fluid retention and swelling
17 that is caused by congestive heart failure, liver disease, kidney disease, or other medical
18 conditions. There is no documentation in Patient 1's chart of the fact that Respondent prescribed
19 furosemide or the clinical indication for prescribing it.

20 17. On June 4, 2018, Patient 1 presented again for follow up. The only notation made in
21 the chart by Respondent is to continue with medications and Patient 1 "needs to be" referred to
22 "ortho." Respondent did not document the reason Patient 1 "needs to be" referred to a specialist.
23 On this date, Respondent prescribed Norco and ibuprofen. Respondent did not prescribe Norco to
24 Patient 1 again until November 12, 2019.

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1 18. On September 20, 2018, Patient 1 presented to Respondent's office for medications
2 and follow up. Respondent noted that there had been an increase in the size of a mole in the right
3 neck area. Although there is no documentation of Patient 1 complaining of urinary tract infection
4 (UTI) symptoms or of Respondent performing a history and physical examination for UTI,
5 Respondent performed a dipstick urinalysis, ordered a urine culture, and prescribed Macrobid, an
6 antibiotic used to treat urinary tract infections. The urine culture results were reported on
7 September 23, 2018, and showed no growth of bacteria.

8 19. On September 27, 2018, Patient 1 presented to Respondent's office with complaints
9 of back pain and anxiety. Respondent noted that the back pain was low back pain radiating to the
10 left leg, and his plan was to refer Patient 1 to get an x-ray of the lumbar spine and to continue
11 medications. There is no documentation of any complaints of nausea, cough, or difficulty
12 breathing, nor documentation that Respondent would be prescribing new medications to Patient 1.
13 Per Patient 1's pharmacy records, Respondent prescribed two new medications to Patient 1 on
14 this date -- ondansetron (medication used to prevent nausea and vomiting caused by
15 chemotherapy and radiation therapy, and to prevent and treat nausea and vomiting after surgery)
16 and benzonatate (medication used to treat coughs caused by the common cold and other breathing
17 problems). The clinical indication for these new medications is not documented.

18 20. On October 4, 2018, Patient 1 presented with a complaint of having "had reaction" to
19 Naprosyn. There is no documentation of any complaints or concerns about infection.
20 Respondent documented that his plan was to prescribe Benadryl, a Z-pack, tramadol, and Xanax.
21 A Z-pack is a package of six (6) tablets of azithromycin, an antibiotic used to treat bacterial
22 infections, such as respiratory infections, sexually transmitted diseases, and ear and sinus
23 infections. Respondent did not document the clinical indication for prescribing the Z-pack.

24 21. On March 28, 2019, Patient 1 presented to Respondent for follow up. Although there
25 is no documentation of Patient 1 complaining of UTI symptoms or of Respondent performing a
26 history and physical examination for UTI, Respondent performed a urinalysis and prescribed an
27 antibiotic to treat UTI and a medication to relieve symptoms caused by irritation of the urinary
28 tract, such as pain, burning, and the feeling of needing to urinate urgently or frequently.

1 22. On April 18, 2019, Patient 1 presented with complaints of shortness of breath,
2 inability to sleep, and cough for 1 week and reported that her symptoms were getting worse.
3 Respondent did not document a physical examination or any concerns about an unresolved UTI.
4 Respondent noted that he was prescribing Augmentin, Flonase, and albuterol, and Patient 1 was
5 to return to clinic if her condition did not improve. On this same date, pharmacy records indicate
6 Patient 1 also filled a prescription for Macrobid from Respondent.

7 23. On May 6, 2019, Patient 1 presented to follow up for back pain. She was noted to
8 still have back pain and anxiety. Respondent did not document an examination or plan to treat
9 the back pain.

10 24. On May 30, 2019, July 2, 2019, October 1, 2019, October 29, 2019, November 12,
11 2019, and October 22, 2020, Patient 1 presented to Respondent apparently with complaints of
12 symptoms of UTI because Respondent prescribed medications to treat UTI. Respondent did not
13 document a history or physical examination for UTI at any of these visits.

14 25. On July 12, 2019, Patient 1 presented with unspecified DMV paperwork for
15 Respondent to complete, but Respondent noted it had to be filled out by a neurologist.
16 Respondent also noted that Patient 1 complained of abdominal pain. Respondent did not
17 document a history or physical examination for the abdominal pain.

18 26. On July 30, 2019, Patient 1 presented to Respondent for follow up from an
19 emergency room visit. Patient 1 reported she had surgery for rectal bleeding which had since
20 stopped. Respondent referred Patient 1 to a gastroenterologist, but he did not document a history
21 or physical examination on this date.

22 27. On August 13, 2019, Patient 1 presented to Respondent for follow up. She was noted
23 to have a history of seizure, anxiety, increased cholesterol, and a colostomy. Respondent noted
24 that he would refill Patient 1's prescriptions for ondansetron (for nausea), tramadol, and zolpidem
25 (for insomnia). Respondent also noted that he was ordering an x-ray of Patient 1's left knee, but
26 did not document the clinical indication for the x-ray of the knee. Respondent did not document a
27 physical examination on this date, nor did he document a plan for treating the increased
28 cholesterol.

1 28. On September 5, 2019, Patient 1 presented to Respondent for follow up. Respondent
2 documented that Patient 1 had a history of fibroma and was presenting with a complaint of lower
3 abdominal pain. Respondent did not document a physical examination or a differential diagnosis
4 or plan for the lower abdominal pain. Respondent referred Patient 1 to a gynecologist "for
5 fibroma." Respondent also noted that tramadol was discontinued but did not indicate the reason
6 for discontinuing it.

7 29. On October 1, 2019, Patient 1 presented to Respondent for prescription refills and
8 follow up. Respondent documented that he gave Patient 1 a prescription for tramadol and valium
9 for seizure and anxiety. Respondent did not document why he was again prescribing tramadol to
10 Patient 1 after noting he was discontinuing tramadol at the prior visit.

11 30. On January 6, 2020, per pharmacy records, Respondent prescribed banophen
12 (Benadryl), an antihistamine, to Patient 1. There is no corresponding office visit note, and
13 Respondent did not document the clinical indication for prescribing banophen to Patient 1.

14 31. On July 6, 2020, per pharmacy records, Respondent prescribed miconazole cream, an
15 antifungal medication, to Patient 1. There is no corresponding office visit note, and Respondent
16 did not document the clinical indication for prescribing miconazole to Patient 1.

17 **Patient 2:**

18 32. Patient 2, a female, had a complex medical history including, but not limited to,
19 dementia, chronic pain, osteoarthritis, and rheumatoid arthritis. Patient 2 had been Respondent's
20 patient since 2011, when Patient 2 was 74-years-old, and was prescribed methadone for chronic
21 pain by Respondent. Methadone is a long-acting opioid medication that can be used to treat pain.

22 33. From approximately April 2018 to November 2019, Respondent prescribed
23 methadone to Patient 2 approximately eleven (11) times. During this timeframe, Respondent did
24 not check Patient 2's urine toxicology or document in his progress notes the areas in which
25 Patient 2 was having pain.

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1 34. Patient 2's pharmacy records show that on or about October 4, 2018, Respondent
2 prescribed penicillin to Patient 2. Penicillin is an antibiotic used to treat bacterial infections.
3 Respondent did not make a corresponding progress note in Patient 2's chart documenting that the
4 prescription was made or the reason for prescribing it.

5 35. On or about December 29, 2018, Patient 2 presented to Respondent for "follow up
6 and results." Respondent's progress note stated "physical completed," but did not document his
7 findings on physical examination. Respondent also documented that he discussed with Patient 2
8 the slightly elevated HbA1c test (blood test used to diagnose type 2 diabetes) and counseled
9 Patient 2 about diet and exercise, as well as about getting off of methadone. Patient 2's pharmacy
10 records show that on this date, Respondent prescribed azithromycin to Patient 2, but
11 Respondent's progress note does not indicate that he prescribed azithromycin or the reason he
12 prescribed it.

13 36. Patient 2's pharmacy records show that on or about March 16, 19, and 21, 2020,
14 Respondent prescribed amoxicillin-clavulanic acid to Patient 2. The combination of amoxicillin
15 and clavulanic acid is used to treat certain infections caused by bacteria. Respondent did not
16 make a corresponding progress note in Patient 2's chart documenting that the prescription was
17 made or the reason for prescribing it.

18 37. Patient 2's pharmacy records show that on or about July 28, 2020, Respondent
19 prescribed mupirocin 2% ointment to Patient 2. Mupirocin 2% ointment is an antibiotic used to
20 treat skin infections. Respondent did not make a corresponding progress note in Patient 2's chart
21 documenting that the prescription was made or the reason for prescribing it.

22 38. Patient 2's pharmacy records show that on or about July 28, 2020 and October 12,
23 2020, Respondent prescribed cephalexin to Patient 2. Cephalexin is an antibiotic used to treat a
24 wide variety of bacterial infections. Respondent did not make a corresponding progress note in
25 Patient 2's chart documenting that the prescription was made or the reason for prescribing it.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

39. Respondent Siamak Stephen Marzban, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code in that Respondent was grossly negligent in his care and treatment of Patient 1. The circumstances are as follows:

40. The facts and allegations set forth in paragraphs 10 through 31 are incorporated herein by reference as if fully set forth.

41. The standard of care requires physicians to keep medical progress notes. Progress notes serve as the repository of medical facts and clinical thinking and are a vehicle of communication about a patient's condition to those who access the health record. The primary purpose of the medical record is to document the care provided to a patient during a specific encounter. The note should include information about assessments, diagnoses, treatments, prescriptions, and any changes in the patient's condition. The note should describe symptoms that the patient is experiencing, and follow up notes should document whether the symptoms have improved or changed since the previous visit. The notes should also include the results from any relevant tests or assessments of the patient. Progress notes serve as a means of communication among healthcare providers. They allow different members of the healthcare team to understand what has been done for a patient, what the current status is, and what the plan for future care might be. They ensure continuity of care when multiple healthcare providers may be involved in a patient's treatment. Progress notes allow healthcare providers to track the progress of a patient's condition over time and to plan their care accordingly. This is crucial in determining the effectiveness of treatments and interventions. Progress notes should be legible, easily understood, complete, accurate, and concise.

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42. When prescribing narcotics to a patient, documentation is an essential component of safe and effective narcotics prescribing. The standard of care requires a physician to document thoroughly in a progress note the clinical indications for prescribing narcotics, as well as the findings of the physician's physical examination directed at the painful area and the treatment plan. The note should make clear to anyone reviewing the record what the provider's thought process was regarding the need or medical indication for narcotics.

43. In Patient 1's case, Respondent made handwritten progress notes for office visits, and used fill in the blank/check box medical forms for review of system and physical exam findings on certain visits. Respondent's handwritten notes are difficult to read and some are illegible. Respondent's progress notes are not thorough and do not give a clear explanation of the causes of Patient 1's pain or previous workup and treatment. Respondent's notes also do not set forth Respondent's plans for treatment of Patient 1's pain, Respondent's thought process behind his medical decision making in the care and treatment of Patient 1, or the medical indications supporting the prescriptions for narcotics Respondent ordered for Patient 1. Respondent's failure to keep appropriate records regarding Patient 1, including but not limited to, setting forth the causes of the patient's pain, previous workup and treatment, Respondent's plans for treatment of Patient 1's pain, Respondent's thought process behind his medical decision making in the care and treatment of Patient 1, or the medical indications supporting the prescriptions for narcotics Respondent ordered for Patient 1, is an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

44. Respondent Siamak Stephen Marzban, M.D. is subject to disciplinary action under section 2234, subdivision (c), of the Code in that Respondent was negligent in his care and treatment of Patient 1 and Patient 2. The circumstances are as follows:

45. The facts and allegations set forth in the First Cause for Discipline are incorporated herein by reference as if fully set forth. Each act of gross negligence is also a negligent act.

46. The facts and allegations set forth in paragraphs 32 through 38 are incorporated herein by reference as if fully set forth.

47. The standard of care requires a physician to be aware of and consider possible adverse side effects before starting or continuing a patient on a medication to avoid choices that could lead to a poor outcome. In Patient 1's case, Respondent noted that Patient 1 had a history of seizure disorder and was taking both Norco and tramadol. Respondent stopped prescribing Norco to Patient 1 but continued her on tramadol. One adverse reaction of tramadol is that it increases a patient's risk of having a seizure. For that reason, tramadol is not recommended for use in patients with a low seizure threshold, such as Patient 1. During his interview with the Board, Respondent stated that he was not aware that tramadol could lower a patient's seizure threshold. Respondent's failure to be aware of tramadol's potential for lowering a patient's seizure threshold, and his decision to continue tramadol in a patient with a history of seizures, are simple departures from the standard of care.

48. The standard of care requires a physician to undertake appropriate monitoring for a patient taking narcotics, including but not limited to, periodic evaluation for complications and appropriate use of the narcotics. The monitoring should include regular visits, regular urine toxicology checks, and regular checking of CURES reports. Patient 2's medical records do not include any urine toxicology screens. Urine toxicology screens must be done regularly in a patient on chronic narcotics to be sure the patient is not using other non-prescribed drugs or diverting the narcotics. Respondent's failure to check urine toxicology on Patient 2 was a simple departure from the standard of care.

49. During the timeframe that Respondent was prescribing methadone to Patient 2, Respondent's documentation of the physical exam findings for Patient 2 did not include documentation of the areas where she was having pain. This is a simple departure from the standard of care.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

50. Respondent Siamak Stephen Marzban, M.D. is subject to disciplinary action under section 2266 of the Code in that Respondent failed to maintain adequate and accurate records during his care of Patient 1 and Patient 2. The circumstances are as follows:

51. The facts and allegations set forth in the First and Second Causes for Discipline are incorporated herein by reference as if fully set forth.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 48221, issued to Respondent Siamak Stephen Marzban, M.D.;

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

3. Ordering Respondent Siamak Stephen Marzban, 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: FEB 09 2024

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

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