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

In the Matter of the Accusation Against:	)	
JASWANT S. KHOKHAR, M.D.	)	Case No. 800-2015-016178
Physician's and Surgeon's Certificate No. A50719	)	
Respondent	)	

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 23, 2018.

IT IS SO ORDERED: February 22, 2018.

MEDICAL BOARD OF CALIFORNIA

Ronald Lewis, M.D., Chair
Panel A

XAVIER BECERRA
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ALEXANDRA M. ALVAREZ
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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: **JASWANT S. KHOKHAR, M.D.** **1408 Dunaire Dr.** **Bakersfield, CA 93312-4658** **Physician's and Surgeon's Certificate No. No. A50719** Respondent.	Case No. 800-2015-016178 OAH No. 2017050549 **STIPULATED SETTLEMENT AND DISCIPLINARY 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. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Megan R. O'Carroll, Deputy Attorney General.

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2. Respondent Jaswant S. Khokhar, M.D. (Respondent) is represented in this proceeding by attorney Stewart Hsieh, whose address is: 700 S. Flower Street, Suite 2050 Los Angeles, CA 90017.

3. On or about June 4, 2003, the Board issued Physician's and Surgeon's Certificate No. A 50719 to Jaswant S. Khokhar, M.D. (Respondent). The Physician's and Surgeon's Certificate No. A 50719 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-016178, and will expire on April 30, 2017, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-016178 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 April 26, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-016178 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-016178. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. 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.

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2015-016178, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate No. A 50719.

10. 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 Respondent hereby gives up his right to contest those charges.

11. Respondent further agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition for revocation of probation is filed against him before the Medical Board of California, all of the charges and allegations contained in the Accusation No. 800-2015-016178, shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding, or other licensing proceeding involving Respondent in the State of California.

12. Respondent agrees that his Physician's and Surgeon's Certificate No. A 50719 is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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

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

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. No. A50719 issued to Respondent Jaswant S. Khokhar, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. STANDARD STAY ORDER. However, revocation stayed and Respondent is placed on probation for three (3) years upon the following terms and conditions.

2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

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

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

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

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

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

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

6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the 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.

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

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

8. 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.

9. 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.

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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).

Place of Practice

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.

License Renewal

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

Travel or Residence Outside California

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 thirty (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.

11. 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.

12. 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 Boards'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 a 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.

13. 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.

14. 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, or 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.

15. 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 or her 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.

16. 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Stewart Hsieh. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 50719. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/11/17.

JASWANT S. KHOKHAR, M.D.
Respondent

I have read and fully discussed with Respondent Jaswant S. Khokhar, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/20/17

STEWART HSIEH
Attorney for Respondent

ENDORSEMENT

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

Dated: January 16, 2018

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

Megan R O'Carroll

MEGAN R. O'CARROLL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2015-016178

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO April 26, 2017
BY: ANALYST

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

In the Matter of the Accusation Against: **Jaswant S. Khokhar, M.D.** **1408 Dunaire Dr.** **Bakersfield, CA 93312-4658** **Physician's and Surgeon's Certificate No. No. A50719,** Respondent.	Case No. 800-2015-016178 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 4, 2003, the Medical Board issued Physician's and Surgeon's Certificate No. A50719 to Jaswant S. Khokhar, M.D. (respondent). The Physician's and Surgeon's Certificate No. A50719 was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2019, 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, in pertinent part:

"(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 division, 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.

"..."

5. Section 2234 of the Code, states:

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

"...

"(b) Gross negligence.

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"(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.

"..."

6. Section 2242, subdivision (a), of the Code states, in pertinent part:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

"..."

7. 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."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A50719 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of patient S.C., as more particularly alleged hereinafter:

9. On or about January 11, 2010, patient S.C., a then thirty-five (35) year old divorced female, presented to respondent for the first time for psychiatric treatment, and specifically wanted to know if she had Attention Deficit Disorder (ADD). During that initial visit, patient S.C. disclosed she had a poor history in school due to decreased concentration and attention, a poor job history as an adult, and a current difficulty focusing and concentrating on her occupation as a registered nurse. Patient S.C. described herself, among other things, as impulsive, rude, and angry. No further discussion was documented in the chart regarding the patient's symptoms and how they were impacting her functioning, or in what setting. No physical exam was conducted at this visit, and no tests were conducted. At the conclusion of the visit, respondent diagnosed patient S.C. with Attention Deficit Hyperactivity Disorder (ADHD) and Major Depressive Disorder (MDD). Respondent continued patient S.C. on Cymbalta[1] 60 mg daily for depression, which she had allegedly been taking for several years, and added new prescriptions for Concerta[2] 36 mg to treat her ADHD, and Risperdal[3] 1 mg to help her sleep and to control her anger. Respondent's notes for this visit do not document any discussion with patient S.C. regarding the specific side-effects of the prescribed medications.

10. On or about January 25, 2010, patient S.C. was seen by respondent. During that visit, patient S.C. informed respondent that she had not taken the Risperdal, but that she was sleeping well. At this visit, patient S.C. denied experiencing any side effects from the medications. The notes for this visit indicate the patient's affect was appropriate, and she was able to sit still. At the conclusion of this visit, respondent's notes indicate a diagnosis of ADHD, and a referral to cognitive behavioral therapy (CBT). Respondent discontinued Risperdal, continued Cymbalta, and increased Concerta to 54 mg.

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[1] Cymbalta (duloxetine) is a selective serotonin and norepinephrine reuptake inhibitor antidepressant, and is a dangerous drug pursuant to Business and Professions Code section 4022. It is used to treat depression, anxiety, diabetic peripheral neuropathy, fibromyalgia, and chronic muscle or bone pain.

[2] Concerta (methylphenidate) is a central nervous system stimulant, and is a dangerous drug pursuant to Business and Professions Code section 4022. It is used to treat ADHD and narcolepsy.

[3] Risperdal (risperidone) is an antipsychotic medicine. It works by changing the effects of chemicals in the brain, and is a dangerous drug pursuant to Business and Professions Code section 4022.

11. On or about February 2, 2010, patient S.C. was seen by respondent. During that visit, patient S.C. informed respondent that she had been experiencing heart palpitations, but claimed to have a history of hypoglycemia. Patient S.C.'s vital signs were not taken at this visit, no tests were conducted or referrals made, and there is no further documentation regarding her history or nature of the hypoglycemia. Patient S.C. also informed respondent that she had been taking two Concerta 54 mg capsules in the morning, instead of one, for a total of 108 mg. At the conclusion of this visit, respondent increased Concerta to 72 mg.

12. On or about March 12, 2010, patient S.C. was seen by respondent. At this visit, patient S.C. complained that she had run out of her one month supply of Concerta in twenty (20) days. At the conclusion of this visit, respondent discontinued the Concerta and prescribed Strattera[4] 40 mg, for one week, with an increase to 60 mg the following week.

13. On or about April 23, 2010, patient S.C. was seen by respondent. At this visit, the patient indicated she was having trouble sleeping, but denied experiencing any side effects from medication. At the conclusion of this visit, respondent's notes indicate that he diagnosed patient S.C. with ADHD, and maintained her on the same medications, but added Ambien[5] 12 mg.

14. On or about May 20, 2010, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good, but complained of tachycardia. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with MDD, discontinued Cymbalta, continued Strattera 60 mg, decreased Ambien to 10 mg, and added Lexapro[6] 10 mg.

15. On or about June 17, 2010, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good, denied experiencing tachycardia or any other side effects

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[4] Strattera (atomoxetine) affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control, and is a dangerous drug pursuant to Business and Professions Code section 4022. One of the known side effects of this medication is insomnia.

[5] Ambien (zolpidem) is a schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a sedative used for the short-term treatment of insomnia.

[6] Lexapro (escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors, and is a dangerous drug pursuant to Business and Professions Code section 4022.

from medication, but requested to be put back on Cymbalta. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with MDD, discontinued Lexapro, added Cymbalta 60 mg, increased Strattera to 80 mg, and continued Ambien 10 mg.

16. On or about July 15, 2010, patient S.C. was seen by respondent. At this visit, the patient indicated she was experiencing constipation and irregular menses, but denied any side effects from medication. Respondent did not believe the constipation or irregular menses were related to the medications, and referred the patient to discuss those symptoms with her primary care physician. The notes for this visit are silent regarding that discussion and referral. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with MDD, and decreased Strattera to 60 mg, but continued Cymbalta 60 mg, and Ambien 10 mg.

17. On or about August 12, 2010, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good, and denied experiencing any side effects from medication. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD, continued Cymbalta 60 mg and Ambien 10 mg, and increased Strattera to 80 mg.

18. On or about September 16, 2010, patient S.C. was seen by respondent. At this visit, the patient complained of "side effects from Strattera," but no specific details are mentioned in the patient chart. The patient denied any trouble sleeping. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD, and discontinued Strattera and Ambien, but continued Cymbalta 60 mg, and added Adderall[7] 20 mg.

19. On or about December 6, 2010, patient S.C. was seen by respondent. At this visit, the patient complained of depression and decreased concentration and attention. No physical exam was conducted at this visit, and no tests were conducted. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD and MDD, increased Cymbalta to 90 mg, discontinued Adderall, added Vyvanse[8] 50 mg, and provided her with

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[7] Adderall is a brand name for dextroamphetamine and amphetamine, a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is used to treat ADHD and narcolepsy.

[8] Vyvanse (lisdexamfetamine) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code

(continued...)

Intuniv[9] samples for thirty (30) days.

20. On or about December 22, 2010, patient S.C. was seen by respondent. At this visit, the patient complained that "Vyvanse makes me restless and decrease in focusing," but indicated she was feeling good, and denied any side effects from medications. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD, discontinued Vyvanse, decreased Cymbalta to 60 mg, and added Adderall 30 mg.

21. On or about January 24, 2011, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good, and denied any side effects from medications. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD, ordered an electrocardiogram (EKG), continued the patient on Cymbalta 60 mg, and decreased Adderall to 20 mg.

22. On or about May 20, 2011, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good, denied any side effects from medications, but informed respondent that she was feeling anxious because she was suing her former employer. Respondent did not discuss the lawsuit with the patient. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD, continued the patient on Cymbalta 60 mg and Adderall 20 mg, and added Klonopin[10] 0.5 mg twice per day.

23. On or about July 20, 2011, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good, and denied any side effects from medications. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD, continued the patient on Cymbalta 60 mg, but increased Adderall to 30 mg, and increased the Klonopin 0.5 mg to three times per day.

(...continued)
section 4022. It is a is a stimulant used to treat ADHD.

[9] Intuniv (guanfacine) is a sympatholytic drug used in the treatment of ADHD anxiety, and hypertension, and is a dangerous drug pursuant to Business and Professions Code section 4022.

[10] Klonopin (clonazepam), is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

24. On or about October 21, 2011, patient S.C. was seen by respondent. At this visit, the patient complained that the medication took one hour before it took effect, but she was otherwise feeling good. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD, continued the patient on Cymbalta 60 mg and Klonopin 0.5 mg three times per day, discontinued Adderall, and added Vyvanse 70 mg.

25. On or about January 10, 2012, patient S.C. was seen by respondent. At this visit, the patient complained the Vyvanse wears off. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD, continued the patient on Cymbalta 60 mg and Klonopin 0.5 mg three times per day, discontinued the Vyvanse, and added Adderall 20 mg twice per day.

26. On or about July 9, 2012, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good, and denied any side effects from medications. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with MDD, continued the patient on Cymbalta 60 mg and Adderall 20 mg twice per day, but discontinued Klonopin.

27. On or about January 15, 2013, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD and MDD, continued the patient on Cymbalta 60 mg, discontinued Adderall, and added Vyvanse 50 mg.

28. On or about February 7, 2013, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good, and denied any side effects from medications. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADD, continued the patient on Cymbalta 60 mg, and increased Vyvanse to 70 mg.

29. On or about April 17, 2013, patient S.C. was seen by respondent. At this visit, the patient indicated she was feeling good, and denied any side effects from medications. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADD, continued the patient on Cymbalta 60 mg, and decreased Vyvanse to 50 mg.

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30. One week later, on or about April 24, 2013, patient S.C. was seen by respondent for the last time. At this visit, the patient indicated she had lost her prescriptions, and was feeling anxious and agitated. At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADD and MDD, discontinued Cymbalta and Vyvanse, and added Adderall 20 mg and Celexa[11] 40 mg.

31. From approximately January 11, 2010, through approximately April 24, 2013, patient S.C. was seen by respondent approximately thirty-eight (38) times, for an average of fifteen (15) minutes per visit. During that time period, patient S.C. missed approximately twelve (12) appointments. The notes are silent as to the reason for the missed appointments, and whether respondent ever discussed the missed appointments with the patient at any time.

32. From approximately January 11, 2010, through approximately April 24, 2013, no physical exam of patient S.C. was conducted at any visit, including but not limited to weight or vital signs, and no tests were ever conducted.

33. From approximately January 11, 2010, through approximately April 24, 2013, respondent's notes are nearly identical, contain almost no detail regarding patient S.C.'s life and how the treatment was affecting her, contain no stated reason for the varied diagnoses of ADHD, ADD, and MDD, and contain no reference to informed consent or the reasoning for medication changes. Although the notes indicate that respondent referred patient S.C. to CBT once, and for an EKG once, no follow-up was ever documented regarding either referral.

34. Respondent committed gross negligence in his care and treatment of patient S.C., which included but was not limited to, the following:

(a) Failing to properly monitor the medical aspects of prescribing stimulants;

(b) Prescribing Intuniv without checking cardiovascular status history and vital signs, discussing titration, side effects, and rational for making two changes to the medications at the same time; and

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[11] Celexa (citalopram) is an antidepressant drug of the selective serotonin reuptake inhibitor (SSRI) class, and is a dangerous drug pursuant to Business and Professions Code section 4022.

(c) Engaging in an abrupt and poorly reasoned pattern of prescribing and managing treatment.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

35. Respondent has further subjected his Physician's and Surgeon's Certificate No. A50719 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of patient S.C., as more particularly alleged hereinafter:

(a) Paragraphs 8 through 34, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Diagnosing patient S.C. with ADD and ADHD over a three year period, without ever obtaining a thorough history, both past and present; and

(c) Failing to properly document history, observations in monitoring treatment, impressions, treatment decision-making, and informed consent.

THIRD CAUSE FOR DISCIPLINE

(Inadequate and Inaccurate Records)

36. Respondent has further subjected his Physician's and Surgeon's Certificate No. A50719 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records regarding his care and treatment of patient S.C., as more particularly alleged in paragraphs 8 through 34, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Furnishing Dangerous Drugs without Appropriate Prior Examination or Medical Indication)

37. Respondent has further subjected his Physician's and Surgeon's Certificate No. A50719 to disciplinary action under sections 2227 and 2242, as defined by section 2242, subdivision (a), of the Code, in that he furnished dangerous drugs without an appropriate prior examination or medical indication during his care and treatment of patient S.C., as more

particularly alleged in paragraphs 8 through 34, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

38. To determine the degree of discipline, if any, to be imposed on respondent, complainant alleges that on or about June 22, 2012, in a prior disciplinary action before the Board, Medical Board of California Case No. 08-2009-200940, respondent was issued a Public Letter of Reprimand for Repeated Negligent Acts, in violation of section 2234, subdivision (c), of the Code, and for Failure to Maintain Adequate and Accurate Medical Records, in violation of section 2266, of the Code. That Decision is now final and is incorporated by reference as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A50719, issued to respondent Jaswant S. Khokhar, M.D.;

2. Revoking, suspending or denying approval of respondent Jaswant S. Khokhar, M.D.'s authority to supervise physician assistants and advance practice nurses;

3. Ordering respondent Jaswant S. Khokhar, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: April 26, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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