

**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 08 2020

IT IS SO ORDERED SEP 08 2020

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 ROSEMARY F. LUZON
Deputy Attorney General
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:
14 **NAVIN SARAN, M.D.**
15 **1661 W. Broadway, #14**
16 **Anaheim, CA 92802**
17 **Physician's and Surgeon's Certificate**
18 **No. A 37985,**
19
20 Respondent.

Case No. 800-2017-038066

OAH No. 2019120717

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
24 California (Board). This action was brought by then Complainant Kimberly Kirchmeyer solely in
25 her official capacity.¹ Complainant is represented in this matter by Xavier Becerra, Attorney
26 General of the State of California, by Rosemary F. Luzon, Deputy Attorney General.

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

1 **CULPABILITY**

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

7 9. Respondent agrees that if an accusation is ever filed against him before the Medical
8 Board of California, all of the charges and allegations contained in Accusation No. 800-2017-
9 038066 shall be deemed true, correct and fully admitted by Respondent for purposes of that
10 proceeding or any other licensing proceeding involving Respondent in the State of California.

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

14 **CONTINGENCY**

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

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

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

9 **ADDITIONAL PROVISIONS**

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

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

16 15. In consideration of the foregoing admissions and stipulations, the parties agree that
17 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
18 enter the following Disciplinary Order:

19 **DISCIPLINARY ORDER**

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

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1 1. PUBLIC REPRIMAND.

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

7 2. EDUCATION COURSE.

8 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to
9 the Board or its designee for its prior approval educational program(s) or course(s) which shall
10 not be less than 40 hours. The educational program(s) or course(s) shall be aimed at correcting
11 any areas of deficient practice or knowledge and shall be Category I certified. The educational
12 program(s) or course(s) shall be at Respondent's expense and shall be in addition to the
13 Continuing Medical Education (CME) requirements for renewal of licensure. Following the
14 completion of each course, the Board or its designee may administer an examination to test
15 Respondent's knowledge of the course. Within one (1) year of the effective date of this Decision,
16 Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in
17 satisfaction of this condition.

18 3. PRESCRIBING PRACTICES COURSE.

19 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
20 course in prescribing practices approved in advance by the Board or its designee. Respondent
21 shall provide the approved course provider with any information and documents that the approved
22 course provider may deem pertinent. Respondent shall participate in and successfully complete
23 the classroom component of the course not later than six (6) months after Respondent's initial
24 enrollment. Respondent shall successfully complete any other component of the course within
25 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense
26 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
27 licensure.

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

6 Respondent shall submit a certification of successful completion to the Board or its
7 designee not later than 15 calendar days after successfully completing the course, or not later than
8 15 calendar days after the effective date of the Decision, whichever is later.

9 4. MEDICAL RECORD KEEPING COURSE.

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

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

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

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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

1 XAVIER BECERRA
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8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Oct. 16 2019
BY [Signature] ANALYST

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12
13 In the Matter of the Accusation Against:

Case No. 800-2017-038066

14 **Navin Saran, M.D.**
15 **1661 W. Broadway, #14**
Anaheim, CA 92802

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 37985,**

18 Respondent.

19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about February 1, 1982, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 37985 to Navin Saran, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on October 31, 2021, unless renewed.

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1 7. Section 2266 of the Code states:

2 The failure of a physician and surgeon to maintain adequate and accurate
3 records relating to the provision of services to their patients constitutes unprofessional
4 conduct.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Gross Negligence)**

6 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 37985 to
7 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
8 the Code, in that he committed gross negligence in his care and treatment of Patient A, as more
9 particularly alleged hereinafter:¹

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

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

19 11. For the January 24, 2012, visit, Respondent also completed a facility form noting that
20 Patient A could care for all of his personal needs except administering and storing his own
21 medications, that he was occasionally depressed, and that his pre-existing medications included
22 Risperdal, Trazodone, Cogentin, Seroquel, Buspar, and Zoloft. According to the facility
23 medication list, however, Patient A's medications included Cogentin, Seroquel, Buspar, and
24 Zoloft as well as Tramadol, Benazepril and Naproxen. The list did not include Risperdal and
25

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

27 ² Any medical care or treatment rendered by Respondent more than seven years prior to
28 the filing of the instant Accusation is described for informational purposes only and not pleaded
as a basis for disciplinary action.

1 Trazodone. In addition, although Respondent stated in his March 19, 2018, summary of the care
2 and treatment that he prescribed Tramadol and Soma³ to Patient A, he did not document these
3 prescriptions in his progress notes for this visit.

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

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

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

12 15. On or about July 24, 2012, Respondent saw Patient A for complaints of abdominal
13 pain. A CT scan performed in the hospital revealed retroperitoneal lymphadenopathy.
14 Respondent requested an oncology consultation. Respondent prescribed 60 tablets of Vicodin
15 ES⁴ to Patient A, which Patient A filled on or about July 24, 2012. The same day, Patient A also
16 filled a prescription for 60 tablets of Soma, which Respondent prescribed. Respondent did not
17 document this Soma prescription in any of his progress notes.

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

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

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26 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.

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

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

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

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

12 21. On or about November 12, 2012, Respondent saw Patient A to follow up on his lab
13 results for Hepatitis C. The results were positive and Respondent ordered a GI consult.
14 Respondent prescribed Vicodin ES to Patient A, which Patient A filled on or about November 13,
15 2012. Respondent did not assess or document a history of Patient A's Hepatitis C diagnosis.

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

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

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

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

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

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

5 28. On or about December 18, 2012, Respondent saw Patient A for a follow-up visit after
6 his hospitalization for pneumonia and to refill medications. Respondent's diagnoses were
7 pneumonia, Hepatitis C, and chronic pain syndrome. He prescribed 60 tablets of oxycodone⁵ to
8 Patient A, which Patient A filled on or about December 18, 2012. Patient A was prescribed
9 oxycodone during his hospitalization.

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

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

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

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

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

1 the pain specialist on or about February 5, 2013, February 13, 2013, February 19, 2013, March
2 19, 2013, March 20, 2013, April 17, 2013, May 7, 2013, May 21, 2013, July 2, 2013, and July 30,
3 2013. Respondent's medical records did not include the January 15, 2013, Initial Consultation
4 Report or any other subsequent records from the pain specialist, except for the February 12, 2013,
5 MRI Report. Respondent did not ascertain or otherwise document the pain medications that
6 Patient A's pain specialist prescribed to him.

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

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

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

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

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

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

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

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

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

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

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

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

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

16 **SECOND CAUSE FOR DISCIPLINE**

17 **(Failure to Maintain Adequate and Accurate Medical Records)**

18 41. Respondent has subjected his Physician's and Surgeon's Certificate No. A 37985 to
19 disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that
20 he failed to maintain adequate and accurate records regarding his care and treatment of Patient A,
21 as more particularly alleged in paragraphs 9 through 40, above, which are hereby incorporated by
22 reference and re-alleged as if fully set forth herein.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(General Unprofessional Conduct)**


3 42. Respondent has subjected his Physician's and Surgeon's Certificate No. A 37985 to
4 disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct
5 which breaches the rules or ethical code of the medical profession, or conduct which is
6 unbecoming to a member in good standing of the medical profession, and which demonstrates an
7 unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 41, above,
8 which are hereby incorporated by reference and re-alleged as if fully set forth herein.

9 **PRAYER**

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

- 12 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 37985, issued
13 to Navin Saran, M.D.;
- 14 2. Revoking, suspending or denying approval of Respondent Navin Saran, M.D.'s
15 authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced
16 practice nurses;
- 17 3. Ordering Respondent Navin Saran, M.D., if placed on probation, to pay the Board the
18 costs of probation monitoring; and
- 19 4. Taking such other and further action as deemed necessary and proper.

20
21 DATED: October 16, 2019


22 KIMBERLY KIRCHMEYER
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant
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