

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

In the Matter of the Accusation Against:

Vinod Kumar Dasika, M.D.

Case No.: 800-2022-086179

**Physician's and Surgeon's
Certificate No. G 66080**

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 July 21, 2025.

IT IS SO ORDERED: June 20, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

**Michelle A. Bholat, M.D., Chair
Panel A**

1 ROB BONTA
2 Attorney General of California
3 MATTHEW M. DAVIS
4 Supervising Deputy Attorney General
5 ANDRES T. CARNAHAN
6 Deputy Attorney General
7 State Bar No. 232688
8 600 West Broadway, Suite 1800
9 San Diego, CA 92101
10 P.O. Box 85266
11 San Diego, CA 92186-5266
12 Telephone: (619) 738-9349
13 Facsimile: (619) 645-2061
14 E-mail: Andres.Carnahan@doj.ca.gov
15 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:

Case No. 800-2022-086179

**VINOD KUMAR DASIKA, M.D.
789 Cooley Drive
Colton, CA 92324**

OAH No. 2024101063

**Physician's and Surgeon's Certificate No. G
66080**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

Respondent.

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Andres T. Carnahan, Deputy Attorney General.

2. Respondent Vinod Kumar Dasika, M.D. (Respondent) is represented in this proceeding by attorney Lindsay M. Johnson, Esq., whose address is: 4100 Newport Place, Suite 670, Newport Beach, CA 92660.

1 3. On or about June 26, 1989, the Board issued Physician's and Surgeon's Certificate
2 No. G 66080 to Vinod Kumar Dasika, M.D. (Respondent). The Physician's and Surgeon's
3 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
4 No. 800-2022-086179, and will expire on May 31, 2027, unless renewed.

JURISDICTION

6 4. Accusation No. 800-2022-086179 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on September 5, 2024. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2022-086179 is attached as exhibit A and incorporated
11 herein by reference.

ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2022-086179. Respondent has also carefully read,
15 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

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

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

CULPABILITY

26 9. Respondent does not contest that, at an administrative hearing, Complainant could
27 establish a prima facie case with respect to the charges and allegations contained in Accusation
28 No. 800-2022-086179. Respondent hereby gives up his right to contest those charges, and agrees

1 that he has thereby subjected his Physician's and Surgeon's Certificate No. G 66080 to
2 disciplinary action.

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

6 **CONTINGENCY**

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

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

20 13. Respondent agrees that if he ever petitions for early termination or modification of
21 probation, or if an accusation and/or petition to revoke probation is filed against him before the
22 Board, all of the charges and allegations contained in Accusation No. 800-2022-086179 shall be
23 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
24 any other licensing proceeding involving Respondent in the State of California.

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

15. 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. G 66080 issued to Respondent Vinod Kumar Dasika, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. EDUCATION COURSE. Within 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 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 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PREScribing PRACTICES COURSE. Within 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

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

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

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

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

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

24 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
25 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
26 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
27 Respondent shall participate in and successfully complete that program. Respondent shall
28 provide any information and documents that the program may deem pertinent. Respondent shall

1 successfully complete the classroom component of the program not later than six (6) months after
2 Respondent's initial enrollment, and the longitudinal component of the program not later than the
3 time specified by the program, but no later than one (1) year after attending the classroom
4 component. The professionalism program shall be at Respondent's expense and shall be in
5 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

23 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
24 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
25 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
26 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
27 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
28 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the

1 signed statement for approval by the Board or its designee.

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

6 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
7 date of this Decision, Respondent shall receive a notification from the Board or its designee to
8 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
9 shall cease the practice of medicine until a monitor is approved to provide monitoring
10 responsibility.

11 The monitor(s) shall submit a quarterly written report to the Board or its designee which
12 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
13 are within the standards of practice of medicine, and whether Respondent is practicing medicine
14 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
15 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
16 preceding quarter.

17 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
18 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
19 name and qualifications of a replacement monitor who will be assuming that responsibility within
20 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
21 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
22 notification from the Board or its designee to cease the practice of medicine within three (3)
23 calendar days after being so notified. Respondent shall cease the practice of medicine until a
24 replacement monitor is approved and assumes monitoring responsibility.

25 In lieu of a monitor, Respondent may participate in a professional enhancement program
26 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
27 review, semi-annual practice assessment, and semi-annual review of professional growth and
28 education. Respondent shall participate in the professional enhancement program at Respondent's

1 expense during the term of probation.

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

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

11 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
12 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
13 advanced practice nurses.

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

17 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
18 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
19 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
20 enforcement, as applicable, in the amount of \$44,962.80 (forty-four thousand nine hundred sixty-
21 two dollars and eighty cents). Costs shall be payable to the Medical Board of California. Failure
22 to pay such costs shall be considered a violation of probation.

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

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

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

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

6 11. GENERAL PROBATION REQUIREMENTS.

7 Compliance with Probation Unit

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

9 Address Changes

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

15 Place of Practice

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

19 License Renewal

20 Respondent shall maintain a current and renewed California physician's and surgeon's
21 license.

22 Travel or Residence Outside California

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

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

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

4 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
7 defined as any period of time Respondent is not practicing medicine as defined in Business and
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If
10 Respondent resides in California and is considered to be in non-practice, Respondent shall
11 comply with all terms and conditions of probation. All time spent in an intensive training
12 program which has been approved by the Board or its designee shall not be considered non-
13 practice and does not relieve Respondent from complying with all the terms and conditions of
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
15 on probation with the medical licensing authority of that state or jurisdiction shall not be
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
17 period of non-practice.

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

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

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

25 Periods of non-practice for a Respondent residing outside of California will relieve
26 Respondent of the responsibility to comply with the probationary terms and conditions with the
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;
28 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or

1 Controlled Substances; and Biological Fluid Testing.

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

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

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

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

6 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
7 a new license or certification, or petition for reinstatement of a license, by any other health care
8 licensing action agency in the State of California, all of the charges and allegations contained in
9 Accusation No. 800-2022-086179 shall be deemed to be true, correct, and admitted by
10 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
11 restrict license.

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ACCEPTANCE

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

7
8 DATED: 4/16/25 Zmod Daseka

VINOD KUMAR DASIKA, M.D.
Respondent

10 I have read and fully discussed with Respondent Vinod Kumar Dasika, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13
14 DATED: 04/16/2025

LINDSAY M. JOHNSON, ESQ.
Attorney for Respondent.

ENDORSEMENT

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

20 DATED: 04/16/2025
21

Respectfully submitted,

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

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ANDRES T. CARNAHAN
Deputy Attorney General
Attorneys for Complainant

28 | SD2024801406

Exhibit A

Accusation No. 800-2022-086179

1 ROB BONTA
2 Attorney General of California
3 MATTHEW M. DAVIS
4 Supervising Deputy Attorney General
5 ANDRES T. CARNAHAN
6 Deputy Attorney General
7 State Bar No. 232688
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9349
Facsimile: (619) 645-2061

Attorneys for Complainant

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

In the Matter of the Accusation Against:

Case No. 800-2022-086179

**Vinod Kumar Dasika, M.D.
789 COOLEY DRIVE
COLTON CA 92324**

ACCUSATION

**Physician's and Surgeon's Certificate
No. G 66080,**

Respondent.

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 June 26, 1989, Board issued Physician's and Surgeon's Certificate Number G 66080 to Vinod Kumar Dasika, 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 May 31, 2025, unless renewed.

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JURISDICTION

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

5 || 4. Section 2227 of the Code states:

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

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

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

15 (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.

20 5. Section 2234 of the Code states, in pertinent part:

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

23

24 (b) Gross negligence.

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(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.

• • •

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.

COST RECOVERY

7. 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.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. G 66080 to disciplinary action under sections 2227 and 2234, subdivision (b), of the Code in that he committed gross negligence in the course of his care and treatment of one or more patients. The circumstances are as follows:

9. This case was initiated after the Board's Medical Consultant completed a Cursory Review regarding deceased Patient M.A.¹ on or about July 19, 2021. Patient M.A. was found deceased in her residence in the County of San Bernardino on or about July 20, 2019. The immediate cause of death was acute heroin, methamphetamine, and fentanyl intoxication.

10. The Board's Medical Consultant's Cursory Review revealed that Patient M.A. was receiving opiates and benzodiazepines on a monthly regular basis from approximately July 2016

¹ A pseudonym is used to refer to any and all patients in the instant Accusation to preserve the confidentiality of medical information. The true name and identity of any such patients is known to Respondent, or will be provided to Respondent upon Complainant's receipt of a duly issued request for discovery.

1 to July 2019.² In addition, Respondent was identified as a prescriber for Patient M.A. during this
2 time. As such, it was recommended that further review was necessary.

3 11. On or about September 27, 2021, the Board's Medical Consultant completed a
4 prescriber analysis on Respondent. At that time, other patients with prescribing concerns were
5 then identified.

6 **Patient T.A.**

7 12. Patient T.A. is an 86-year-old male, who treated with Respondent from approximately
8 January 27, 2009, through January 2020,³ for various conditions including but not limited to,
9 osteopenia, lumbar radiculopathy, and osteoarthritis of the knees.

10 13. Patient T.A.'s medical records indicate that his lumbar radiculopathy was initially
11 diagnosed on or about October 10, 2013, and that his osteoarthritis of the knees was initially
12 diagnosed on or about February 2, 2006.

13 14. For the period in or around January 2017 to September 2020, Respondent issued
14 recurring prescriptions to Patient T.A. for morphine sulfate⁴ (morphine) for management of
15 chronic pain associated with lumbar radiculopathy and osteoarthritis of the knees.

16 15. During this timeframe of Respondent's treatment of Patient T.A., Respondent had
17 Patient T.A. on an average high of 114 morphine milligram equivalents (MME)⁵ daily between
18

19 ² Any act or omission alleged to have occurred more than seven years prior to the filing of
20 the instant Accusation is alleged for informational purposes only, and is not alleged as a basis for
disciplinary action.

21 ³ These are approximate dates based on the medical records which were available to the
22 Board. Patient T.A. may have treated with Respondent before or after these dates. Any act or
23 omission alleged to have occurred more than seven years prior to the filing of the instant
Accusation is alleged for informational purposes only and is not alleged as a basis for disciplinary
action.

24 ⁴ Morphine, a prescription painkiller, is made from opium. It is also a Schedule III
controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a
dangerous drug pursuant to Business and Professions Code section 4022.

25 ⁵ MME are values that represent the potency of an opioid dose relative to morphine.
26 Patients taking 50 or greater MME daily are more at risk for problems related to opioid use.
27 Opioids are a class of drugs that derive from, or mimic, natural substances found in the opium
poppy plant. Very high dosages are 90 or greater MME a day. In this case, Patient T.A.'s
morphine therapy was chronic in nature. Therefore, Patient T.A.'s MME should not have
exceeded 50-90 mg per day, as the risks of drug overdose, death, and adverse effects increase
significantly beyond this dosage. As stated above, Patient T.A.'s MME was on average as high
as 114.

1 November 3, 2017, to March 1, 2018, but later tapered the amount down to an average of 41
2 MME daily between August 17, 2018, to January 25, 2019.

3 16. During this timeframe, there was no documented treatment plan. Specifically,
4 Respondent failed to specify measurable goals and objectives used to evaluate the treatment
5 progress. For example, Respondent's chart notes failed to show discernible improvement in pain
6 and associated symptoms during the treatment period.

7 17. Also, during this time frame, there is no evidence that Respondent evaluated Patient
8 T.A.'s progress toward any treatment objectives. For example, Respondent also did not utilize a
9 1-10 pain scale or any other method to assess Patient T.A.'s level of pain.

10 18. In addition, Respondent's ongoing assessment of Patient T.A. did not include a
11 description of the anatomical location of pain, quality of pain, timing of pain, causes of pain, and
12 relief from pain.

13 19. Lastly, Respondent failed to consistently evaluate other treatment goals such as
14 Patient T.A.'s functional goals and if there were any side effects.

15 20. Respondent failed to document any discussions with Patient T.A. regarding the
16 potential risks of long-term opioid use. Such risks might include risk of respiratory depression,
17 motor impairment, cognitive impairment, and death. Additionally, there was no evidence that
18 Respondent advised Patient T.A. regarding the risk for dependence, misuse, addiction, overdose,
19 and death.

20 21. Patient T.A.'s medical records, while under the care of Respondent, did not contain
21 adequate documentation. Specifically, there is no evidence that Respondent did appropriate
22 history taking and physical exams. Also, as alleged above, there was no written treatment plan
23 for Patient T.A.

24 22. Respondent's medical records concerning Patient T.A. failed to convey sufficient
25 information to allow other health professionals to determine if appropriate or adequate treatment
26 was provided to Patient T.A.

27 23. Overall, Respondent committed the following acts and/or omissions in his care and
28 treatment of Patient T.A. which represent extreme departures from the standard of care:

1 A. Failure to develop a treatment plan and goals for use of chronic moderate to high
2 dose opioids;

3 B. Failure to provide an ongoing assessment that utilized five objectives (analgesia,
4 activity level, adverse effect, aberrant behaviors, and affect) to fully evaluate Patient
5 T.A.'s controlled substance needs;

6 C. Failure to clearly elucidate the long-term risks or side effects of opioid use; and
7 D. Failure to provide accurate medical record keeping.⁶

8 24. The above acts or omissions constitute gross negligence under the Code, and
9 therefore subject Respondent's medical license to discipline.

10 Patient L.S.

11 25. Patient L.S., a 77-year-old male, was treated by Respondent from approximately
12 November 2016 through April 2020.⁷ Per the records available to the Board, during this
13 timeframe, Respondent treated Patient L.S. for various ailments including insomnia, fracture of
14 left forearm, right shoulder pain, arthritis in both feet and post laminectomy syndrome (failed
15 back surgery). During this period, Respondent prescribed multiple controlled substances to
16 Patient L.S. including Norco⁸ (hydrocodone), morphine, and temazepam.⁹

17 26. Respondent prescribed a combination of controlled substances including temazepam
18 and opioids (morphine and hydrocodone) from at least November 14, 2016, through August 14,
19 2018. These medications when used concurrently are synergistic for negative health outcomes,
20 such as motor impairment, cognitive impairment, and respiratory depression, which can lead to
21 death.

22 ////

23 ⁶ In an interview with the Board, Respondent conceded that discussions regarding Patient
24 T.A.'s opioid use were "not well documented, I'll admit..."

25 ⁷ These are approximate dates based on the medical records which were available to the
26 Board. Patient L.S. may have treated with Respondent before or after these dates. Any act or
27 omission alleged to have occurred more than seven years prior to the filing of the instant
28 Accusation is alleged for informational purposes only and is not alleged as a basis for disciplinary
 action.

27 ⁸ Norco, a prescription painkiller, is a brand name for acetaminophen and hydrocodone
28 bitartrate, a Schedule III controlled substance pursuant to Health and Safety Code section 11056,
 subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

28 ⁹ Temazepam is a benzodiazepine often used to treat insomnia.

1 27. Respondent failed to specify measurable goals and objectives used to evaluate the
2 treatment progress. Respondent treated Patient L.S. for musculoskeletal pain due to failed back
3 surgery and neuropathy with chronic moderate to high dose opioids. Respondent's chart notes
4 fail to show discernible improvement in pain and associated symptoms during the treatment
5 period.

6 28. Also, during this time frame, there is no evidence that Respondent evaluated Patient
7 L.S.'s progress toward any treatment objectives. For example, Respondent also did not utilize a
8 1-10 pain scale or any other method to assess Patient L.S.'s level of pain.

9 29. In addition, Respondent's ongoing assessment of Patient L.S. did not include a
10 description of the anatomical location of pain, quality of pain, timing of pain, causes of pain, and
11 relief from pain.

12 30. Lastly, Respondent failed to consistently evaluate other treatment goals such as
13 Patient L.S.'s functional goals and if there were any side effects.

14 31. Patient L.S.'s medical records, while under the care of Respondent, did not contain
15 adequate documentation. Specifically, there is no evidence that Respondent did appropriate
16 history taking and physical exams. Also, as alleged above, there was no written treatment plan
17 for Patient L.S.

18 32. Respondent's medical records concerning Patient L.S. failed to convey sufficient
19 information to allow other health professionals to determine if appropriate or adequate treatment
20 was provided to Patient L.S.

21 33. Overall, Respondent committed the following acts and/or omissions in his care and
22 treatment of Patient L.S. which represent extreme departures from the standard of care:

- 23 A. Prescribing, for chronic use, two medications that when used concurrently are
24 synergistic for negative health outcomes when safer alternatives exist;
- 25 B. Failure to develop a treatment plan and goals for use of chronic moderate to high
26 dose opioids;
- 27 C. Failure to conduct an ongoing assessment throughout the treatment period for which
28 records were provided; and

1 D. Failure to provide adequate medical record keeping. Respondent's notes lacked
2 detail and critical information necessary for Patient L.S.'s safety and they did not
3 provide other health professionals with important aspects of Patient L.S.'s care.

4 34. The above acts or omissions constitute gross negligence under the Code, and
5 therefore subject Respondent's medical license to discipline.

Patient P.S.

7 35. Patient P.S. is a 71-year-old female, who treated with Respondent from
8 approximately September 2017 through January 2020¹⁰ for osteoarthritis of the hands and
9 shoulder.

10 36. Respondent prescribed the long-term use of morphine and hydrocodone to Patient
11 P.S. at moderate to high doses (average of 60-103 MMEs) to manage musculoskeletal pain
12 associated with osteoarthritis.

13 37. Also, during this time frame, there is no evidence that Respondent evaluated Patient
14 P.S.'s progress toward any treatment objectives. For example, Respondent also did not utilize a
15 1-10 pain scale or any other method to assess Patient P.S.'s level of pain.

16 38. In addition, Respondent's ongoing assessment of Patient P.S. did not include a
17 description of the anatomical location of pain, quality of pain, timing of pain, causes of pain, and
18 relief from pain.

19 39. Lastly, Respondent failed to consistently evaluate other treatment goals such as
20 Patient P.S.'s functional goals and if there were any side effects.

21 40. Respondent failed to document any discussions with Patient P.S. regarding the
22 potential risks of long-term opioid use. Such risks might include risk of respiratory depression,
23 motor impairment, cognitive impairment, and death. Additionally, there was no evidence that
24 Respondent advised Patient P.S. regarding the risk for dependence, misuse, addiction, overdose,
25 and death.

26 ¹⁰ These are approximate dates based on the medical records which were available to the
27 Board. Patient P.S. may have treated with Respondent before or after these dates. Any act or
28 omission alleged to have occurred more than seven years prior to the filing of the instant
Accusation is alleged for informational purposes only and is not alleged as a basis for disciplinary
action.

1 41. Patient P.S.'s medical records, while under the care of Respondent, did not contain
2 adequate documentation. Specifically, there is no evidence that Respondent did appropriate
3 history taking and physical exams. Also, there was no written treatment plan in reference to pain
4 management for Patient P.S.

5 42. Respondent's medical records concerning Patient P.S. failed to convey sufficient
6 information to allow other health professionals to determine if appropriate or adequate treatment
7 was provided to Patient P.S.

8 43. Overall, Respondent committed the following acts and/or omissions in his care and
9 treatment of Patient P.S. which represent extreme departures from the standard of care:

10 A. Respondent's long-term prescribing of moderate to high dose opioids to treat.
11 musculoskeletal pain;
12 B. Failure to provide an ongoing assessment that utilized five objectives (analgesia,
13 activity level, adverse effect, aberrant behaviors, and affect) to fully evaluate
14 Patient P.S.'s controlled substance needs;
15 C. Failure to clearly elucidate the long-term risks or side effects of opioid use; and
16 D. Failure to provide accurate medical record keeping.

17 44. The above acts or omissions constitute gross negligence under the Code, and
18 therefore subject Respondent's medical license to discipline.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

21 45. Respondent Vinod Kumar Dasika, M.D. has further subjected his Physician's and
22 Surgeon's Certificate No. G 66080 to disciplinary action under sections 2227 and 2234,
23 subdivision (c), of the Code in that he committed repeated negligent acts in the course of his care
24 and treatment of one or more patients. The circumstances are as follows:

25 46. Paragraphs 8 to 44, above, are hereby incorporated by reference and realleged as if
26 fully set forth herein.

27 47. Respondent committed negligence during his care and treatment of Patient T.A.

1 Specifically, as alleged above, Respondent treated Patient T.A. for musculoskeletal pain with
2 chronic moderate to high-dose opioids. There is poor evidence for the use of opioids for muscle-
3 skeletal pain and greater risk for harm, especially when using chronic moderate to high dose
4 opioids. As such, Respondent should have utilized other safer alternatives to opioids such as
5 buprenorphine, gabapentin, duloxetine, and other medications.

6 **THIRD CAUSE FOR DISCIPLINE**

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

8 48. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
9 66080 to disciplinary action under sections 2227, 2234, and 2266 of the Code in that he failed to
10 maintain adequate and accurate records relating to the provision of services to one or more
11 patients, as more particularly alleged in paragraphs 8 through 47, above, which are hereby
12 incorporated by reference and realleged as if fully set forth herein.

13 **PRAYER**

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

16 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 66080,
17 issued to Respondent Vinod Kumar Dasika, M.D.;

18 2. Revoking, suspending, or denying approval of Respondent Vinod Kumar Dasika,
19 M.D.'s authority to supervise physician assistants and advanced practice nurses;

20 3. Ordering Respondent Vinod Kumar Dasika, M.D. to pay the Board the costs of the
21 investigation and enforcement of this case, and if placed on probation, the costs of probation
22 monitoring; and

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

24
25 DATED: SEP 05 2024


for _____

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