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

In the Matter of the Accusation Against: John Paul Nadakavukaran, M.D. Physician's and Surgeon's Certificate No. A 74532 Respondent.	Case No.: 800-2024-105326

DECISION

The attached Proposed Decision 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 February 20, 2026.

IT IS SO ORDERED: January 22, 2026.

MEDICAL BOARD OF CALIFORNIA

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

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

In the Matter of the Accusation Against:

JOHN PAUL NADAKAVUKARAN, M.D., Respondent.

Case No. 800-2024-105326

OAH No. 2025050218

PROPOSED DECISION

Timothy J. Aspinwall, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter by videoconference on December 1 and 2, 2025, from Sacramento, California.

Nina Y. Benjamin, Deputy Attorney General, represented Reji Varghese (complainant), Executive Director of the Medical Board of California (Board), Department of Consumer Affairs, State of California.

Seth Weinstein, Attorney at Law, represented John Paul Nadakavukaran, M.D. (respondent), who was present.

Evidence was received, the record was closed, and the parties submitted the matter for decision on December 2, 2025.

FACTUAL FINDINGS

Background and Jurisdictional Matters

1. On May 17, 2001, the Board issued respondent Physician's and Surgeon's Certificate No. A 74532 (license). The license will expire on November 30, 2026, unless renewed.

2. On January 30, 2025, complainant signed and caused to be filed the Accusation in this matter. The Accusation alleges respondent's license is subject to discipline because respondent (1) was convicted of driving under the influence (DUI) of alcohol with a blood alcohol concentration (BAC) above 0.08 percent, (2) used alcohol in a dangerous manner, (3) was dishonest during his arrest and Board interview, and (4) committed unprofessional conduct by committing the acts alleged above. Respondent timely filed a Notice of Defense, and this hearing followed.

Respondent's Conviction and Related Conduct

3. On October 14, 2024, in Madera County Superior Court, Case No. CCR076844, respondent was convicted on his no contest plea of a misdemeanor violation of Vehicle Code section 23152, subdivision (b), DUI with a BAC above 0.08 percent, with a stipulated BAC of 0.14 percent. The court suspended the imposition of sentence and placed respondent on informal probation for three years, with terms and conditions including that he serve five days in custody with credit for two days served with the remaining three days suspended, perform three days of community service in lieu of jail, pay a fine in the amount of $1,719; pay restitution in the amount of $150, complete a three-month first offender DUI program, and not drive with any measurable amount of drugs or alcohol in his system.

4. Respondent paid the required fines and restitution, performed three days of community service, and completed the three-month first offender DUI program. Respondent's misdemeanor probation is scheduled to expire in October 2027.

5. The circumstances leading to respondent's conviction were established by the arresting officer's testimony, his corroborating arrest report, video from the arresting officer's dashboard-mounted camera (dashcam), respondent's statements, and respondent's testimony.

6. Matthew Chapa was the arresting officer. He has been employed by the California Highway Patrol (CHP) for 17 years. He has conducted more than 500 DUI investigations. He was on patrol in a marked patrol vehicle on January 16, 2024. At approximately 4:15 that afternoon, the CHP communication center in Merced notified CHP officers of a possible intoxicated driver in a black Range Rover heading south on Highway 99. Officer Chapa waited in his patrol vehicle on a southbound on-ramp. When he saw a black Range Rover, Officer Chapa pulled in behind CHP Officer Moreno, who was pursuing directly behind the black Range Rover. Officer Moreno conducted an enforcement stop, and the black Range Rover exited the freeway and pulled into a gas station. Following the stop, Officer Chapa approached the driver's side of the Range Rover and identified respondent as the driver.

7. Officer Chapa noticed respondent's eyes were red and watery, and that the vehicle emitted a strong odor of alcoholic beverages. When Officer Chapa asked, respondent at first denied he had consumed any alcohol. Officer Chapa asked respondent to exit his vehicle. After exiting his vehicle, respondent became mildly belligerent and told Officer Chapa that he is a doctor and that he had saved thousands of officers' lives during surgery. When Officer Chapa attempted to ask field sobriety test (FST) questions, respondent refused to answer and told Officer Chapa that he had

gone to Yale University. As Officer Chapa spoke with respondent outside his vehicle, he noticed respondent's eyes were red and watery, he had an unsteady gait, and he emitted a strong odor of alcoholic beverages. Officer Chapa asked respondent when he had last consumed alcohol, and respondent stated that he had consumed two glasses of wine the previous day.

8. Officer Chapa attempted to administer an eye nystagmus test by asking respondent to keep his head stationary and follow Officer Chapa's finger movement with his eyes. Respondent kept moving his head. Officer Chapa discontinued administration of FSTs due to respondent's increasing belligerence.

9. Officer Chapa then arrested respondent for suspected DUI for reasons including observations of respondent's driving, unsteady gait, red and watery eyes, and strong odor of alcoholic beverages. Officer Chapa attempted to administer a breath test. Respondent refused at first, then his wife advised him to cooperate. Respondent submitted two breath samples, which showed a BAC of 0.23 percent at 4:57 p.m., and 0.24 percent at 5:01 p.m.

10. As Officer Chapa was waiting for another CHP officer to transport respondent to jail, respondent told Officer Chapa that in the future he would let law enforcement officers die on the operating table because he was being arrested.

Respondent's Testimony

11. Respondent practices medicine as a general anesthesiologist with Comfort Anesthesia Associates, Inc. (Comfort Anesthesia). Respondent graduated from medical school at Calicut Medical College in Kerala State, India, in the early 1990s. He moved to the United States in 1996, and completed an anesthesiology residency at Texas Tech University in El Paso, in 2001. He then completed a one-year fellowship in

cardiothoracic anesthesiology at Yale University. He came to practice in California because he has friends here who recommended possible places to work.

12. Respondent has residences in Stockton and Delano, California. Respondent frequently travels from Stockton to Delano, which is close to the hospital where he works as an anesthesiologist. On January 16, 2024, respondent planned to ride as a passenger with his wife driving from Stockton to Delano. Before they left, respondent had the equivalent of two normal size glasses of red wine with lunch. Respondent finished drinking the wine at approximately 1:00 p.m. A short time later, approximately one hour before respondent and his wife began the trip to Delano, respondent's wife asked him to drive because she was experiencing blurry vision due to a minor cataract and some chronic pain from a surgery four months prior.

13. The night before they left, respondent stayed up late into the early morning hours of January 16, 2024, and drank two and a half martinis containing a combined total of six one-ounce shots of vodka. Respondent testified that he did not feel intoxicated when he started driving from Stockton at approximately 2:00 p.m. on January 16, 2024.

14. When Officer Chapa asked respondent to step out of his car, he became scared and nervous. He admitted at hearing that he falsely told Officer Chapa he had not consumed any alcohol on that day. He also admitted that he told Officer Chapa after being placed under arrest that he would in the future let law enforcement officers die on the table. Respondent testified that he was scared and did not mean what he said. He now admits his misconduct, and feels ashamed of his behavior.

15. Respondent testified that he knows he should not have driven while under the influence of alcohol, and he will never let it happen again. He will no longer drive after consuming even one glass of wine.

16. Respondent also testified regarding his current pattern of alcohol consumption. He tends to drink a couple glasses of wine on a Saturday. He characterizes himself as a social drinker, not a habitual drinker.

17. Respondent admitted that he did not make true and correct statements to a Board investigator during an interview on November 12, 2024, regarding the DUI incident. Respondent admitted he falsely told the Board investigator that he never refused to take a breath test, when in fact he refused Officer Chapa's request until his wife advised him to comply. Respondent also acknowledged he falsely denied to the Board investigator that he had told Officer Chapa he would let law enforcement officers die on the table. Respondent explained that during the Board investigation interview he did not have a clear recollection of his behavior during the DUI arrest, and had not yet seen the dashcam video.

Respondent's Expert Evidence

LYNN LUNCEFORD, PSY.D.

18. Dr. Lunceford testified as an expert witness on respondent's behalf and prepared an expert report dated August 9, 2025, regarding her assessment of respondent. Dr. Lunceford is licensed to practice psychology in California. She earned her doctorate of psychology in 2004, from San Diego University for Integrative Studies, in San Diego, California. Dr. Lunceford is currently in private practice and provides services including biopsychosocial evaluations, forensic consultations, psychological testing, and expert witness testimony. She was retained by respondent.

19. Dr. Lunceford conducted a psychosocial of evaluation of respondent to determine whether he poses a danger to the health and safety of his patients. Dr. Lunceford's assessment included a review of records provided to her, structural clinical interview and mental status exam of respondent, and administration of the Minnesota Multiphasic Personality Inventory-3, Beck Anxiety Inventory, Beck Depression Inventory, Life Events Checklist, Adverse Childhood Experiences, and the Post Traumatic Stress Disorder Checklist.

20. Dr. Lunceford's diagnostic impressions and conclusions based on the evidence she reviewed, her interview of respondent, and the testing results do not support a finding that respondent meets the criteria for a diagnosis of any psychological disorder, including alcohol or substance use disorder. Further, respondent does not demonstrate a pattern of recklessness or disregard for others. For these reasons, Dr. Lunceford's opinion is that respondent does not pose a threat to his patients or the larger community.

21. Dr. Lunceford affirmed that a person may engage in "problematic" alcohol consumption that does not meet the criteria for a diagnosis of alcohol or substance use disorder. Dr. Lunceford asked respondent about his patterns of alcohol consumption, and he told her that he drinks a couple glasses of wine a couple times per month, and sometimes a cocktail.

22. Respondent did not tell Dr. Lunceford, and she did not know, that respondent consumed the equivalent of six shots of vodka the night before his DUI arrest. Had she known this during her evaluation, she would have recommended that respondent participate in therapy regarding his alcohol use. Her opinion remains that respondent does not pose a threat to his patients or the larger community.

MATTHEW TORRINGTON, M.D.

23. Dr. Torrington signed an affidavit regarding his assessment of respondent. The affidavit was admitted for the purposes of supplementing or explaining other evidence pursuant to Government Code section 11513, subdivision (d).

24. Respondent told Dr. Torrington his usual pattern of alcohol consumption was to have two to three glasses of wine and rarely a cocktail, only on days when he is not working. Dr. Torrington does not believe the evidence supports a diagnosis of alcohol use disorder. That said, Dr. Torrington stated that he will respect whatever measures the Board chooses to employ to ensure respondent is not a danger to the public.

Respondent's Character Witnesses

25. Joseph Ipe, M.D., testified on respondent's behalf. He is the president of Comfort Anesthesia, which provides anesthesia services at nine hospitals in Central California. Respondent has worked as a contract physician with Comfort Anesthesia for approximately 12 years. Dr. Ipe has no concerns about respondent's work as an anesthesiologist, though he has not personally observed respondent providing anesthesiologist services for many years. He is aware that respondent was arrested for DUI. He feels comfortable with respondent continuing to treat patients as an anesthesiologist.

26. Kuldeep Jagpal, M.D., testified and prepared a letter of support on respondent's behalf. He is a practicing anesthesiologist and is licensed to practice medicine in California. He works for Comfort Anesthesia, as director of anesthesia in hospitals where respondent works. He observes respondent performing anesthesia

services in approximately five to 10 procedures per month. To Dr. Jagpal's observation, respondent has demonstrated proficiency "in a wide range of anesthetic techniques across various surgical specialties, including general surgery, orthopedics, obstetrics, and outpatient procedures." Further, respondent "exhibits excellent judgment, reliability, and teamwork in high-pressure environments." Respondent's "conduct has been exemplary" and he holds respondent "in the highest regard." Respondent has been closely observed since his DUI arrest. Based on the information he has, Dr. Jagpal has no concerns about respondent continuing to work as an anesthesiologist.

27. Gurshawn Jagpal, C.P.A., is Dr. Jagpal's son and has known respondent for approximately nine years. He has had numerous opportunities to visit socially with respondent at Dr. Jagpal's home, for up to five hours during a single visit. No alcohol was included in any of these visits, and respondent always impressed Mr. Jagpal as a knowledgeable physician and a nice person. He would be comfortable having respondent serve as an anesthesiologist for himself or any member of his family.

28. Ahmad Hakimi, M.D., testified on respondent's behalf. He is a general surgeon and licensed to practice medicine in California. He knows respondent and worked with him in surgeries for approximately 10 years until two years ago when respondent's anesthesiology group left the hospital where Dr. Hakimi works. Dr. Hakimi has done hundreds if not thousands of surgeries with respondent acting as the anesthesiologist. In Dr. Hakimi's opinion, respondent is an excellent anesthesiologist. He has never heard any complaints about respondent. Dr. Hakimi does not socialize much with respondent, though he has seen him at hospital holiday parties in the past. He has never seen respondent abuse alcohol. Dr. Hakimi is aware that respondent was convicted of DUI and has looked briefly at the Accusation. Dr. Hakimi has no reservations about respondent as an anesthesiologist.

29. Leah Chivington is employed as an administrator for Comfort Anesthesia. She handles various administrative tasks including physician credentialing, chart quality reviews, scheduling, and payroll. She has worked with respondent since 2013 and has never heard of any patient complaints about him. She became aware of respondent's DUI arrest three days after it occurred when respondent told her of it. She has not seen or heard any indication that respondent has ever been inebriated while at work. She has not seen respondent at social events involving alcohol.

Respondent's Other Evidence

30. Respondent submitted a certificate of completion showing that he completed 22 category one credits in medical ethics and professionalism through the University of California, Irvine School of Medicine in July 2025.

31. Respondent submitted letters of apology to the two CHP officers involved in his arrest, dated January 2025, which he signed and his attorney submitted to the CHP office in Madera County. The letters both state the following: "I am writing this letter to apologize for being verbally rude and disrespectful to you on the day of my arrest on January 16, 2024."

32. Respondent submitted proof of completion of 25.5 hours of community service at St. Mary's Kitchen Community Service Program, proof of completion of the first offender DUI program, and proof of payment of fines and fees, all required by the Madera County Superior Court as conditions of probation.

Analysis of the Evidence

33. The seriousness of respondent's misconduct is obvious. He drove on a freeway on an hours-long trip with a BAC of 0.23/0.24 percent, and in doing so

seriously jeopardized the health, safety, and even lives of everyone on the same road. When CHP officers stopped him, respondent was clearly intoxicated, generally uncooperative, and arrogant about his education and status as a physician. Respondent was untruthful to the arresting CHP officer about his alcohol consumption. He was also untruthful to the Board's investigator during an investigative interview in November 2024. While respondent's level of intoxication at the time of his arrest in January 2024 make it unlikely that he would be able to provide an accurate account of events, the evidence is that respondent intentionally made false statements to the Board investigator about his behavior during his DUI arrest.

34. It is also true that respondent has no other record of misconduct. By all accounts at hearing, respondent is a very competent and conscientious anesthesiologist. Respondent's witnesses testified credibly that respondent reliably provides excellent care to patients. None of the witnesses who testified on respondent's behalf have seen any indication that he has ever been impaired at work.

35. Dr. Lunceford persuasively testified that respondent does not have any psychological disorder, including any substance use disorder, or that he has a pattern of recklessness that would present a risk to patients. Dr. Torrington's affidavit corroborates Dr. Lunceford's opinion. Dr. Lunceford also testified that she would recommend respondent undergo counseling about his use of alcohol based on the fact that he consumed vodka martinis containing a total of six shots of vodka the night and early morning before he was arrested for DUI. Dr. Lunceford's opinions and recommendation are persuasive and sensible from a public safety perspective.

36. At hearing, respondent expressed sincere remorse for his misconduct. He stated that he is ashamed of his conduct toward the CHP officers. He also testified that he knows it was wrong to drive under the influence of alcohol and will not let it

happen again. Respondent's intentions are sincere. Appropriate counseling regarding his alcohol consumption will help respondent to act consistently with his intentions.

Cost Recovery

37. Complainant requested that respondent be ordered to reimburse the Board for reasonable costs of investigation and prosecution. Complainant did not submit any evidence regarding the costs of prosecution. Complainant submitted a Declaration of Investigative Activity totaling $1,934.75. Complainant's request for cost recovery is further addressed in the Legal Conclusions below.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. Complainant has the burden of proving each of the grounds for discipline alleged in the Accusation, and must do so by clear and convincing evidence. (*Ettinger v. Bd. of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) The evidence must be so clear as to leave no substantial doubt, and must be sufficiently strong that it commands the unhesitating assent of every reasonable mind. (*Christian Research Institute v. Alnor* (2007) 148 Cal.App.4th 71, 84 [citations omitted].)

Causes for Discipline

CONVICTION OF A CRIME

2. Pursuant to Business and Professions Code sections 2234 and 2236, subdivision (a), the Board may discipline a licensee who has been convicted of "any offense substantially related to the qualifications, functions, and duties of a physician

and surgeon....." Driving under the influence of alcohol, even if it is a single instance, is substantially related to the qualifications, functions, and duties of a physician in that it evidences a potential unfitness to practice medicine. (*Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757, 770-771.)

3. Considering the Factual Findings and Legal Conclusions as a whole, cause exists to discipline respondent's license pursuant to Business and Professions Code sections 2234 and 2236, subdivision (a), based on his October 2024 DUI conviction.

USE OF ALCOHOL IN A DANGEROUS MANNER

4. Pursuant to Business and Professions Code sections 2234 and 2239, subdivision (a), the Board may discipline a licensee who uses alcohol "to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public....."

5. Considering the Factual Findings and Legal Conclusions as a whole, cause exists to discipline respondent's license pursuant to Business and Professions Code sections 2234 and 2239, subdivision (a), based on his conduct on January 16, 2024, when he consumed sufficient alcohol to reach a BAC of 0.23/0.24 percent and drove his motor vehicle.

DISHONESTY

6. Pursuant to Business and Professions Code sections 2234, subdivision (e), the Board may discipline a licensee who commits "any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon." Respondent's false statements to the Board investigator during the investigative interview on November 12, 2024, are substantially related to

his qualifications as a physician and surgeon. The evidence did not establish that respondent's false statement to the CHP officer are substantially related to the practice of medicine or his qualifications as a physician and surgeon.

7. Considering the Factual Findings and Legal Conclusions as a whole, cause exists to discipline respondent's license pursuant to Business and Professions Code sections 2234, subdivision (e), based on his false statements to the Board investigator.

UNPROFESSIONAL CONDUCT

8. Pursuant to Business and Professions Code section 2234, subdivision (a), the Board may discipline a licensee who has engaged in unprofessional conduct, including a violation of any provision of the Medical Practice Act (Bus. & Prof. Code, § 2000, et seq.), including Business and Professions Code section 2236, subdivision (a) (conviction of an offense substantially related to the qualifications, functions, and duties of a physician and surgeon); Business and Professions Code section 2239, subdivision (a) (use of alcohol to the extent, or in such a manner as to be dangerous or injurious to the licensee or others); and Business and Professions Code sections 2234, subdivision (e) (the commission of any dishonest act substantially related to the qualifications, functions, or duties of a physician and surgeon).

9. Considering the Factual Findings and Legal Conclusions as a whole, cause exists to discipline respondent's license pursuant to Business and Professions Code sections 2234, subdivision (a), based on his violations of Business and Professions Code sections 2236, subdivision (a), 2239, subdivision (a), and 2234, subdivision (e).

Appropriate Discipline

10. Protection of the public shall be the highest priority of the Board and an ALJ in exercising disciplinary authority. (Bus. & Prof. Code, § 2229, subd. (a).) Consistent with the public safety, the Board and ALJ shall "wherever possible, take action that is calculated to aid in the rehabilitation of the licensee....." (*Id.* at subd. (b).) To implement these mandates, the Board has adopted a Manual of Model Disciplinary Orders and Disciplinary Guidelines (12th ed. 2016) (Disciplinary Guidelines). These provide recommended discipline for different types of licensee misconduct.

11. In addition, the Board has adopted Uniform Standards for Substance-Abusing Licensees to be used without deviation in disciplining any individual determined to be a substance-abusing licensee. (Cal. Code Regs., tit. 16, § 1361, subd. (b).) A licensee who is to be disciplined for unprofessional conduct involving alcohol abuse is presumed to be a substance-abusing licensee. (Cal. Code Regs., tit. 16, § 1361.5, subd. (a).) In this case, however, respondent rebutted the presumption that he is a substance-abusing licensee. Dr. Lunceford persuasively testified and opined in her written report that respondent does not suffer from an alcohol use disorder. Dr. Torrington's written report corroborates Dr. Lunceford's opinion. In addition, there is no evidence that respondent has any history of alcohol abuse beyond this matter. For these reasons, applying the Uniform Standards for Substance-Abusing Licensees is not warranted in this matter.

12. The Board has adopted criteria to consider when imposing discipline on a licensee who has been convicted of a crime. The criteria are directly relevant to the causes for discipline for DUI conviction and the use of alcohol in a dangerous manner leading to the DUI conviction. The criteria include the following: (a) nature and severity

of the offense, (b) total criminal record, (c) time that has elapsed since the offense, (d) whether the licensee has complied with all terms of probation, (e) evidence of expungement of the conviction, and (f) rehabilitation evidence submitted by the licensee. (Cal. Code Regs., tit. 16, § 1360.1.)

13. Considering the criteria summarized above, respondent's DUI conviction is a significant offense given that his conduct presented a significant risk of harm or even death to everyone else on the same road. Respondent has no other criminal record. His conviction is relatively recent. He has complied with probation, which is set to expire in 2027. Respondent presented some evidence of rehabilitation in his sincere remorse and acknowledgment of his wrongdoing. Additional rehabilitation through psychological counseling regarding his use of alcohol is warranted, as Dr. Lunceford suggested.

14. Respondent's dishonest statements to the Board investigator are also significant. The Board appropriately requires licensed physicians to honestly answer interview questions as a necessary part of its public protection and enforcement functions. Respondent subverted those functions by giving dishonest answers. Taken in conjunction with respondent's DUI conviction and his underlying conduct, a period of probation is warranted for purposes of public protection and respondent's ongoing rehabilitation.

15. The Disciplinary Guidelines recommend a range of penalties for the proven causes for discipline ranging from a minimum of a five-year term of probation to a maximum penalty of license revocation. The Disciplinary Guidelines include standard conditions of probation, including a prohibition against supervising physician assistants and advanced practice nurses. The Disciplinary Guidelines also include recommended optional conditions including the requirement of a psychiatric

evaluation and a professional ethics course. The Board may deviate from the Disciplinary Guidelines where the facts of the particular case warrant doing so. (Cal. Code Regs., tit. 16, § 1361, subd. (a).)

16. The facts of this case warrant minor departures from the recommended conditions of probation, consistent with protection of the public welfare and safety. Public protection does not require a prohibition against respondent supervising physician assistants and advanced practice nurses. By all accounts, respondent is a very competent and conscientious anesthesiologist, and has no clinical deficiencies. Nor does public protection require that respondent undergo a psychiatric evaluation. Respondent has already undergone a psychological evaluation which persuasively showed he does not have a psychological disorder. Respondent will, however, be required to undergo psychological counseling regarding his use of alcohol for purposes of public protection and to advance his rehabilitation. It is not necessary to require that respondent complete a professional ethics course, as he completed a medical ethics and professionalism course in July 2025. Finally, a three-year term of probation will be sufficient to protect the public while respondent continues to advance his rehabilitation through counseling and the other conditions of probation.

17. Based on the Factual Findings and Legal Conclusions as a whole, it is consistent with the public health and safety to allow respondent to continue practicing as a physician and surgeon with terms and conditions of probation, as set forth in the Order below.

Cost Recovery

18. Pursuant to Business section 125.3, subdivision (a), a Board licensee found to have committed a violation of the Medical Practice Act may be ordered to

pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth factors to be considered when determining the reasonableness of costs sought pursuant to statutory provisions like Business and Professions Code section 125.3. These factors include: (a) whether the licensee has been successful at hearing in getting charges dismissed or reduced; (b) the licensee's subjective good faith belief in the merits of his position; (c) whether the licensee has raised a colorable challenge to the proposed discipline; (d) the financial ability of the licensee to pay; and (e) whether the scope of the investigation was appropriate in light of the alleged misconduct.

19. Complainant requested reimbursement of investigative costs totaling $1,934.75. Considering the *Zuckerman* factors, respondent was not successful in getting the charges dismissed or reduced, did not raise a colorable challenge to the proposed discipline, and did not demonstrate an inability to pay fair cost reimbursement. The investigation was appropriate in light of the alleged misconduct. Based on the *Zuckerman* factors, the investigation costs are reasonable. Therefore, the costs are appropriately set at $1,934.75.

ORDER

Physician's and Surgeon's Certificate No. A 74532 issued to respondent John Paul Nadakavukaran, M.D., is REVOKED. However, the revocation is STAYED, and respondent is placed on probation for three years, on the following terms and conditions:

1. **Alcohol – Abstain from Use:** Respondent shall abstain completely from the use of products or beverages containing alcohol.

If respondent has a confirmed positive biological fluid test for alcohol, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide respondent with a hearing within 30 days of the request, unless respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a proposed decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

2. **Controlled Substances – Abstain from Use:** Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

If respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, respondent shall receive a notification from the board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide respondent with a hearing within 30 days of the request, unless respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a proposed decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can

be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

3. **Biological Fluid Testing:** Respondent shall immediately submit to biological fluid testing, at respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the board or its designee. Prior to practicing medicine, respondent shall contract with a laboratory or service approved in advance by the board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the board and respondent.

If respondent fails to cooperate in a random biological fluid testing program within the specified time frame, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a

petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide respondent with a hearing within 30 days of the request, unless respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a proposed decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

4. **Psychotherapy:** Within 60 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, respondent shall undergo and continue psychotherapy

treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require respondent to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over respondent's license and the period of probation shall be extended until the Board determines that respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

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

6. **Obey All Laws:** Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

7. **Quarterly Declarations:** Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

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

8. **General Probation Requirements:** Respondent shall comply with the Board's probation unit. Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

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

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

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days. In the event respondent should leave the State of

California to reside or to practice respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

9. **Interview with the Board or its Designee:** Respondent shall be available in person upon request for interviews either at respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

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

In the event respondent's period of non-practice while on probation exceeds 18 calendar months, respondent shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current

version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years. Periods of non-practice will not apply to the reduction of the probationary term.

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

11. **Completion of Probation:** Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

12. **Violation of Probation:** Failure to fully comply with any term or condition of probation is a violation of probation. If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation, petition to revoke probation, or an interim suspension order is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

13. **License Surrender:** Following the effective date of this Decision, if respondent ceases practicing due to retirement or health reasons or is otherwise

unable to satisfy the terms and conditions of probation, respondent may request to surrender his license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

14. **Probation Monitoring Costs:** Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

15. **Cost Recovery:** Respondent shall pay to the Board costs associated with its investigation of this matter pursuant to Business and Professions Code section 125.3 in the amount of $1,934.75, within 30 days of the effective date of this Decision.

DATE: December 22, 2025

Timothy Aspinwall

TIMOTHY J. ASPINWALL
Administrative Law Judge
Office of Administrative Hearings