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

In the Matter of the Amended Accusation Against:	)	
Ashmead Ali, M.D.	)	**Case No. 800-2014-005199**
Physician's and Surgeon's Certificate No. G 78625	)	
Respondent	)	

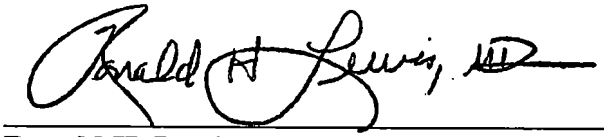
DECISION

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

This Decision shall become effective at 5:00 p.m. on July 19, 2019.

IT IS SO ORDERED: June 21, 2019.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

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

In the Matter of the Amended Accusation Against: **ASHMEAD ALI, M.D.** **9300 North Loop Blvd., Suite A & B** **California City, CA 93505** **Physician's and Surgeon's Certificate No. G 78625** Respondent.	Case No. 800-2014-005199 OAH No. 2017090533 **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 Cindy M. Lopez, Deputy Attorney General.

2. Respondent ASHMEAD ALI, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road Irvine, California 92620.

3. On or about April 13, 1994, the Board issued Physician's and Surgeon's Certificate No. G 78625 to ASHMEAD ALI, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-005199, and will expire on March 31, 2020, unless renewed.

JURISDICTION

4. Amended Accusation No. 800-2014-005199 was filed before the Board, and is currently pending against Respondent. The Amended Accusation and all other statutorily required documents were properly served on Respondent on November 1, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Amended Accusation No. 800-2014-005199 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 Amended Accusation No. 800-2014-005199. 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 Amended 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.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Amended Accusation No. 800-2014-005199, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Amended 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 Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Amended Accusation No. 800-2014-005199 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

CONTINGENCY

12. 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.

13. 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.

14. 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. G 78625 issued to Respondent ASHMEAD ALI, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

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

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

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board 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.

3. 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.

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. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, 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. The Respondent shall not resume the practice of medicine

until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.]

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, 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 medicine, 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.

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

7. 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.

8. 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.

9. 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 another similar licensed facility, with the exception that he may treat hospice patients in their homes as long as the medical records are maintained in an office where they are accessible to the probation monitor.

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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. 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: _____ _____
ASHMEAD ALI, M.D.
Respondent

I have read and fully discussed with Respondent ASHMEAD ALI, 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: _____ _____
RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

application shall be treated as a petition for reinstatement of a revoked certificate.

15. 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, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. 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: 5-2-19

ASHMEAD ALI, M.D.
Respondent

I have read and fully discussed with Respondent ASHMEAD ALI, 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: May 2, 2019

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

STIPULATION

submitted for consideration by the Medical Board of California.

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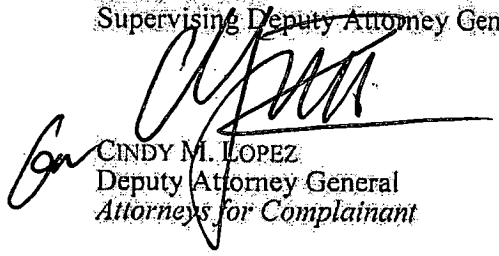
Dated: 5/2/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General



CINDY M. LOPEZ
Deputy Attorney General
Attorneys for Complainant

LA2017505490

Exhibit A

Amended Accusation No. 800-2014-005199

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO November 1 20 18
BY K. Vong ANALYST

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

In the Matter of the Amended Accusation Against: **ASHMEAD ALI, M.D.** 9300 North Loop Blvd., Suite A & B California City, CA 93505 Physician's and Surgeon's Certificate No. G 78625, Respondent.	Case No. 800-2014-005199 **AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Amended 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 April 13, 1994, the Medical Board issued Physician's and Surgeon's Certificate Number G 78625 to Ashmead Ali, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2020, unless renewed. On March 17, 2011, Respondent was publicly reprimanded in case No. 05-2007-188544.

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 unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems 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:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

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

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

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

6. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

7. Respondent is subject to disciplinary action under section 2234, subdivision (b), in that he was grossly negligent in his care and treatment of two patients. The circumstances are as follows:

Factual Allegations Regarding Patient #1:

A. Patient #1 was treated by Respondent from March 2005 to May 2013, until she overdosed on controlled substances that were prescribed by Respondent. The coroner's report indicated that death occurred on May 31, 2013, from methadone toxicity.

B. Patient #1 was morbidly obese whose weight fluctuated between 230 and 400 pounds. She had constant pain in her hips, knees and feet. She signed a contract for pain management on May 2, 2005. According to Respondent, he counseled her on the dangers of narcotics medications and not to abuse them. Respondent kept her on methadone because her medical conditions became increasingly complicated throughout her eight years of treatment. CURES showed 94 prescriptions for methadone, Soma, Valium, and Ambien.

Allegations of Gross Negligence:

C. There was an absence of exams, objective data, assessments, medications, prescriptions, treatment goals and plans.

D. If controlled substances were not in the best interests of the patient, and if they were not benefitting her health, functions, quality of life and alleviation of pain, then they must be adjusted or discontinued. Respondent failed to adjust the prescriptions.

E. Respondent did not take the required precautions to ensure patient safety and ensure proper use of controlled substances. He did not change the plan of care and improperly prescribed opioids.

F. Respondent did not refer this patient to a psychiatrist or pain management expert, or use peer to peer consultations.

G. The records were incomplete to support the prescriptions.

Factual Allegations Regarding Patient #2:

H. Patient #2 saw Respondent starting August 2011, and continued to see him through February 2015. She had a variety of medical conditions including a ruptured disc, hernia, and several back surgeries. Originally she was given prescriptions for OxyContin, Soma, and Ambien. Respondent also prescribed Percocet, Flexeril, and Dilaudid. According to Respondent, he did refer this patient to a pain management doctor.

I. In 2014, due to non compliance with instructions to go to pain management, Respondent determined the patient was high risk. The CURES report showed that for a year from November 2013 to November 2014, 31 prescriptions were written for hydrocodone, oxycodone, tramadol, Soma, and Ambien. CURES showed that from May 2013 to May 2014, Respondent prescribed Flexeril, Tramadol, Ambien, Norco, Oxycodone, Soma, Dilaudid, Percocet, Xanax and Vicodin.

Allegations of Gross Negligence:

J. An appropriate dismissal of a patient includes a warning, a reasonable cause for discharge, time to remedy the situation and a dismissal letter. Respondent did not appropriately sever the doctor-patient relationship.

K. Respondent failed to determine the need for controlled substances. He did not inquire why the patient needed these medications, he did not review lab studies, or obtain a CURES report.

L. Respondent was aware of the patient's drug seeking behavior. He had questions with regards to what she was doing with the medications but did not recall if he confronted her, and did not document any such encounter. He was aware of her possible diversion and misuse of controlled substances.

SECOND FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

8. Respondent is subject to disciplinary action under section 2234, subdivision (c), in that he was negligent when he treated four patients. The circumstances are as follows:

A. Complainant incorporates by reference the allegations contained in paragraph 7, A through L.

B. Regarding patient #1, informed consent is required before initiating and dispensing controlled substances and the records contain no such consent.

C. The patient's progress, medication use and treatment response were not described in the records.

D. Regarding patient #2, informed consent is required before dispensing controlled substances. There is no record that the patient received appropriate informed consent.

E. There are no periodic reviews of controlled substances, informed consent, treatment plan, and there are incomplete records to support prescriptions and medical care.

Patient #3:

F. Patient #3 was approximately 41 years old when she started treating with Respondent. She was initially evaluated on June 23, 2009. Her complaints included back pain, hypertension, morbid obesity, depression and headaches.

G. She was taking Vicodin and Phenergan with Codeine at the time.

H. She signed an agreement on August 26, 2010, on the use of chronic opioid medications.

I. On May 21, 2013, Patient #3 saw Respondent for a chronic pain consult. He treated her with Soma and Phenergan syrup. In June 2013, she saw him for right foot pain and she was prescribed Dilaudid. The next month she saw Respondent for chronic pain and was diagnosed with a lumbar spine condition.

J. This patient was seen approximately on a monthly basis up through February 2016. She was diagnosed with several conditions including anxiety, UTI, degenerative disc disease, COPD, carpal tunnel syndrome, chronic cough, chronic pain, left knee pain.

K. Throughout the patient's treatment, she was prescribed a variety of medications, oftentimes at the same time. Respondent prescribed Soma, Xanax, Phenergan, Dilaudid, Vicodin, and Ambien.

L. Respondent's notes, although illegible, failed to document the patient's response to the pain medications, history of previous pain treatment, appropriateness of continued use of opioid treatment, and consideration for non-opioid treatments. It was unclear from the records why, for instance, Respondent treated the patient with Dilaudid for her foot sprain, knowing she was already taking Xanax and Soma.

M. Patient #3 was treated with Soma chronically, even though it is a controlled substance that should be used for 2-3 weeks, rather than months and months. Respondent did not document why he did not choose other muscle relaxants. The patient was treated with Xanax chronically for anxiety disorder, with no documentation as to why other drugs were not considered first.

N. Respondent was negligent in his record keeping and prescribing multiple controlled substances without trying alternative treatment options.

Patient #4

O. Patient #4 began seeing Respondent in June of 2009 for seizure disorder, chronic renal failure, right knee injury and spinal stenosis.

P. He signed a contract for chronic opioid medication on March 26, 2010.

Q. Patient #4 was seen in May 2013 for chronic pain and was prescribed Soma, Xanax, Phenergan DM and Percocet. He was seen only a week later and was diagnosed with lumbar disc disease.

R. Patient #4 saw Respondent approximately on a monthly basis through April 2016. He was diagnosed with several conditions in addition to chronic pain and lumbar disease including seizure disorder, left knee issues, anxiety disorder, bipolar disorder, pneumonia, and a hernia.

S. Throughout the patient's treatment, he was prescribed a variety of medications, oftentimes at the same time. Respondent prescribed Soma, Xanax, Phenergan, Dilantin, Norco, and Toradol.

T. During the several years of treatment, Respondent recommended several consults including neurology, mental health, and pain management.

U. His notes, although illegible, failed to document the patient's response to the pain medications, history of previous pain treatment, and the appropriateness of continued use of opioid treatment for back or knee pain.

V. The records do not document the rationale for repeatedly prescribing large amounts of Phenergan (aka Promethazine) for cough, which has multiple drug interactions and may enhance the central nervous system depressant effects of opioids and Benzodiazepines.

W. The records do indicate that patient #4 had underlying psychiatric issues, and was suspected of being bipolar, however he was repeatedly prescribed Xanax.

X. The patient was treated with Soma and Hydrocodone at the same time, but there is no indication in the records why other non habit forming muscle relaxants were not used first.

Y. Respondent was negligent in his record keeping and for prescribing multiple central nervous system depressants in a patient with an underlying psychiatric disorder.

THIRD CAUSE FOR DISCIPLINE

(Inadequate Record Keeping)

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

A. The facts and circumstances as alleged in paragraph 7, sub paragraphs A through L, and paragraph 8, subparagraphs F through Y, are incorporated here as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

10. To determine the degree of discipline, if any, to be imposed on Respondent Ashmead Ali, M.D., Complainant alleges that on or about March 17, 2011, in a prior disciplinary action entitled, *In the Matter of the Accusation Against Ashmead Ali, M.D.*, before the Medical Board of California, in Case Number 05-2007-188544, Respondent's license was reprimanded for inadequate record keeping. 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 Number G 78625, issued to Ashmead Ali, M.D.;

2. Revoking, suspending or denying approval of Ashmead Ali, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced practice nurses;

3. Ordering Ashmead Ali, 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: November 1, 2018

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

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