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

In the Matter of the Accusation Against: **Navin Saran, M.D.** **Physician's & Surgeon's Certificate No A 37985** **Respondent.**	**Case No. 800-2017-038066**

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 OCT 0 8 2020

IT IS SO ORDERED SEP 0 8 2020

MEDICAL BOARD OF CALIFORNIA

Kristina Lawson

Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
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: **NAVIN SARAN, M.D.** **1661 W. Broadway, #14** **Anaheim, CA 92802** **Physician's and Surgeon's Certificate No. A 37985,** Respondent.	Case No. 800-2017-038066 OAH No. 2019120717 **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. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). This action was brought by then Complainant Kimberly Kirchmeyer solely in her official capacity.[1] Complainant is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Rosemary F. Luzon, Deputy Attorney General.

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[1] Ms. Kirchmeyer became the Director of the Department of Consumer Affairs on October 28, 2019.

2. Respondent Navin Saran, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: DOYLE SCHAFER McMAHON, 5440 Trabuco Road, Irvine, CA 92620.

3. On or about February 1, 1982, the Board issued Physician's and Surgeon's Certificate No. A 37985 to 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. 800-2017-038066, and will expire on October 31, 2021, unless renewed.

JURISDICTION

4. On or about October 16, 2019, Accusation No. 800-2017-038066 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent, at his address of record. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2017-038066 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-038066. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws, having been fully advised of same by his attorney of record, Raymond J. McMahon, Esq.

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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CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2017-038066, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 37985 to disciplinary action.

9. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2017-038066 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.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 37985 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

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

12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any

other matter affecting or involving Respondent. In the event that the Board does not, in its discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

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

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 opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent Navin Saran, M.D., Physician's and Surgeon's Certificate No. A 37985, shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a), subsection (4). This Public Reprimand is issued in connection with the allegations relating to Respondent's care and treatment of Patient A, which are set forth in Accusation No. 800-2017-038066, as follows:

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1. PUBLIC REPRIMAND.

Between on or about October 19, 2012, and July 9, 2013, you failed to adequately manage and document your care and treatment of Patient A, in violation of California Business and Professions Code sections 2234 and 2266, as more fully described in Accusation No. 800-2017-038066, a true and copy of which is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

2. EDUCATION COURSE.

Within 60 calendar days of the effective date of this Decision, 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. 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. Within one (1) year of the effective date of this Decision, 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.

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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.

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.

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5. FAILURE TO COMPLY.

Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

6. FUTURE ADMISSIONS CLAUSE.

If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-038066 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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 No. A 37985. 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: 6/24/20

NAVIN SARAN, M.D.
Respondent

I have read and fully discussed with Respondent Navin Saran, 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: June 29, 2020

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: 6-30-2020

Respectfully submitted,

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

ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-038066

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Oct. 16 2019
BY _____ ANALYST

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

In the Matter of the Accusation Against: **Navin Saran, M.D.** **1661 W. Broadway, #14** **Anaheim, CA 92802** **Physician's and Surgeon's Certificate No. A 37985,** Respondent.	Case No. 800-2017-038066 **ACCUSATION**

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 February 1, 1982, the Medical Board issued Physician's and Surgeon's Certificate No. A 37985 to Navin Saran, 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 October 31, 2021, 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 2220 of the Code states:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .

5. 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:
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> (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.
>
> . . .

6. 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:
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> . . .
>
> (b) Gross negligence.
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> . . .

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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. A 37985 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 A, as more particularly alleged hereinafter:[1]

9. Between on or about January 24, 2012, and July 9, 2013, Respondent treated Patient A for his primary care needs.[2] During this timeframe, Respondent saw Patient A on approximately 18 occasions. For each of these visits, Respondent's handwritten progress notes are illegible and decipherable only by reference to his March 19, 2018, summary of care and treatment and his October 24, 2018, Board interview.

10. On or about January 24, 2012, Respondent first saw Patient A as part of his admission to a community care facility in Anaheim, California. Respondent's diagnoses were schizophrenia disorder, major depression, hypertension, and chronic back pain. Respondent did not document these diagnoses in his progress notes for this visit.

11. For the January 24, 2012, visit, Respondent also completed a facility form noting that Patient A could care for all of his personal needs except administering and storing his own medications, that he was occasionally depressed, and that his pre-existing medications included Risperdal, Trazodone, Cogentin, Seroquel, Buspar, and Zoloft. According to the facility medication list, however, Patient A's medications included Cogentin, Seroquel, Buspar, and Zoloft as well as Tramadol, Benazepril and Naproxen. The list did not include Risperdal and

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[1] References to "Patient A" herein are used to protect patient privacy.

[2] 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.

Trazodone. In addition, although Respondent stated in his March 19, 2018, summary of the care and treatment that he prescribed Tramadol and Soma[3] to Patient A, he did not document these prescriptions in his progress notes for this visit.

12. On or about February 24, 2012, Patient A filled a prescription for 60 tablets of Soma, which Respondent prescribed. Respondent did not document this prescription in any of his progress notes.

13. On or about March 8, 2012, and May 24, 2012, Respondent saw Patient A for acute bronchitis and COPD.

14. Between on or about March 26, 2012, and June 22, 2012, Patient A filled a prescription for 60 tablets of Soma on four occasions, which Respondent prescribed. Respondent did not document these prescriptions in any of his progress notes.

15. On or about July 24, 2012, Respondent saw Patient A for complaints of abdominal pain. A CT scan performed in the hospital revealed retroperitoneal lymphadenopathy. Respondent requested an oncology consultation. Respondent prescribed 60 tablets of Vicodin ES[4] to Patient A, which Patient A filled on or about July 24, 2012. The same day, Patient A also filled a prescription for 60 tablets of Soma, which Respondent prescribed. Respondent did not document this Soma prescription in any of his progress notes.

16. On or about August 16, 2012, and September 13, 2012, respectively, Patient A filled a prescription for 90 tablets of Vicodin and 100 tablets of Vicodin ES. Patient A's oncologist prescribed both medications.

17. On or about August 23, 2012, and September 21, 2012, Patient A filled a prescription for 60 tablets of Soma, respectively, which Respondent prescribed. Respondent did not document these prescriptions in any of his progress notes.

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[3] Soma (carisoprodol) 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.

[4] Vicodin ES and Vicodin (hydrocodone bitartrate and acetaminophen) are Schedule II controlled substances pursuant to Health and Safety Code section 11055, subdivision (b), and dangerous drugs pursuant to Business and Professions Code section 4022.

18. On or about September 28, 2012, Respondent saw Patient A for "referrals." Patient A's current medications included Soma and Tramadol, among other medications. Vicodin ES and Vicodin were not listed in the progress notes for this visit. Patient A informed Respondent that a blood test from the hospital revealed Hepatitis C. Respondent ordered a hepatitis profile blood test.

19. On or about October 12, 2012, Patient A filled a prescription for 60 tablets of Vicodin ES, which Respondent prescribed. Respondent did not document this prescription in any of his progress notes.

20. On or about October 19, 2012, Patient A filled a prescription for 60 tablets of Soma, respectively, which Respondent prescribed. Respondent did not document this prescription in any of his progress notes.

21. On or about November 12, 2012, Respondent saw Patient A to follow up on his lab results for Hepatitis C. The results were positive and Respondent ordered a GI consult. Respondent prescribed Vicodin ES to Patient A, which Patient A filled on or about November 13, 2012. Respondent did not assess or document a history of Patient A's Hepatitis C diagnosis.

22. On or about November 19, 2012, Respondent saw Patient A for complaints of shortness of breath and chronic pain. Respondent's diagnoses were chronic pain syndrome and acute bronchitis. Respondent prescribed Cipro and Robitussin DM to Patient A and referred him to a pain specialist, Dr. B.N.

23. On or about November 19, 2012, Patient A filled a prescription for 60 tablets of Soma, which Respondent prescribed. Respondent did not document this prescription in any of his progress notes.

24. On or about November 29, 2012, Respondent saw Patient A to refill his medications. Respondent's diagnoses were Hepatitis C and chronic pain syndrome. Respondent prescribed 60 tablets of Vicodin ES to Patient A. Respondent again referred Patient A to a pain specialist.

25. On or about December 4, 2012, Respondent's office sent a fax to the office of pain specialist, Dr. B.N., providing Patient A's recent progress notes and laboratory results.

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26. On or about December 6, 2012, Respondent saw Patient A for a cold. Respondent prescribed Keflex to Patient A.

27. On or about December 8, 2012, and December 11, 2012, respectively, Patient A filled a prescription for 60 tablets of Vicodin ES, which Respondent prescribed.

28. On or about December 18, 2012, Respondent saw Patient A for a follow-up visit after his hospitalization for pneumonia and to refill medications. Respondent's diagnoses were pneumonia, Hepatitis C, and chronic pain syndrome. He prescribed 60 tablets of oxycodone[5] to Patient A, which Patient A filled on or about December 18, 2012. Patient A was prescribed oxycodone during his hospitalization.

29. On or about December 21, 2012, Patient A filled a prescription for 60 tablets of Soma, which Respondent prescribed. Respondent did not document this prescription in any of his progress notes.

30. On or about January 7, 2013, Respondent saw Patient A. Respondent's diagnoses were chronic pain syndrome, COPD, hypertension, and Hepatitis C. Respondent prescribed 60 tablets of oxycodone to Patient A, which Patient A filled on or about the same day. According to Respondent's March 19, 2018, summary of the care and treatment, Respondent told Patient A that he needed to see a pain specialist as soon as possible and that he would no longer prescribe any pain medications to Patient A. Respondent did not document this discussion in his progress notes for this visit.

31. On or about January 9, 2013, Patient A filled a prescription for 60 tablets of Vicodin ES, which Respondent prescribed.

32. On or about January 15, 2013, Patient A had a consultation with pain specialist, Dr. B.N., and P.A. R.M. An Initial Consultation Report was prepared, which was addressed to Respondent and which identified Respondent as Patient A's primary care physician. The Initial Consultation Report referred to a cervical spine MRI, which was ordered on or about the same day and was subsequently performed on or about February 12, 2013. Patient A continued to see

[5] Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

the pain specialist on or about February 5, 2013, February 13, 2013, February 19, 2013, March 19, 2013, March 20, 2013, April 17, 2013, May 7, 2013, May 21, 2013, July 2, 2013, and July 30, 2013. Respondent's medical records did not include the January 15, 2013, Initial Consultation Report or any other subsequent records from the pain specialist, except for the February 12, 2013, MRI Report. Respondent did not ascertain or otherwise document the pain medications that Patient A's pain specialist prescribed to him.

33. Between on or about February 11, 2013, and May 13, 2013, Respondent saw Patient A on four occasions for various conditions, including otitis externa, cough, acute bronchitis, chronic pain syndrome, and cellulitis of the face.

34. On or about June 3, 2013, Respondent saw Patient A for insomnia and complaints of stress. Respondent prescribed Ambien to Patient A. Respondent purportedly examined Patient A during this visit, however, he did not document the examination.

35. On or about June 20, 2013, Respondent saw Patient A for COPD with acute exacerbation, acute bronchitis, hypertension, and chronic pain.

36. Respondent last saw Patient A on or about July 9, 2013. Respondent noted multiple diagnoses, including hypertension, COPD, chronic pain syndrome, and Hepatitis C.[6] The progress notes for this visit also noted depression.

37. Between on or about January 16, 2013, and August 2, 2013, Patient A filled a prescription for oxycodone ranging between 30 and 90 tablets on approximately seven occasions and a prescription for extended release morphine sulfate ranging between 15 and 60 tablets on approximately eight occasions. Patient A's pain specialist prescribed both medications. On or about April 25, 2013, Patient A also filled a prescription of 20 tablets of Vicodin, which another doctor prescribed. Respondent did not document these prescriptions in any of his progress notes.

38. Between on or about January 21, 2013, and July 19, 2013, Patient A filled a prescription for 60 tablets of Soma on approximately seven occasions, which Respondent prescribed. Respondent did not document these prescriptions in any of his progress notes.

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[6] Respondent also appears to have noted a diagnosis of schizophrenia disorder.

39. On or about August 3, 2013, Patient A passed away. The cause of death was acute polydrug intoxication and the manner of death was accidental.

40. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to the following:

A. Notwithstanding Patient A's major mental illness, Respondent did not coordinate the care of Patient A, including, but not limited to, by obtaining or attempting to obtain medical records relating to Patient A's care and treatment from his pain specialist, consulting oncologist, psychiatrist, and hospitalists.

B. Respondent did not assess or document a history of Patient A's Hepatitis C diagnosis.

C. Respondent regularly prescribed Soma to Patient A without reducing Patient A's opiate exposure and/or otherwise taking into account or considering Patient A's opiate exposure.

D. Respondent regularly prescribed Soma to Patient A despite the absence of a medical basis for chronic use and prescribing of muscle relaxants.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

41. Respondent has subjected his Physician's and Surgeon's Certificate No. A 37985 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 A, as more particularly alleged in paragraphs 9 through 40, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

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THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

42. Respondent has subjected his Physician's and Surgeon's Certificate No. A 37985 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 41, above, which are hereby incorporated by reference and re-alleged 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. A 37985, issued to Navin Saran, M.D.;

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

3. Ordering Respondent Navin Saran, 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: October 16, 2019

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

SD2019702320/72020183