

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

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

Sushma Wali, M.D.

Case No. 800-2022-094371

**Physician's and Surgeon's
Certificate No. A 32236**

Respondent.

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 9, 2026.

IT IS SO ORDERED March 2, 2026.

MEDICAL BOARD OF CALIFORNIA



**Reji Varghese
Executive Director**

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 LEANNA E. SHIELDS
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4 State Bar No. 239872
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7 *Attorneys for the People*

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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

14 **SUSHMA WALI, M.D.**
15 **155 W. Willow Street**
Pomona, CA 91768-1829

16 **Physician's and Surgeon's Certificate No. A**
17 **32236,**

18 Respondent.

Case No. 800-2022-094371

OAH No. 2025101227

STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by LeAnna E. Shields, Deputy
26 Attorney General.

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2. Sushma Wali, M.D. (Respondent) is represented in this proceeding by attorneys Derek F. O'Reilly-Jones, Esq., and Nicholas Archibald, Esq., whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071-1562.

3. On or about April 14, 1978, the Board issued Physician's and Surgeon's Certificate No. A 32236 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-094371, expired on January 31, 2026, and has not been renewed.

JURISDICTION

4. On or about September 25, 2025, Accusation No. 800-2022-094371 was filed before the Board and is currently pending against Respondent. On or about September 25, 2025, Accusation No. 800-2022-094371 and all other statutorily required documents were properly served on Respondent. Respondent timely filed her Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2022-094371 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2022-094371. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Disciplinary Order.

6. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 and agrees that she may not withdraw her agreement or seek to rescind this stipulation prior to the
2 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

3 14. The parties agree that this Stipulated Surrender of License and Disciplinary Order
4 shall be null and void and not binding upon the parties unless approved and adopted by the
5 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full
6 force and effect. Respondent fully understands and agrees that in deciding whether or not to
7 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive
8 Director and/or the Board may receive oral and written communications from its staff and/or the
9 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the
10 Executive Director, the Board, any member thereof, and/or any other person from future
11 participation in this or any other matter affecting or involving Respondent. In the event that the
12 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this
13 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it
14 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied
15 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees
16 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason
17 by the Executive Director on behalf of the Board, Respondent will assert no claim that the
18 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,
19 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or
20 of any matter or matters related hereto.

21 ADDITIONAL PROVISIONS

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

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

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

4 **DISCIPLINARY ORDER**

5 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 32236, issued
6 to Respondent Sushma Wali, M.D., is hereby surrendered and accepted by the Board.

7 1. The surrender of Respondent's Physician's and Surgeon's Certificate No. A 32236
8 and the acceptance of the surrendered license by the Board shall constitute the imposition of
9 discipline against Respondent. This stipulation constitutes a record of the discipline and shall
10 become a part of Respondent's license history with the Board.

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

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

15 4. If Respondent ever files an application for licensure or a petition for reinstatement in
16 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
17 comply with all the laws, regulations and procedures for reinstatement of a revoked or
18 surrendered license in effect at the time the petition is filed, and all of the charges and allegations
19 contained in Accusation No. 800-2022-094371 shall be deemed to be true, correct and fully
20 admitted by Respondent when the Board determines whether to grant or deny the petition.

21 5. Respondent shall pay the agency its costs of investigation and enforcement in the
22 amount of \$38,678.75 prior to issuance of a new or reinstated license.

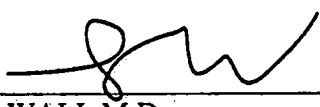
23 6. If Respondent should ever apply or reapply for a new license or certification, or
24 petition for reinstatement of a license, by any other health care licensing agency in the State of
25 California, all of the charges and allegations contained in Accusation No. 800-2022-094371 shall
26 be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement
27 of Issues or any other proceeding seeking to deny or restrict licensure.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Surrender of License and Order and have fully
3 discussed it with my attorneys Derek F. O'Reilly-Jones, Esq., and Nicholas Archibald, Esq. I
4 fully understand the stipulation and the effect it will have on my Physician's and Surgeon's
5 Certificate No. A 32236. I enter into this Stipulated Surrender of License and Disciplinary Order
6 voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the
7 Medical Board of California.

8 DATED: 2/12/26


9 SUSHMA WALI, M.D.
Respondent

10 I have read and fully discussed with Respondent Sushma Wali, M.D., the terms and
11 conditions and other matters contained in this Stipulated Surrender of License and Disciplinary
12 Order. I approve its form and content.

13
14 DATED: 02/12/2026


15 DEREK F. O'REILLY-JONES, ESQ.
16 NICHOLAS ARCHIBALD, ESQ.
Attorneys for Respondent

17 ENDORSEMENT

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

21 DATED: 2/12/2026

Respectfully submitted,

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


25 LEANNA E. SHIELDS
26 Deputy Attorney General
27 Attorneys for Complainant

28 SD2025801942
85553961

Exhibit A

Accusation No. 800-2022-094371

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 LEANNA E. SHIELDS
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7 *Attorneys for Complainant*

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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2022-094371

15 **SUSHMA WALI, M.D.**
15 **155 W. Willow Street**
15 **Pomona, CA 91768-1829**

OAH No.

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 32236,**

18 Respondent.

19
20 **PARTIES**

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

24 2. On or about April 14, 1978, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 32236 to Sushma Wali, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on January 31, 2026, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

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

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

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

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

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

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:

...

(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.

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1 (1) An initial negligent diagnosis followed by an act or omission medically
2 appropriate for that negligent diagnosis of the patient shall constitute a single
3 negligent act.

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

9 ...
10
11 6. Section 2238 of the Code states:

12 A violation of any federal statute or federal regulation or any of the statutes or
13 regulations of this state regulating dangerous drugs or controlled substances
14 constitutes unprofessional conduct.

15 7. From January 1, 2017, through June 30, 2021,¹ section 11165.4 of the Health and
16 Safety Code stated, in pertinent part:²

17 (a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer,
18 or furnish a controlled substance shall consult the CURES database to review a
19 patient's controlled substance history before prescribing a Schedule II, Schedule III,
20 or Schedule IV controlled substance to the patient for the first time and at least once
21 every four months thereafter if the substance remains part of the treatment of the
22 patient.

23 ...
24 (e) This section is not operative until six months after the Department of Justice
25 certifies that the CURES database is ready for statewide use and that the department
26 has adequate staff, which, at a minimum, shall be consistent with the appropriation
27 authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016
28 (Chapter 23 of the Statutes of 2016), user support, and education. The department
shall notify the Secretary of State and the office of the Legislative Counsel of the date
of that certification.

8. Since July 1, 2021, section 11165.4 of the Health and Safety Code states, in pertinent
part:

¹ Health and Safety Code section 11165.4 was amended on January 1, 2020, however the
provisions of subdivisions (a)(1)(A)(i) and (e) remained unchanged until July 1, 2021.

² The Controlled Substance Utilization Review and Evaluation System (CURES) was certified for
statewide use by the Department of Justice (DOJ) on April 2, 2018. Therefore, the mandate to consult
CURES prior to prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substance
became effective October 2, 2018.

1 (a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer,
2 or furnish a controlled substance shall consult the patient activity report or
3 information from the patient activity report obtained from the CURES database to
4 review a patient's controlled substance history for the past 12 months before
5 prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the

6 patient for the first time and at least once every six months thereafter if the prescriber
7 renews the prescription and the substance remains part of the treatment of the patient.

8 ...

9 9. Section 2266 of the Code states:

10 The failure of a physician and surgeon to maintain adequate and accurate
11 records relating to the provision of services to their patients for at least seven years
12 after the last date of service to a patient constitutes unprofessional conduct.

13 COST RECOVERY

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

20 DEFINITIONS

21 11. Alprazolam, brand name Xanax, is a Schedule IV controlled substance pursuant to
22 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
23 Business and Professions Code section 4022. Alprazolam is a short-acting benzodiazepine.
24 When properly prescribed and indicated, it is commonly used to relieve anxiety.

25 12. Bupropion, brand name Wellbutrin, is a medication used to treat depression. It is a
26 dangerous drug pursuant to Code section 4022.

27 13. CURES (Controlled Substance Utilization Review and Evaluation System) is a
28 program operated by the California Department of Justice (DOJ) to assist health care practitioners
in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement
and regulatory agencies in their efforts to control diversion and abuse of controlled substances.
(Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the

1 DOJ the dispensing of Schedule II, III, IV and V controlled substances, as soon as reasonably
2 possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) It is
3 important to note that the history of controlled substances dispensed to a specific patient based on
4 the data contained in CURES is available to a health care practitioner who is treating that patient.
5 (Health & Saf. Code, § 11165.1, subd. (a).)

6 14. Clonazepam, brand name Klonopin, is a Schedule IV controlled substance pursuant to
7 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
8 Business and Professions Code section 4022. It is an anti-anxiety medication in the
9 benzodiazepine family.

10 15. Diazepam, brand name Valium, is a Schedule IV controlled substance pursuant to
11 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
12 Business and Professions Code section 4022. Diazepam is a long-acting benzodiazepine. When
13 properly prescribed and indicated, it is used to treat anxiety, seizures and muscle spasms.

14 16. Hydroxyzine is a medication used as an antihistamine and commonly used to treat
15 anxiety. It is a dangerous drug pursuant to Code section 4022.

16 17. Lorazepam, brand name Ativan, is a Schedule IV controlled substance pursuant to
17 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
18 Business and Professions Code section 4022. It is an anti-anxiety medication in the
19 benzodiazepine family. Lorazepam has approximately half the potency of clonazepam.

20 18. Ziprasidone, brand name Geodon, is a medication commonly used to treat
21 schizophrenia and bipolar disorder. It is a dangerous drug pursuant to Code section 4022.

22 19. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code
23 section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code
24 section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to
25 moderately severe pain. The DEA has identified opioids, such as oxycodone, as a drug of abuse.
26 (Drugs of Abuse, DEA Resource Guide, 2022 Edition, at p. 50.)

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FACTUAL ALLEGATIONS

Patient A³

20. For several years,⁴ Respondent provided care and treatment to Patient A, a female diagnosed with, among other things, schizoaffective disorder, depression and anxiety. Over the course of several years, Respondent issued numerous prescriptions to Patient A for various medications, including, but not limited to, clonazepam, hydroxyzine, ziprasidone and Wellbutrin. Over the course of Respondent's treatment, Patient A also received regular prescriptions by another physician for oxycodone.

21. As Patient A became more elderly, the decision was made to taper Patient A off of Klonopin.

22. In or around 2019, when Patient A was approximately 72 years old, Respondent documented discussions with Patient A about tapering Patient A's clonazepam prescription.

23. From on or about January 28, 2019, through on or about March 2, 2020, according to the CURES database, Patient A filled prescriptions issued by Respondent for clonazepam (3 mg per day) as follows:

Date	Drug	Strength	Quantity
1/28/2019	Clonazepam	1 mg	90
3/1/2019	Clonazepam	1 mg	90
3/29/2019	Clonazepam	1 mg	90
5/1/2019	Clonazepam	1 mg	90
5/29/2019	Clonazepam	1 mg	90
7/2/2019	Clonazepam	1 mg	90
7/30/2019	Clonazepam	1 mg	90

³ Patient identities have been withheld to maintain patient confidentiality. The patients' identities are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery and in accordance with Government Code section 11507.6.

⁴ Any medical care or treatment rendered by Respondent more than seven years prior to the filing of the instant Accusation is described for informational purposes only and not pleaded as a basis for disciplinary action.

8/27/2019	Clonazepam	1 mg	90
9/25/2019	Clonazepam	1 mg	90
11/1/2019	Clonazepam	1 mg	90
11/28/2019	Clonazepam	1 mg	90
1/2/2020	Clonazepam	1 mg	90
2/3/2020	Clonazepam	1 mg	90
3/2/2020	Clonazepam	1 mg	90

24. From on or about March 30, 2020, through on or about June 4, 2020, according to the CURES database, Patient A filled prescriptions issued by Respondent for clonazepam (1.5 mg per day) representing a 50% reduction in clonazepam, as follows:

Date	Drug	Strength	Quantity
3/30/2020	Clonazepam	0.5 mg	90
4/24/2020	Clonazepam	0.5 mg	90
6/4/2020	Clonazepam	0.5 mg	90

25. From on or about July 1, 2020, through on or about October 7, 2021, according to the CURES database, Patient A filled prescriptions issued by Respondent for clonazepam (1 mg per day) representing a 33% reduction in clonazepam, as follows:

Date	Drug	Strength	Quantity
7/1/2020	Clonazepam	0.5 mg	60
8/3/2020	Clonazepam	0.5 mg	60
9/2/2020	Clonazepam	0.5 mg	60
10/1/2020	Clonazepam	0.5 mg	60
11/2/2020	Clonazepam	0.5 mg	60
11/29/2020	Clonazepam	0.5 mg	60
1/2/2021	Clonazepam	0.5 mg	50
2/1/2021	Clonazepam	0.5 mg	50
3/1/2021	Clonazepam	0.5 mg	50

4/1/2021	Clonazepam	0.5 mg	50
4/26/2021	Clonazepam	0.5 mg	50
5/19/2021	Clonazepam	0.5 mg	50
6/16/2021	Clonazepam	0.5 mg	50
7/21/2021	Clonazepam	0.5 mg	50
8/16/2021	Clonazepam	0.5 mg	50
9/9/2021	Clonazepam	0.5 mg	50
10/7/2021	Clonazepam	0.5 mg	50

26. On or about November 2, 2021, according to the CURES database, Patient A filled a prescription issued by Respondent for clonazepam (0.5 mg per day) representing a 50% reduction.

27. From on or about March 4, 2022, through on or about November 11, 2022, according to the CURES database, Patient A filled prescriptions issued by Respondent for lorazepam, as follows:

Date	Drug	Strength	Quantity
3/4/2022	Lorazepam	0.5 mg	30
4/3/2022	Lorazepam	0.5 mg	30
5/1/2022	Lorazepam	0.5 mg	30
6/2/2022	Lorazepam	0.5 mg	30
7/1/2022	Lorazepam	0.5 mg	30
8/3/2022	Lorazepam	0.5 mg	30
9/2/2022	Lorazepam	0.5 mg	40
10/14/2022	Lorazepam	0.5 mg	40
11/11/2022	Lorazepam	0.5 mg	5

28. According to Respondent's treatment records for Patient A, Respondent consulted the CURES database to review Patient A's activity report on seven (7) occasions as follows: July 18, 2016; January 23, 2017; January 28, 2019; May 20, 2019; September 23, 2019; March 30, 2020; and August 3, 2020.

29. Throughout Respondent's treatment records for Patient A, Respondent's notes document minimal indications for various medications prescribed by Respondent to Patient A.

Patient B

30. From in or around 2021 through 2022, Patient B, a male diagnosed with, among other things, bipolar disorder, panic disorder and anxiety disorder, received care and treatment from other providers who issued numerous prescriptions to Patient B for various medications, including, but not limited to, alprazolam and oxycodone.

31. On or about December 21, 2021, when Patient B was approximately 51 years old, according to the CURES database, Patient B filled a prescription issued by Respondent for alprazolam (2 mg, two per day).

32. On or about February 15, 2022, according to the CURES database, Patient B filled a prescription issued by Respondent for alprazolam (0.5 mg, two per day).

33. On or about February 22, 2022, according to the CURES database, Patient B filled a prescription issued by Respondent for alprazolam (1 mg, three per day).

34. On or about April 21, 2022, according to the CURES database, Patient B filled a prescription issued by Respondent for diazepam (10 mg, six per day).

35. According to Patient B's medical records, there are no documented encounters or visits prepared by Respondent to correspond with the prescriptions issued by Respondent to Patient B.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

36. Respondent has subjected her Physician's and Surgeon's Certificate No. A 32236 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in her care and treatment of Patient B, as more particularly alleged hereinafter.

37. Paragraphs 30 through 35, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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1 38. Respondent failed to document her encounters with Patient B, including, but not
2 limited to, failing to document Patient B's medical history, physical exam, laboratory results,
3 evaluations, treatment plan, consent, risk assessment, and/or medications prescribed.

4 **SECOND CAUSE FOR DISCIPLINE**

5 **(Repeated Negligent Acts)**

6 39. Respondent has further subjected her Physician's and Surgeon's Certificate No.
7 A 32236 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
8 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in her care and
9 treatment of Patients A and B, as more particularly alleged hereinafter.

10 **Patient A**

11 40. Paragraphs 20 through 29, above, are hereby incorporated by reference and realleged
12 as if fully set forth herein.

13 41. Respondent failed to prescribe an appropriate taper of Patient A's clonazepam,
14 prescribing multiple rapid dose reductions and changing Patient A's prescription for clonazepam
15 to lorazepam which constitutes an additional dose reduction due to potency differences.

16 42. Respondent failed to consult the CURES database to monitor Patient A for potential
17 abuse with the sufficient frequency and/or as required by state statutes.

18 43. Respondent failed to adequately document the reasons for current medications
19 prescribed to Patient A.

20 **Patient B**

21 44. Paragraphs 30 through 38, above, are hereby incorporated by reference and realleged
22 as if fully set forth herein.

23 45. Respondent failed to prescribe an appropriate taper of Patient B's alprazolam,
24 prescribing multiple rapid dose reductions.

25 **THIRD CAUSE FOR DISCIPLINE**

26 **(Violation of State Statutes Regulating Controlled Substances)**

27 46. Respondent has further subjected her Physician's and Surgeon's Certificate No.
28 A32236 to disciplinary action under sections 2227 and 2234, as defined by section 2238, of the

1 Code, in that Respondent violated state statutes regulating controlled substances, including, but
2 not limited to, section 11165.4 of the Health and Safety Code, as more particularly alleged in
3 paragraphs 20 through 45, above, which are hereby incorporated by reference and realleged as if
4 fully set forth herein.

5 **FOURTH CAUSE FOR DISCIPLINE**

6 **(Inadequate and/or Inaccurate Record Keeping)**

7 47. Respondent has further subjected her Physician's and Surgeon's Certificate No.
8 A 32236 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
9 Code, in that Respondent failed to maintain adequate and/or accurate records, as more particularly
10 alleged in paragraphs 20 through 46, above, which are hereby incorporated by reference and
11 realleged as if fully set forth herein.

12 **PRAYER**

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

- 15 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 32236, issued
16 to Respondent Sushma Wali, M.D.;
- 17 2. Revoking, suspending or denying approval of Respondent Sushma Wali, M.D.'s
18 authority to supervise physician assistants and advanced practice nurses;
- 19 3. Ordering Respondent Sushma Wali, M.D., to pay the Board the costs of the
20 investigation and enforcement of this case, and if placed on probation, the costs of
21 probation monitoring; and
- 22 4. Taking such other and further action as deemed necessary and proper.

23
24 DATED: SEP 25 2025

25 
26 REJI VARGHESE
27 Executive Director
28 Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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