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

In the Matter of the Accusation Against: Malek Iraj Sheibani, M.D. Physician's and Surgeon's Certificate No. A 39287 Respondent.	Case No. 800-2022-087339

DECISION

The attached Stipulated Surrender of License and 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 22, 2025.

IT IS SO ORDERED July 15, 2025.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese
Executive Director

ROB BONTA
Attorney General of California
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Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **MALEK IRAJ SHEIBANI, M.D.** **1762 Westwood Boulevard, Suite 300** **Los Angeles, CA 90024** **Physician's and Surgeon's Certificate No. A 39287,** Respondent.	Case No. 800-2022-087339 OAH No. 2025020941 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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 Rebecca L. Smith, Deputy Attorney General.

2. Malek Iraj Sheibani, M.D. (Respondent) is represented in this proceeding by attorney James C.D. Carr, whose address is 9301 Wilshire Boulevard, Suite 609, Beverly Hills, California 90210.

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3. On or about November 15, 1982, the Board issued Physician's and Surgeon's Certificate No. A 39287 to Respondent. That license expired on January 31, 2024, and has not been renewed.

JURISDICTION

4. Accusation No. 800-2022-087339 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 January 7, 2025. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2022-087339 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-087339. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. 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.

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

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2022-087339, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual

basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

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

12. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. A 39287 without further notice to, or opportunity to be heard by, Respondent.

13. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

14. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the

Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

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

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

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 39287, issued to Respondent Malek Iraj Sheibani, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part

of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2022-087339 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $32,908.00 (Thirty-Two Thousand Nine Hundred Eight Dollars and No Cents) prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-087339 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney James C.D. Carr. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 6/28/25

MALEK IRAJ SHEIBANI, M.D.
Respondent

I have read and fully discussed with Respondent Malek Iraj Sheibani, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 7/2/25

JAMES C.D. CARR
Attorney for Respondent

ENDORSEMENT

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

DATED: July 3, 2025

Respectfully submitted,

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

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-087339

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

In the Matter of the Accusation Against: **MALEK IRAJ SHEIBANI, M.D.** **1762 Westwood Boulevard, Suite 300** **Los Angeles, CA 90024** **Physician's and Surgeon's Certificate No. A 39287,** Respondent.	Case No. 800-2022-087339 OAH No. **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 November 15, 1982, the Medical Board issued Physician's and Surgeon's Certificate Number A 39287 to Malek Iraj Sheibani, M.D. (Respondent). That license expired on January 31, 2024, and has not been renewed.

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 118 of the Code states:

(a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.

(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

(c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

5. Section 2004 of the Code states:

The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

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

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

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

(f) Approving undergraduate and graduate medical education programs.

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

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

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

6. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold

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:

(a) Investigating complaints from the public, from other licensees, from health 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 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 shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon 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 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.

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

7. 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.

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STATUTORY PROVISIONS

8. 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.

9. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a

synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.

10. 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.

CONTROLLED SUBSTANCES/DANGEROUS DRUGS

11. Section 4021 of the Code states:

"Controlled substance" means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

12. Section 4022 of the Code provides:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing

without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

COST RECOVERY

13. 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.

DRUG DEFINITIONS

14. As used herein, the terms below will have the following meanings:

"Acetaminophen" is a widely used over-the-counter analgesic (pain reliever) and antipyretic (fever reducer). It is also known as paracetamol, or APAP. It is typically used for mild to moderate pain relief, such as relief of headaches. It is a major ingredient in numerous cold and flu remedies. In combination with opioid analgesics, paracetamol can also be used in the management of more severe pain such as post-surgical pain and providing palliative care in advanced cancer patients. Acute overdoses of paracetamol can cause potentially fatal liver damage and, in rare individuals, a normal dose can do the same; the risk is heightened by alcohol consumption. It is sold in varying forms, including under the brand name Tylenol.

"Acetaminophen and codeine," also known by the brand names Tylenol with Codeine No. 3 and Tylenol with Codeine No. 4, is an opioid pain reliever. It is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e)(2), and a dangerous drug as defined in Code section 4022.

"Alprazolam," also known by the brand name Xanax, is a benzodiazepine drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. Alprazolam has a central nervous system depressant effect and patients should be cautioned about the simultaneous ingestions of alcohol and other central nervous system depressant drugs during treatment with it. Addiction prone individuals should be under careful surveillance when receiving alprazolam because of the predisposition of such patients to habituation and dependence. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057(d)(1), and a dangerous drug as defined in Code section 4022.

"Armodafinil," also known by the brand name Nuvigil, is a stimulant used to treat excessive sleepiness caused by narcolepsy, obstructive sleep apnea, or shift work sleep disorder. Armodafinil is in a class of medications called wakefulness-promoting agents. It works by changing the amounts of certain natural substances in the area of the brain that controls sleep and wakefulness. Abuse of armodafinil has been reported in patients treated with armodafinil. Patterns of abuse have included euphoric mood and use of increasingly large doses or recurrent use of armodafinil for a desired effect. Drug diversion has also been noted. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057(f)(3), and a dangerous drug as defined in Code section 4022.

"Benzodiazepines" are a class of drugs that produce central nervous system (CNS) depression. They are used therapeutically to produce sedation, induce sleep,

relieve anxiety and muscle spasms, and to prevent seizures. In general, benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and sedatives in low doses, and are used for a limited time period. Benzodiazepines are commonly misused and taken in combination with other drugs of abuse. Commonly prescribed benzodiazepines include alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin), diazepam (Valium), and temazepam (Restoril). Risks associated with use of benzodiazepines include: 1) tolerance and dependence, 2) potential interactions with alcohol and pain medications, and 3) possible impairment of driving. Benzodiazepines can cause dangerous deep unconsciousness. When combined with other CNS depressants such as alcoholic drinks and opioids, the potential for toxicity and fatal overdose increases. Before initiating a course of treatment, patients should be explicitly advised of the goal and duration of benzodiazepines use. Risks and side effects, including risk of dependence and respiratory depression, should be discussed with patients. Alternative treatment options should be discussed. Treatment providers should coordinate care to avoid multiple prescriptions for this class of drugs. Low doses and short durations should be utilized.

"Butalbital-acetaminophen-caffeine," also known by the brand names Floricet, Capacet, and Zebutal, is used to relieve tension headaches. Acetaminophen is an analgesic and works by changing the way the body senses pain. Butalbital is a barbiturate and works by having a relaxing effect on the brain and CNS. Caffeine is a CNS stimulant and works by changing the amounts of certain natural substances in the brain. This medication can be habit-forming. It is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (b)(3), and a dangerous drug as defined in Code section 4022.

"Chlordiazepoxide," also known by the brand name Librium, is a sedative and hypnotic medication of the benzodiazepine class; it is used to treat anxiety, insomnia and withdrawal symptoms from alcohol and/or drug abuse. Chlordiazepoxide is a drug that is very frequently involved in drug intoxication, including overdose. Chlordiazepoxide overdose is considered a medical emergency and, in general, requires the immediate attention of medical personnel. It is a Schedule IV controlled substance and narcotic as defined by Health and Safety Code section 11057, subdivision (d)(5), and a dangerous drug as defined in Code section 4022.

"Clonazepam," also known by the brand name Klonopin, is a benzodiazepine-based sedative. It is generally used to control seizures and panic disorder. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(7), and a dangerous drug as defined in Code section 4022.

"CURES" means the California Department of Justice, Bureau of Narcotic Enforcement's Controlled Substance Utilization, Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, IV and V controlled substances dispensed to patients in California pursuant to Health and Safety Code section 11165. The CURES database captures data from controlled substance prescriptions filled as submitted by pharmacies, hospitals, and dispensing physicians. Law enforcement and regulatory agencies use the data to assist in their efforts to control the diversion and resultant abuse of controlled substances. Prescribers and pharmacists may request a patient's history of controlled substances dispensed in accordance with guidelines developed by the Department of Justice.

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"Hydrocodone," also known by the brand names Norco and Vicodin, is a semisynthetic opioid analgesic similar to but more potent than codeine. It is used as the bitartrate salt or polistirex complex, and as an oral analgesic and antitussive. Hydrocodone also has a high potential for abuse. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(I), and a dangerous drug pursuant to Code section 4022.

"Hydrocodone acetaminophen," also known by the brand name Norco, is an opioid pain reliever. It has a high potential for abuse. In 2013, hydrocodone-acetaminophen was a Schedule III controlled substance. Commencing on October 6, 2014, hydrocodone-acetaminophen became classified as a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(I), and a dangerous drug pursuant to Code section 4022.

"Lacosamide," also known by the brand name Vimpat, is an anticonvulsant. It is used to treat partial-onset seizures and primary generalized tonic-clonic seizures. Lacosamide can potentially be misused or lead to dependence. It is a Schedule V controlled substance pursuant to the federal Controlled Substances Act, and a dangerous drug pursuant to Code section 4022.

"Lorazepam," also known by the brand name Ativan, is a benzodiazepine medication. It is used to treat anxiety disorders, trouble sleeping, active seizures including status epilepticus, alcohol withdrawal, and chemotherapy induced nausea and vomiting, as well as for surgery to interfere with memory formation and to sedate those who are being mechanically ventilated. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(16), and a dangerous drug pursuant to Code section 4022.

"Morphine milligram equivalents" (MME), developed by the Centers for Disease Control and Prevention (CDC), are values that represent the potency of an opioid dose relative to morphine. MME is intended to help clinicians make safe, appropriate decisions concerning opioid regimens. It is used as a gauge of the overdose potential of the amount of opioid prescribed. Higher dosages of opioids are associated with higher risk of overdose and death. Calculating the total daily dosage of opioids assists in minimizing the potential for prescription drug abuse/misuse and reducing the number of unintentional overdose deaths associated with pain medications. It is recommended that physicians proceed cautiously once the MME reaches 80 mg per day and to generally limit the MME to less than 90 MME per day.

"Opioids" are a class of drugs used to reduce pain, including anesthesia, and include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription. Many prescription opioids are used to block pain signals between the brain and the body and are typically prescribed to treat moderate to severe pain. Side effects can include slowed breathing, constipation, nausea, confusion, and drowsiness. Opioids are highly addictive, and opioid abuse has become a national crisis in the United States. Combining opioids with other drugs or alcohol can be fatal, therefore patients should be cautioned about the simultaneous ingestion of alcohol, benzodiazepines, or other CNS depressant drugs during treatment with opioids.

"Pregabalin," also known by the brand name Lyrica, is a nerve pain medication used to treat nerve and muscle pain, including fibromyalgia. It can also be used to treat seizures. It is a Schedule V controlled substance pursuant to the federal Controlled Substances Act, and a dangerous drug as defined in Code section 4022.

"Promethazine with codeine," also known by the brand names Phenergan and Promethegan, is an antihistamine and opioid antitussive combination drug. The combination of an opiate agonist with antitussive activity (codeine) and a phenothiazine-structure antihistamine (promethazine) when used together can be prescribed to relieve cough and upper respiratory symptoms due to conditions such as the common cold. It is a Schedule V controlled substance pursuant to Health and Safety Code section 11058, subdivision (c)(1), and a dangerous drug as defined in Code section 4022.

"SNRI" and "SSNRI" means selective serotonin and norepinephrine reuptake inhibitors, which are a class of medications that are effective in treating depression. SNRIs are also sometimes used to treat other conditions, such as anxiety disorders and long-term (chronic) pain, especially nerve pain. SNRIs work by ultimately effecting changes in brain chemistry and communication in brain nerve cell circuitry known to regulate mood, to help relieve depression. SNRIs block the reabsorption (reuptake) of the neurotransmitters serotonin and norepinephrine in the brain. They are sold in several formulations, including desvenlafaxine (Pristiq), duloxetine (Cymbalta), levomilnacipran (Fetzima), and venlafaxine (Effexor XR). They are dangerous drugs as defined in Code section 4022.

"SSRI" means Selective Serotonin Reuptake Inhibitor. SSRI antidepressants are a type of antidepressant that work by increasing levels of serotonin within the brain. Serotonin is a neurotransmitter that is often referred to as the "feel good hormone."

"Temazepam," also known by the brand name Restoril, is a benzodiazepine medication. It is generally indicated for the short-term treatment of insomnia. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(29), and a dangerous drug as defined in Code section 4022.

"Tramadol," also known by the brand names Ultram and ConZip, is a synthetic pain medication used to treat moderate to moderately severe pain. The extended-release or long-acting tablets are used for chronic ongoing pain. It is a Schedule IV controlled substance pursuant to the federal Controlled Substances Act, and a dangerous drug pursuant to Code section 4022.

"Zolpidem" is a sedative drug primarily used to treat insomnia. It has a short half-life. Its hypnotic effects are similar to those of the benzodiazepine class of drugs. It is sold under the brand names Ambien and Intermezzo. It is a Schedule IV controlled substance and narcotic as defined by Health and Safety Code section 11057, subdivision (d)(32) and a dangerous drug pursuant to Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

15. Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that he engaged in gross negligence in the care and treatment of Patients 1, 2, and 3.[1] The circumstances are as follows:

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[1] For privacy purposes, the patients in this Accusation are referred to as Patients 1, 2, and 3.

Patient 1:

16. Patient 1 is an approximately 80-year-old male. When interviewed by an investigator with the Health Quality Investigation Unit of the Division of Investigation, Department of Consumer Affairs (HQIU), Patient 1, who is a physician, stated that he previously owned the medical practice (the practice) where Respondent worked as a physician. Patient 1 sold the practice in approximately November 2018. Thereafter, Patient 1 worked as the medical director of the practice from approximately 2018 through 2019. Patient 1 stated that he had never been Respondent's patient and had not received any prescriptions from Respondent. Patient 1 stated that he takes many medications due to his cancer diagnosis, but that those medications are from other physicians. Patient 1 signed a release for his medical records from Respondent and the practice.

17. Patient 1's medical records from the practice reflect that Respondent provided care and treatment to Patient 1 from approximately 1995 through 2021.[2] Patient 1 was a complicated patient with a history of stress incontinence, carcinoma of the prostate post radiation therapy, gynecomastia secondary to hormone therapy, severe sleep apnea, depression and anxiety, osteoarthritis, chest pain, hyperlipidemia, deviated septum, neck pain, low back pain, sacroiliac joint pain, migraine headaches, coronary atherosclerosis, diabetes mellitus, and bilateral mastectomy as a result of gynecomastia. Patient 1's medical records contain multiple consultation reports addressed to Respondent from Patient 1's urologist, cardiologists, surgeons, hematologists, oncologists, and sleep specialists.

18. On January 12, 1995, Respondent performed a "complete physical exam" of Patient 1. On February 7, 2011, Respondent performed a pre-operative evaluation and clearance for Patient 1's breast reduction and mammoplasty. On December 18, 2018, Respondent prepared a report setting forth Patient 1's prostate cancer history and treatment commencing in September 2001, as well as Patient 1's cardiac care and treatment commencing in November 2018. On approximately March 13, 2019, Respondent wrote a to whom it may concern letter stating that

[2] Patient 1's care and treatment by Respondent prior to 2019 are noted for historical purposes only.

Patient 1 has been his patient for many years.

19. Patient 1's Controlled Substance Utilization Review and Evaluation System ("CURES") report and pharmacy records reflects that from April 2019 through December 2021, Patient 1 filled the following prescriptions issued by Respondent for controlled substances:

a. On April 27, 2019, Patient 1 filled a prescription for a 30-day supply of lorazepam 1 mg (60 tablets), prescribed by Respondent.

b. On October 7, 2019, Patient 1 filled a prescription for a 30-day supply of lorazepam 1 mg (60 tablets), prescribed by Respondent.

c. On November 23, 2019, Patient 1 filled a prescription for a 25-day supply of butalbital-acetaminophen-caffeine 325 mg/50 mg/40 mg (100 tablets), prescribed by Respondent.

d. On May 13, 2020, Patient 1 filled prescriptions for 30-day supplies of lorazepam 1 mg (60 tablets) and armodafinil 250 mg (30 tablets), prescribed by Respondent.

e. On October 3, 2020, Patient 1 filled a prescription for a 30-day supply of lorazepam 1 mg (60 tablets), prescribed by Respondent.

f. On October 26, 2020, Patient 1 filled prescriptions for 30-day supplies of armodafinil 250 mg (30 tablets) and zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

g. On March 9, 2021, Patient 1 filled a prescription for a 30-day supply of lorazepam 1 mg (60 tablets), prescribed by Respondent.

h. On March 10, 2021, Patient 1 filled a 10-day prescription of promethazine HCL-Codeine Phosphate, prescribed by Respondent.

i. On March 16, 2021, Patient 1 filled prescriptions for 30-day supplies of zolpidem tartrate 10 mg (30 tablets) and armodafinil 250 mg (30 tablets), prescribed by Respondent.

j. On March 26, 2021, Patient 1 filled a prescription for a 30-day supply of armodafinil 250 mg (30 tablets), prescribed by Respondent.

k. On April 13, 2021, Patient 1 filled prescriptions for a 30-day supply of zolpidem

tartrate 10 mg (30 tablets) and a 60-day supply of pregabalin 75 mg (180 tablets), prescribed by Respondent.

l. On June 11, 2021, Patient 1 filled prescriptions for a 30-day supply of zolpidem tartrate 10 mg (30 tablets) and a 60-day supply of pregabalin 75 mg (180 tablets), prescribed by Respondent.

m. On July 6, 2021, Patient 1 filled a prescription for a 30-day supply of armodafinil 250 mg (30 tablets), prescribed by Respondent.

n. On July 9, 2021, Patient 1 filled prescriptions for 30-day supplies of lorazepam 1 mg (60 tablets) and zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

o. On August 6, 2021, Patient 1 filled prescriptions for a 30-day supply of armodafinil 250 mg (30 tablets) and a 60-day supply of pregabalin 75 mg (180 tablets), prescribed by Respondent.

p. On August 26, 2021, Patient 1 filled prescriptions for 30-day supplies of lorazepam 1 mg (60 tablets) and zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

q. On November 8, 2021, Patient 1 filled prescriptions for 30-day supplies of zolpidem tartrate 10 mg (30 tablets) and armodafinil 250 mg (30 tablets), prescribed by Respondent.

r. On December 6, 2021, Patient 1 filled prescriptions for 30-day supplies of zolpidem tartrate 10 mg (30 tablets), armodafinil 250 mg (30 tablets), and lorazepam 1 mg (60 tablets), prescribed by Respondent.

s. On December 9, 2021, Patient 1 filled a prescription for a 60-day supply of pregabalin 75 mg (180 tablets), prescribed by Respondent.

20. Patient 1 was prescribed controlled substances for the timeframe of April 2019 through December 2021 without an appropriate initial evaluation and subsequent ongoing evaluations to justify the medications. Respondent did not document the reasons for prescribing controlled substances to Patient 1 during the timeframe of April 2019 through December 2021.

Respondent did not document that he had any informed consent discussions with Patient 1 for the timeframe of April 2019 through December 2021 regarding the medications he prescribed for Patient 1, nor did Respondent have Patient 1 sign a controlled substance agreement outlining the risks and benefits of controlled substances. Respondent did not document any urine drug screen testing of Patient 1 for the timeframe of April 2019 through December 2021 nor did he document reviewing Patient 1's CURES reports. Respondent did not document any monitoring of Patient 1's use of the controlled substances.

Prescribing and Refilling Controlled Substance Medications.

21. When prescribing controlled substances, the standard of care requires an appropriate initial evaluation to justify the prescribing and ongoing evaluation to justify the continued prescribing of controlled substances. Prescribing of concurrent controlled substances should be avoided.

22. Patient 1 was seen by Respondent many times over long periods of time. Dangerous prescriptions of controlled substance medications were prescribed and refilled without an appropriate initial and ongoing evaluations to justify the prescribing, the required ongoing monitoring, and the appropriate risk mitigation. Respondent prescribed concurrent controlled substances to Patient 1. Respondent failed to adequately perform and document risk stratification. This is an extreme departure from the standard of care.

Monitoring of Controlled Substance Medications.

23. When prescribing controlled substances, the standard of care requires that the prescribing physician monitor the patient, including but not limited to reviewing CURES, performing urine drug screens, evaluating the patient for side effects as well as updating the patient's management plan and present history of illness.

24. Respondent failed to appropriately monitor Patient 1 while prescribing dangerous controlled substances on a frequent basis. This is an extreme departure from the standard of care.

Medical Record Documentation.

25. When prescribing controlled substances, the standard of care requires that the prescribing physician document the reasons that the controlled substances are being prescribed.

the informed consent discussions with the patient, including the potential risks, benefits and alternatives to the prescribing of controlled substances. The documentation must be updated periodically to reflect ongoing assessments and monitoring of the patient.

26. Respondent failed to appropriately document ongoing assessments and monitoring of Patient 1 during the timeframe he prescribed controlled substances for Patient 1. This is an extreme departure from the standard of care.

Patient 2:

27. Patient 2, an approximately 64-year-old female, received care and treatment from Respondent from approximately 2018 through 2023. Patient 2 had a complicated history of right shoulder strain, fibromyalgia, left hip stress fracture, cervical, thoracic, and lumbosacral disc disorders, coronary artery disease, hypertension, insomnia, mild sleep apnea, altered mental status, history of seizures, accidental overdose, and polysubstance abuse. In 2018, she was hospitalized for alcoholism, alcohol withdrawal syndrome, thrombocytopenia, acute metabolic encephalopathy, and acute cerebrovascular insufficiency with occlusion/stenosis of the carotid artery. In 2019, she was hospitalized for alcohol withdrawal syndrome and seizures. Patient 2's medical records contain multiple consultation reports addressed to Respondent from Patient 2's physical therapist, orthopedist, cardiologist, and neurologist. Patient 2's medical records also contained reports to Respondent concerning emergency room visits and hospitalizations.

28. On October 2, 2018, Patient 2 saw Respondent with complaints of dizziness, light headedness, insomnia, falls, vomiting and memory loss. Respondent noted that Patient 2 had a pulse of 112. He assessed her with tachycardia and dizziness. He made urgent referrals to a neurologist and a cardiologist. He also prescribed 30 tablets of Ambien 10 mg.

29. On December 10, 2019, Patient 2 saw Respondent for "Results." Patient 2's vital signs were taken but no physical examination was recorded. Respondent's assessment was epilepsy and he referred Patient 2 to a neurologist.

30. On November 1, 2022, Patient 2 saw Respondent with complaints of a rash on her face and chest. No vital signs or physical examination was recorded. Respondent's assessment was general body rash and he prescribed prednisone and triamcinolone cream for the rash.

31. Patient 2's medical records reflect a list of approximately 17 visits with Respondent between December 2022 and July 2023 with little to no corresponding progress notes in the medical records.

32. Patient 2's CURES report and pharmacy records reflect that from June 2019 through May 2022, Patient 2 filled the following prescriptions issued by Respondent for controlled substances:

a. On June 7, 2019, July 5, 2019, August 1, 2019, August 30, 2019, September 13, 2019, October 7, 2019, November 5, 2019, December 2, 2019, and December 30, 2019, Patient 2 filled prescriptions for 30-day supplies of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

b. On January 8, 2020, Patient 2 filled a prescription for a 10-day supply of temazepam 7.5 mg (20 caplets) and on January 21, 2020, Patient 2 filled a prescription for a 15-day supply of temazepam 15 mg (15 caplets), prescribed by Respondent.

c. On January 28, 2020, February 21, 2020, March 19, 2020, April 15, 2020, May 13, 2020, June 14, 2020, and July 11, 2020, Patient 2 filled prescriptions for 30-day supplies of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

d. On July 21, 2020, Patient 2 filled a prescription for a 30-day supply of alprazolam 0.5 mg (30 tablets), prescribed by Respondent.

e. On August 11, 2020, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

f. On August 17, 2020, Patient 2 filled a prescription for a 30-day supply of alprazolam 0.5 mg (90 tablets), prescribed by Respondent.

g. On September 11, 2020, October 10, 2020, and November 10, 2020, Patient 2 filled prescriptions for 30-day supplies of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

h. On October 1, 2020, Patient 2 filled a prescription for a 30-day supply of temazepam 15 mg (30 capsules), prescribed by Respondent.

i. On November 24, 2020, Patient 2 filled a prescription for a 30-day supply of clonazepam 2 mg (30 tablets), prescribed by Respondent.

j. On December 10, 2020, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

k. On January 4, 2021, Patient 2 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

l. On January 11, 2021, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

m. On February 3, 2021, Patient 2 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

n. On February 13, 2021, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

o. On February 18, 2021, Patient 2 filled a prescription for a 30-day supply of acetaminophen-codeine #3 (30 tablets), prescribed by Respondent.

p. On March 3, 2021, Patient 2 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

q. On March 13, 2021, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

r. On March 24, 2021, Patient 2 filled a prescription for a 30-day supply of acetaminophen-codeine #3 (60 tablets), prescribed by Respondent.

s. On April 13, 2021, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

t. On April 26, 2021, Patient 2 filled a prescription for a 7-day supply of tramadol HCL 50 mg (21 tablets), prescribed by Respondent.

u. On April 28, 2021, Patient 2 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

v. On May 3, 2021, Patient 2 filled a prescription for a 7-day supply of tramadol HCL 50 mg (21 tablets), prescribed by Respondent.

w. On May 12, 2021, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

x. On May 27, 2021, Patient 2 filled a prescription for a 7-day supply of hydrocodone-acetaminophen 5-325 mg (14 tablets), prescribed by Respondent.

y. On June 24, 2021, Patient 2 filled prescriptions for 30-day supplies of zolpidem tartrate 10 mg (30 tablets), alprazolam 1 mg (30 tablets), and temazepam 15 mg (30 capsules), prescribed by Respondent.

z. On July 25, 2021, Patient 2 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

aa. On August 21, 2021, Patient 2 filled a prescription for a 30-day supply of alprazolam 1 mg (60 tablets), prescribed by Respondent.

bb. On September 17, 2021, Patient 2 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

cc. On October 5, 2021, November 3, 2021, and December 3, 2021, Patient 2 filled prescriptions for 30-day supplies of alprazolam 1 mg (60 tablets) and alprazolam 2 mg (30 tablets), prescribed by Respondent.

dd. On December 22, 2021, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets), prescribed by Respondent.

ee. On January 3, 2022, Patient 2 filled prescriptions for 30-day supplies of alprazolam 1 mg (60 tablets) and alprazolam 2 mg (30 tablets), prescribed by Respondent.

ff. On January 22, 2022 and again on February 12, 2022, Patient 2 filled prescriptions for 30-day supplies of alprazolam 1 mg (60 tablets) and alprazolam 2 mg (30 tablets), prescribed by Respondent.

gg. On February 22, 2022, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets) and on February 23, 2022, Patient 2 filled a prescription for a 30-day supply of alprazolam 2 mg (30 tablets), prescribed by Respondent.

hh. On March 22, 2022, Patient 2 filled a prescription for a 30-day supply of zolpidem tartrate 10 mg (30 tablets) and on March 23, 2022, Patient 2 filled a prescription for a 30-day supply of alprazolam 2 mg (30 tablets), prescribed by Respondent.

ii. On April 6, 2022, Patient 2 filled a prescription for a 30-day supply of acetaminophen-codeine #3 (30 tablets), prescribed by Respondent.

jj. On April 22, 2022, Patient 2 filled a prescription for a 30-day supply of alprazolam 2 mg (90 tablets), prescribed by Respondent.

kk. On May 9, 2022, Patient 2 filled a prescription for a 20-day supply of acetaminophen-codeine #4 (60 tablets), prescribed by Respondent.

33. Patient 2 was prescribed controlled substances for the timeframe of June 2019 through May 2022 without an appropriate initial evaluation and subsequent ongoing evaluations to justify the medications. Respondent did not document the reasons for prescribing controlled substances to Patient 2 during the timeframe of June 2019 through May 2022. Respondent did not document that he had any informed consent discussions with Patient 2 for the timeframe of June 2019 through May 2022 for the medications he prescribed her, nor did Respondent have Patient 2 sign a controlled substance agreement outlining the risks and benefits of controlled substances. Respondent did not document any urine drug screen testing of Patient 2 for the timeframe of June 2019 through May 2022. Respondent did not document any monitoring of Patient 2's use of the controlled substances. Respondent did not address the dangers of using controlled substances in light of Patient 2's history of polysubstance abuse and alcohol use syndrome.

Prescribing and Refilling Controlled Substance Medications.

34. Patient 2 was seen by Respondent many times over long periods of time. Dangerous prescriptions of controlled substance medications were prescribed and refilled without an appropriate initial and ongoing evaluations to justify the prescribing, the required ongoing monitoring, and the appropriate risk mitigation. Respondent prescribed concurrent controlled substances to Patient 2. Respondent failed to adequately perform and document risk

stratification, including the risks of prescribing controlled substances to a patient with a known history of polysubstance abuse and alcohol use syndrome. This is an extreme departure from the standard of care.

Monitoring of Controlled Substance Medications.

35. Respondent failed to appropriately monitor Patient 2 while prescribing dangerous controlled substances on a frequent basis. This is an extreme departure from the standard of care.

Medical Record Documentation.

36. Respondent failed to appropriately document ongoing assessments and monitoring of Patient 2 during the timeframe he prescribed controlled substances for Patient 2. This is an extreme departure from the standard of care.

Patient 3:

37. Patient 3, an approximately 94-year-old male, received care and treatment from Respondent from approximately 2008 through 2022.[3] Patient 3 had a complicated history of leg atherosclerosis with claudication, mild stenosis of the external carotid artery, elevated uric acid level, multiple vascular sclerosis, emphysema, anxiety, depression, benign prostatic hypertrophy, right inguinal hernia, hypothyroidism, cysts in the bilateral kidneys, left carotid endarterectomy, bilateral femoral endarterectomy, coronary artery disease with history of stent, tension headache, chronic leukopenia, diverticulosis, gallbladder sludge, multinodular goiter, and hyperuricemia. Patient 3's medical records contain consultation reports addressed to Respondent from Patient 3's vascular surgeons, general surgeons and endocrinologists. Patient 3's medical records also contained multiple laboratory and imaging study reports for diagnostic studies during the timeframe of 2008 through 2018. Respondent had limited progress notes for Patient 3 from 2008 through 2016.

38. Patient 3's medical records have copies of multiple prescriptions issued by Respondent, including prescriptions for blood pressure medications, anti-dandruff shampoo, Phenergan with codeine, lorazepam, alprazolam, zolpidem tartrate, Xanax, Ativan, venlafaxine,

[3] Patient 3's care and treatment by Respondent prior to 2019 are noted for historical purposes only.

Lasix, and folic acid. The last documented prescription in the medical records was dated August 25, 2022, and was for laboratory studies (urinalysis and urine culture) and radiology (bladder ultrasound).

39. Patient 3's CURES report and pharmacy records reflect that from May 2019 through March 2021, Patient 3 filled the following prescriptions issued by Respondent for controlled substances:

a. On May 28, 2019, Patient 3 filled a prescription for a 30-day supply of lorazepam 0.5 mg (30 tablets), prescribed by Respondent.

b. On June 14, 2019, Patient 3 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

c. On June 24, 2019, Patient 3 filled prescriptions for 30-day supplies of zolpidem tartrate 10 mg (30 tablets) and lorazepam 0.5 mg (30 tablets), prescribed by Respondent.

d. On July 13, 2019, Patient 3 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

e. On July 24, 2019, Patient 3 filled a prescription for a 30-day supply of lorazepam 0.5 mg (30 tablets), prescribed by Respondent.

f. On July 26, 2019, Patient 3 filled a prescription for a 90-day supply of zolpidem tartrate 10 mg (90 tablets), prescribed by Respondent.

g. On August 10, 2019, Patient 3 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

h. On September 23, 2019, Patient 3 filled a prescription for a 30-day supply of alprazolam 1 mg (30 tablets), prescribed by Respondent.

i. On September 28, 2019, Patient 3 filled a prescription for a 30-day supply of lorazepam 0.5 mg (30 tablets), prescribed by Respondent.

j. On October 24, 2019, Patient 3 filled a prescription for a 90-day supply of zolpidem tartrate 10 mg (90 tablets), prescribed by Respondent.

///

k. On November 14, 2019, Patient 3 filled a prescription for a 90-day supply of lorazepam 0.5 mg (90 tablets), prescribed by Respondent.

l. On January 22, 2020, Patient 3 filled a prescription for a 90-day supply of zolpidem tartrate 10 mg (90 tablets), prescribed by Respondent.

m. On February 10, 2020, Patient 3 filled a prescription for a 90-day supply of lorazepam 0.5 mg (90 tablets), prescribed by Respondent.

n. On July 16, 2020, Patient 3 filled a prescription for a 90-day supply of zolpidem tartrate 10 mg (90 tablets), prescribed by Respondent.

o. On March 26, 2021, Patient 3 filled a prescription for promethazine-codeine syrup, prescribed by Respondent.

40. Patient 3 was prescribed controlled substances for the timeframe of May 2019 through March 2021, without an appropriate initial evaluation and subsequent ongoing evaluations to justify the dangerous medications. Respondent did not document the reasons for prescribing controlled substances to Patient 3 during the timeframe of May 2019 through March 2021. Respondent did not document that he had any informed consent discussions with Patient 3 for the timeframe of May 2019 through March 2021 for the medications he prescribed him, nor did Respondent have Patient 3 sign a controlled substance agreement outlining the risks and benefits of controlled substances. There is no documentation of Respondent reviewing Patient 3's CURES reports for the timeframe of May 2019 through March 2021. Respondent did not document any urine drug screen testing results for Patient 3 for the timeframe of May 2019 through March 2021. Respondent did not document any monitoring of Patient 3's use of the controlled substances. Respondent did not address the dangers of the combinations of controlled substances Respondent prescribed to Patient 3, an elderly patient.

Prescribing and Refilling Controlled Substance Medications.

41. Patient 3 was seen by Respondent many times over long periods of time. Dangerous prescriptions of controlled substance medications were prescribed and refilled without an appropriate initial and ongoing evaluations to justify the prescribing, the required ongoing monitoring, and the appropriate risk mitigation. Respondent prescribed concurrent controlled

substances to Patient 3. Respondent failed to adequately perform and document risk stratification, including the risks of prescribing controlled substances to an elderly patient with multiple serious chronic diseases. This is an extreme departure from the standard of care.

Monitoring of Controlled Substance Medications.

42. Respondent failed to appropriately monitor Patient 3 while prescribing dangerous controlled substances on a frequent basis. This is an extreme departure from the standard of care.

Medical Record Documentation.

43. Respondent failed to appropriately document ongoing assessments and monitoring of Patient 3 during the timeframe of prescribing controlled substances for Patient 3. This is an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

44. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he engaged in repeated acts of negligence in the care and treatment of Patients 1, 2, and 3. The circumstances are as follows:

45. The allegations of the First Cause for Discipline are incorporated herein by reference as if fully set forth.

46. Each of the alleged acts of gross negligence set forth above in the First Cause for Discipline is also a negligent act.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Furnishing Dangerous Drugs Without Examination)

47. Respondent is subject to disciplinary action under Code section 2242, subdivision (a), in that he committed unprofessional conduct when he prescribed dangerous drugs to Patients 1, 2, and 3 without an appropriate prior examination and/or medical indication. The circumstances are as follows:

48. The allegations of the First and Second Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth. During the time Respondent treated Patients 1, 2, and 3, he failed to perform an appropriate corresponding prior examination and determine a

medical indication for each dangerous drug that he prescribed to each patient.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

49. Respondent is subject to disciplinary action under Code section 2266 in that he failed to maintain adequate and accurate records. The circumstances are as follows:

50. The allegations in the First Cause for Discipline above 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 39287, issued to Respondent Malek Iraj Sheibani, M.D.;

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

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

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

DATED: JAN 0 7 2025

Jenna Jones, for

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

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