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

In the Matter of the Accusation Against: **Muhammad Shabbir, M.D.** **127 W El Portal Dr.** **Merced, CA 95348-2853** **Physician's and Surgeon's Certificate No. A 106193,** Respondent.	Case No. 800-2023-094436 **ACCUSATION**

PARTIES

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

2. On or about December 3, 2008, the Medical Board issued Physician's and Surgeon's Certificate Number A 106193 to Muhammad Shabbir, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2026, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

STATUTORY PROVISIONS

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 no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

6. Section 726 of the Code states:

(a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this or under any initiative act referred to in this division.

(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, to his or her spouse or person in an equivalent domestic relationship.

7. Section 2228.1 of the Code states:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order

made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information internet web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

8. 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.

9. Health and Safety Code § 11165.4 states:

(a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the patient activity report or information from the patient activity report obtained by the CURES database to review a patient's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment of the patient.

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the patient activity report from the CURES database the first time the health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient, the health care practitioner shall consult the patient activity report from the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every six months thereafter if the substance remains part of the treatment of the patient.

(iii) A health care practitioner who did not directly access the CURES database to perform the required review of the controlled substance use report shall document in the patient's medical record that they reviewed the CURES database generated report within 24 hours of the controlled substance prescription that was provided to them by another authorized user of the CURES database.

(B) For purposes of this paragraph, "first time" means the initial occurrence in which a health care practitioner, in their role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

(2) A health care practitioner shall review a patient's controlled substance history that has been obtained from the CURES database no earlier than 24 hours, or the previous business day, before the health care practitioner prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

(b) The duty to consult the CURES database, as described in subdivision (a), does not apply to veterinarians or pharmacists.

(c) The duty to consult the CURES database, as described in subdivision (a), does not apply to a health care practitioner in any of the following circumstances:

(1) If a health care practitioner prescribes, orders, or furnishes a controlled substance to be administered to a patient in any of the following facilities or during a transfer between any of the following facilities for use while on facility premises:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(E) Another medical facility, including, but not limited to, an office of a health care practitioner and an imaging center.

(F) A correctional clinic, as described in Section 4187 of the Business and Professions Code, or a correctional pharmacy, as described in Section 4021.5 of the Business and Professions Code.

(2) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance in the emergency department of a general acute care hospital and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use.

(3) If a health care practitioner prescribes, orders, administers, or furnishes buprenorphine or other controlled substance containing buprenorphine in the emergency department of a general acute care hospital. (A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(E) A place of practice, as defined in Section 1658 of the Business and Professions Code.

(F) Another medical facility where surgical procedures are permitted to take place, including, but not limited to, the office of a health care practitioner.

(4) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient who is terminally ill, as defined in subdivision (c) of Section 11159.2.

(5) (A) If all of the following circumstances are satisfied:

(i) It is not reasonably possible for a health care practitioner to access the information in the CURES database in a timely manner.

(ii) Another health care practitioner or designee authorized to access the CURES database is not reasonably available.

(iii) The quantity of controlled substance prescribed, ordered, administered, or furnished does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use and no refill of the controlled substance is allowed.

(B) A health care practitioner who does not consult the CURES database under subparagraph (A) shall document the reason they did not consult the database in the patient's medical record.

(6) If the CURES database is not operational, as determined by the department, or cannot be accessed by a health care practitioner because of a temporary technological or electrical failure. A health care practitioner shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within the health care practitioner's control.

(7) If the CURES database cannot be accessed because of technological limitations that are not reasonably within the control of a health care practitioner.

(8) If consultation of the CURES database would, as determined by the health care practitioner, result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition, provided that the quantity of the controlled substance does not exceed a nonrefillable seven-day supply if the controlled substance were used in accordance with the directions for use.

(d) (1) A health care practitioner who fails to consult the CURES database, as described in subdivision (a), shall be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board.

(2) This section does not create a private cause of action against a health care practitioner. This section does not limit a health care practitioner's liability for the negligent failure to diagnose or treat a patient

(e) All applicable state and federal privacy laws govern the duties required by this section.

(f) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(h) This section shall become operative on July 1, 2021, or upon the date the department promulgates regulations to implement this section and posts those regulations on its internet website, whichever date is earlier.

COST RECOVERY

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

FACTUAL ALLEGATIONS

11. Respondent is a physician and surgeon, board certified in Family Medicine, who practiced at Merced Family Associates in Merced, CA, at all times alleged herein.

12. Patient A[1] is a 37-year-old female patient, who started seeing Respondent as her primary care physician in or around 2016.

13. On or about October 24, 2016[2], Respondent saw Patient A for an office visit. Respondent documented the chief complaint as, "MVA over intersection; hit and run; 10/09/16; taken to DMC was discharge home after xrays of Rt ankle; c/o upper back, neck pain and migraine." Respondent performed an examination of Patient A's musculoskeletal system including extremities which demonstrated no tenderness. Patient A had neck stiffness, and Respondent treated her with tramadol[3] 50mg.

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[1] The patient name is redacted to protect patient confidentiality.

[2] Allegations prior to February 2018 are alleged solely for patient background information.

[3] Tramadol is an opioid pain medication used to treat moderate to moderately severe pain. Effective August 18, 2014, tramadol was placed into Schedule IV of the Controlled Substances Act pursuant to Code of Federal Regulations Title 21 section 1308.14(b). It is a dangerous drug pursuant to Code section 4022.

14. Between November 30, 2016, to April 21, 2022, Respondent continued to see Patient A every one to two months, approximately 48 appointments. During this time Respondent prescribed Norco[4] 10-325 mg, 60-90 tablets. Respondent's associated diagnoses were mainly ankle pain, and sometimes neck pain, shoulder pain, or backache. During this time, Patient A was simultaneously being prescribed tramadol 50 mg by another physician.

15. Respondent and another provider prescribed Patient A the following controlled substances:

Date Filled	Drug Name	Strength	Qty	Prescriber Name
4/21/2022	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
2/9/2022	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
11/17/2021	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
9/29/2021	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
4/5/2021	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
2/3/2021	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
12/16/2020	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
11/4/2020	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
9/23/2020	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
7/22/2020	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
6/12/2020	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
4/8/2020	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
2/10/2020	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
12/20/2019	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
11/14/2019	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
10/22/2019	TRAMADOL	50 MG	55	C (MD)
9/27/2019	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
9/18/2019	TRAMADOL	50 MG	55	C (MD)
9/3/2019	TRAMADOL	50 MG	55	C (MD)
8/23/2019	TRAMADOL	50 MG	55	C (MD)
8/15/2019	HYDROCODONE	10-325 MG	90	SHABBIR MUHAMMAD (MD)
8/8/2019	TRAMADOL	50 MG	55	C (MD)
7/30/2019	TRAMADOL	50 MG	55	C (MD)
7/19/2019	TRAMADOL	50 MG	55	C (MD)
7/2/2019	TRAMADOL	50 MG	55	C (MD)
6/24/2019	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
6/18/2019	TRAMADOL	50 MG	55	C (MD)

[4] Norco is the brand name of hydrocodone with acetaminophen. It is classified as an opioid analgesic combination product used to treat moderate to moderately severe pain. It is a dangerous drug pursuant to Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

5/29/2019	TRAMADOL	50 MG	55	C (MD)
5/16/2019	TRAMADOL	50 MG	55	C (MD)
5/3/2019	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
5/2/2019	TRAMADOL	50 MG	55	C (MD)
4/23/2019	TRAMADOL	50 MG	55	C (MD)
4/10/2019	TRAMADOL	50 MG	55	C (MD)
4/1/2019	TRAMADOL	50 MG	55	C (MD)
3/27/2019	HYDROCODONE	10-325 MG	60	SHABBIR MUHAMMAD (MD)
3/22/2019	TRAMADOL	50 MG	55	C (MD)
3/12/2019	TRAMADOL	50 MG	55	C (MD)
2/13/2019	TRAMADOL	50 MG	55	C (MD)
2/4/2019	TRAMADOL	50 MG	55	C (MD)
1/23/2019	TRAMADOL	50 MG	55	C (MD)
1/21/2019	HYDROCODONE	5-325 MG	60	SHABBIR MUHAMMAD (MD)
1/14/2019	TRAMADOL	50 MG	55	C (MD)
1/4/2019	TRAMADOL	50 MG	55	C (MD)
12/26/2018	TRAMADOL	50 MG	55	C (MD)
12/23/2018	HYDROCODONE	5-325 MG	90	SHABBIR MUHAMMAD (MD)
12/17/2018	TRAMADOL	50 MG	55	C (MD)
12/5/2018	TRAMADOL	50 MG	55	C (MD)
11/25/2018	TRAMADOL	50 MG	55	C (MD)
11/12/2018	TRAMADOL	50 MG	55	C (MD)
11/4/2018	TRAMADOL	50 MG	55	C (MD)
10/23/2018	TRAMADOL	50 MG	55	C (MD)
10/15/2018	TRAMADOL	50 MG	55	C (MD)
10/4/2018	TRAMADOL	50 MG	55	C (MD)
10/3/2018	HYDROCODONE	5-325 MG	90	SHABBIR MUHAMMAD (MD)
9/24/2018	TRAMADOL	50 MG	55	C (MD)
9/5/2018	TRAMADOL	50 MG	55	C (MD)
9/4/2018	HYDROCODONE	5-325 MG	90	SHABBIR MUHAMMAD (MD)
8/19/2018	TRAMADOL	50 MG	55	C (MD)
8/11/2018	TRAMADOL	50 MG	55	C (MD)
8/3/2018	TRAMADOL	50 MG	52	C (MD)
8/3/2018	HYDROCODONE	5-325 MG	90	SHABBIR MUHAMMAD (MD)
7/26/2018	TRAMADOL	50 MG	42	C (MD)
7/12/2018	TRAMADOL	50 MG	55	C (MD)
6/22/2018	OXYCODONE	5-325 MG	35	C (MD)
5/28/2018	OXYCODONE	5-325 MG	55	C (MD)
5/21/2018	TRAMADOL	50 MG	55	C (MD)
5/14/2018	TRAMADOL	50 MG	42	C (MD)
5/4/2018	TRAMADOL	50 MG	42	C (MD)
4/27/2018	HYDROCODONE	5-325 MG	90	SHABBIR MUHAMMAD (MD)
4/12/2018	TRAMADOL	50 MG	42	C (MD)
3/14/2018	TRAMADOL	50 MG	55	C (MD)
3/12/2018	HYDROCODONE	10-325 MG	90	SHABBIR MUHAMMAD (MD)

3/6/2018	TRAMADOL	50 MG	55	C (MD)
2/21/2018	TRAMADOL	50 MG	55	C (MD)
2/6/2018	TRAMADOL	50 MG	55	C (MD)
2/5/2018	HYDROCODONE	5-325 MG	90	SHABBIR MUHAMMAD (MD)
1/30/2018	TRAMADOL	50 MG	55	C (MD)
1/12/2018	TRAMADOL	50 MG	55	C (MD)

16. In his interview with Board Investigators, Respondent stated that pain medications helped Patient A to continue working. However, Respondent failed to document Patient A's functional status or ability to work in any of his notes. Respondent's notes also failed to include a History of Present Illness (HPI). Even though Respondent diagnosed Patient A with ankle pain 36 times, Respondent examined Patient A's ankle at only one of her visits on December 1, 2017.

17. Between March 27, 2019, and November 4, 2020, Respondent performed 15 breast and pelvic examinations, but he failed to document why the additional breast or pelvic examinations were necessary.

18. On or about October 31, 2019, Respondent saw Patient A for an office visit. Respondent documented "left eye redness." In four subsequent visits until February 7, 2020, Respondent continued to document "left eye redness" despite failing to address or treat it.

19. Respondent ordered urine drug tests on Patient A on December 18, 2018, and June 24, 2019. On both urine drug tests, Patient A tested positive for marijuana but negative for prescribed opiates. Respondent failed to address the aberrant urine drug tests.

20. In or around 2021, Patient A elected to have a Brazilian Butt Lift surgery in Florida, and subsequently developed a cyst in her upper right buttock.

21. On or about November 17, 2021, Respondent saw Patient A for an office visit. Patient A's chief complaint was that Patient A had a lump on her right breast. Respondent failed to document a History of Present Illness to explain Patient A's symptoms. Respondent also failed to document or perform a breast examination. Respondent failed to address Patient A's breast lump in the Assessment and Plan component of his note.

22. On or about February 9, 2022, Respondent saw Patient A for an office visit. Respondent documented "localized swelling, mass and lump, unspecified lower limb US,

BUTTOCK Side: RIGHT." Respondent failed to document an examination of the skin or buttocks.

23. On or about April 21, 2022, Respondent saw Patient A for a follow up visit. Patient A had gone to the emergency department the night before for a swollen knee to evaluate a blood clot after traveling to Hawaii. MA 1 took Patient A's vital signs in the examination room. After MA 1 left the examination room, Respondent saw Patient A and examined Patient A's thigh which had been evaluated in the emergency room. In her interview with the Board, Patient A stated that she told Respondent that she was due for a PAP smear, but MA 1 told her she would need another appointment for that. Patient A recounted that Respondent offered to do a breast examination as part of a well-woman examination. Patient A added that Respondent performed the breast examination during the visit. In his interview with the Board, Respondent denied performing a breast examination. He stated that he examined Patient A's heart and lungs through her clothing, because Patient A's complaint at the emergency department was chest pain. Respondent's documentation revealed that he assessed the cardiac apical impulse and percussed the lungs, which typically requires touching a patient's unclothed chest or back.

24. In her interview with the Board, Patient A recalled that she stood up after the breast examination and Respondent asked if she still had the buttock lump, and whether he could see it. Patient A stated that she stood up so that Respondent could see the bump. She recalled that Respondent asked her to pull down her pants to "right before the crack," with her underwear still in place. Patient A stated that Respondent was standing behind her during examination of the bump. She recounted that Respondent came closer so that both of his bare hands were pressing both sides of her hips. She stated that Respondent massaged her left buttock, moving toward her hip. She added that Respondent's voice then changed, and he asked, "Is the bump still hard when you bend over?" Patient A recalled that she felt frozen because she could feel Respondent's non-erect penis touching her tailbone area. She did not answer Respondent's question. Patient A felt Respondent's non-erect penis on her tailbone area for almost 10 seconds, slightly to the left of center. Patient A stated that she was 100% certain that it was his penis touching her and not Respondent's lab coat or something else in his pocket. Patient A recounted that Respondent

commented, "I really like your butt." Patient A said, "You are way too close to me!" Respondent backed away and apologized and said, "I'm sorry."

25. In his interview with the Board, Respondent denied that he asked to check Patient A's buttock cyst. He said he would not have examined the cyst if Patient A did not ask him to do so because it was lunchtime. Respondent denied asking Patient A to pull down her pants or underwear. His examination was through Patient A's clothes for just a few seconds, because he said he already knew there was nothing wrong after having examined the cyst in the past. Respondent stated that he did not call a chaperone because Patient A did not disrobe. Respondent stated that he placed both hands on either side of Patient A for comparison but did not massage her. Respondent stated that he wore gloves the whole time. Respondent demonstrated examining the area of Patient A's buttocks by touching with the fingers of each hand, not including the thumbs. Respondent added that there was space between him and Patient A while he was doing the examination, and he gestured to indicate about a foot of space. Respondent denied telling Patient A that he liked her butt. Respondent recounted that while he was examining Patient A, she told him that he was too close. Respondent said, "excuse me, okay, sorry", and then he backed up. After completing the examination, Patient A then told him that her shoulders were also hurting and asked him to examine them. After examining Patient A's shoulders, Respondent told her that he was going to send her pain medication if her shoulders continued hurting, and he may have to order an MRI or physical therapy. Patient A then left. Respondent recalled it was a short visit.

FIRST CAUSE FOR DISCIPLINE

(Sexual Misconduct)

26. Respondent is subject to disciplinary action under sections 2227 and 726 of the Code, in that he committed sexual misconduct in his care and treatment of Patient A. The circumstances are set forth in paragraphs 11 through 25, above, which are incorporated here by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

A. Respondent touched Patient A inappropriately by massaging her buttocks.

B. Respondent touched Patient A with his penis.

C. Respondent stated in a sexually suggestive voice, "is the bump still hard when you bend over?" Respondent also stated, "I really like your butt."

SECOND CAUSE FOR DISCIPLINE
(Gross Negligence)

27. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A. The circumstances are set forth in Paragraphs 11 through 26, above, which are incorporated here by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

A. Respondent failed to evaluate Patient A's breast lump on November 17, 2021, with a history, exam, and breast imaging.

B. Respondent failed to adequately address Patient A's cough between the visits of January 24, 2018[5] to October 3, 2018, by obtaining a history or chest x-ray.

C. Respondent failed to perform or document a history of present illness in all 49 notes involving Patient A's visits.

D. Respondent prescribed Norco to Patient A without a pain agreement on file.

E. Respondent failed to check CURES before prescribing to Patient A.

F. Respondent failed to address Patient A's aberrant urine drug tests on December 19, 2018, and June 24, 2019.

THIRD CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

28. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A. The circumstances are set forth in Paragraphs 11 through 27, above, which are incorporated here by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

[5] Allegations beyond the statute of limitations are alleged as background information only.

A. Respondent prescribed opioids without clear treatment goals.

FOURTH CAUSE FOR DISCIPLINE
(Failure to Check CURES)

29. Respondent is further subject to disciplinary action under sections 2227 and 2234 of the Code, as defined by sections 11165, 11165.1 and 11165.4 of the Health and Safety Code, in that he prescribed controlled substances and dangerous drugs to Patient A, without appropriately checking CURES. The circumstances are set forth in Paragraphs 11 through 28, above, which are incorporated here by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate Records)

30. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate records. The circumstances are set forth in Paragraphs 11 through 28, above, which are incorporated here by reference and realleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 106193, issued to Respondent Muhammad Shabbir, M.D.;

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

3. Ordering Respondent Muhammad Shabbir, 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;

4. Ordering Respondent Muhammad Shabbir, M.D., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and

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

DATED: MAR 13 2025

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

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