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

In the Matter of the Accusation Against Sanjoy Banerjee, M.D. Physician's and Surgeon's Certificate No. A 90939 Respondent.	Case No. 800-2019-052521

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 June 18, 2021.

IT IS SO ORDERED: May 21, 2021.

MEDICAL BOARD OF CALIFORNIA

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

XAVIER BECERRA
Attorney General of California
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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:	Case No. 800-2019-052521
SANJOY BANERJEE, M.D. **2097 Compton Avenue, Ste. 102** **Corona, CA 92881**	OAH No. 2020060690
Physician's and Surgeon's Certificate No. A 90939	**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**
Respondent.	

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)[1]. This action was brought by then Complainant Christine J. Lally, Interim Executive Director, solely in her official capacity. Complainant is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn, Deputy Attorney General.

[1] Mr. Prasifka became the Executive Director of the Medical Board on June 15, 2020.

2. Respondent Sanjoy Banerjee, M.D. (Respondent) is represented in this proceeding by attorney Benjamin J. Fenton, whose address is: 1990 S. Bundy Drive, Suite 777, Los Angeles, CA 90025.

3. On or about April 20, 2005, the Board issued Physician's and Surgeon's Certificate No. A 90939 to Sanjoy Banerjee, 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. 800-2019-052521, and will expire on December 31, 2022, unless renewed.

JURISDICTION

4. On or about May 4, 2020, Accusation No. 800-2019-052521 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 4, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-052521 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-052521. Respondent has also carefully read, fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent 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 800-2019-052521, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 90939 to disciplinary action.

10. 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. 800-2019-052521 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.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 90939 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

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 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

14. 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.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent, Sanjoy Banerjee, M.D., holder of Physician's and Surgeon's Certificate No. A 90939, shall be and hereby is Publicly Reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued in connection with the allegations as set forth in Accusation No. 800-2019-052521, is as follows:

Between 2014 and 2019, Respondent departed from the standard of care in his documentation of care and treatment provided to Patient A and Patient B, as more fully described in Accusation No. 800-2019-052521.

1. 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. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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.

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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. 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.

5. 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. 800-2019-052521 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.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Benjamin J. Fenton. I fully 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 fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 02/24/2021

SANJOY BANERJEE, M.D.
Respondent

I have read and fully discussed with Respondent Sanjoy Banerjee, 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: 2/24/21

BENJAMIN J. FENTON
Attorney for Respondent

ENDORSEMENT

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

DATED: February 25, 2021

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

SD2020700653

Exhibit A

Accusation No. 800-2019-052521

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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: **Sanjoy Banerjee, M.D.** **2097 Compton Avenue, Ste. 102** **Corona, CA 92881** **Physician's and Surgeon's Certificate** **No. A 90939,** Respondent.	Case No. 800-2019-052521 **ACCUSATION**

PARTIES

1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about April 20, 2005, the Medical Board issued Physician's and Surgeon's Certificate No. A 90939 to Sanjoy Banerjee, 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 December 31, 2020, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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

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

(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.

"..."

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.

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 90939 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 Patients A[1] and B, as more particularly alleged hereinafter:

Patient A

9. On or about October 27, 2014, Patient A, then a sixty-four (64) year-old female, presented to Respondent for the first time with an industrial injury suffered on or about June 30, 1997, and complaining of pain in the neck, shoulder, left arm, low back, and right leg. Patient A

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

was diagnosed with lumbar and cervical spondylosis,[2] neuralgia,[3] and myalgia.[4] Respondent prescribed fentanyl[5] 25 mcg /hr, Norco[6] 10 /325 q 6 hrs,[7] Senna,[8] Seroquel[9] 25 mg, and Topamax[10] 100 mg. Morphine equivalent dose (MED) was 100. Respondent's notes for this visit indicate, among other things, that Seroquel is being used as an antidepressant and the Topamax

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[2] Spondylosis is a general term for age-related wear and tear of the spinal disks.

[3] Neuralgia refers to pain that travels along the length of a nerve.

[4] Myalgia refers to soreness and achiness in the muscles that can range from mild to severe.

[5] Fentanyl transdermal (Duragesic®) patches are a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated fentanyl transdermal patches are indicated for the management of pain in opioid-tolerant patients, severe enough to require daily, around-the-clock, long term opioid treatment and for which alternative treatment options are inadequate. The FDA has issued several black box warnings about fentanyl transdermal patches including, but not limited to, the risks of addiction, abuse and misuse; life threatening respiratory depression; accidental exposure; neonatal opioid withdrawal syndrome; and the risks associated with the concomitant use with benzodiazepines or other CNS depressants.

[6] Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

[7] If a medicine is to be taken every so many hours, it is written "q-h."

[8] Senna is an over-the-counter laxative.

[9] Seroquel (quetiapine) is an antipsychotic, which can be used to treat schizophrenia, bipolar disorder, and depression.

[10] Topamax (topiramate) is a nerve pain medication, which can be used to treat and prevent seizures. It can also prevent migraine headaches.

for migraine prophylaxis,[11] although Patient A was not diagnosed with either depression or migraines. A request was made for cervical and lumbar MRIs,[12] with no discussion as to why these tests were sought. There is no mention of any results of a urine drug test or a review of CURES[13] reports.

10. On or about November 24, 2014, Patient A returned to Respondent. Respondent's medical records for this visit are primarily copied from his notes for Patient A's October 22, 2014 visit, and indicates, among other things, that Patient A was out of fentanyl for three (3) weeks with severe withdrawals as well as worsened depression. The note does not discuss why Patient A was out of fentanyl, and why she did not contact Respondent's office when in withdrawal or whether she saw any other medical provider(s). There is no mention of any results of a urine drug test or results based on a review of CURES reports.

11. On or about January 7, 2015, Patient A presented to Respondent. According to Respondent's medical records for this visit, they indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. It appears that this note was copied from the note documenting Patient A's November 24, 2014 visit to Respondent. There is no mention of any results of a urine drug test or results based on a review of CURES reports.

12. On or about February 4, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. There is no mention of any results of a urine drug test or results based on a review of CURES reports.

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[11] Prophylaxis refers to action taken to prevent disease, especially by specified means or against a specified disease.

[12] MRI (magnetic resonance imaging) refers a medical imaging technique used in radiology to form pictures of the anatomy and the physiological processes of the body.

[13] CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in California, serving the public health, regulatory oversight agencies, and law-enforcement.

13. On or about March 4, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. There is no mention of any results of a urine drug test or results based on a review of CURES reports.

14. On or about April 1, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is no discussion as to which of Patient A's pains are not controlled, what might be done about the poor control or whether opioids, lacking efficacy, should be continued. There is no mention of any results of a urine drug test or results based on a review of CURES reports.

15. On or about April 29, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is a request for chiropractic and acupuncture services. There is no mention of any results of a urine drug test or results based on a review of CURES reports.

16. On or about May 27, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is no mention of any results of a urine drug test or results based on a review of CURES reports. The prescription of Norco was reduced to tid,[14] but there is no discussion of the effect, if any, of this reduction.

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[14] T.i.d. means three times a day.

17. On or about June 24, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is no mention of any results of a urine drug test or results based on a review of CURES reports.

18. On or about July 22, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is no mention of any results of a urine drug test or results based on a review of CURES reports. The prescription for Seroquel is raised to 50 mg, without any explanation for this increase in the medical records.

19. On or about August 21, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is no mention of any results of a urine drug test or results based on a review of CURES reports. Patient A purportedly had a flare up of neck and low back pain.

20. On or about September 18, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is no mention of any results of a urine drug test or results based on a review of CURES reports.

21. On or about October 19, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...."

There is no mention of any results of a urine drug test or results based on a review of CURES reports.

22. On or about November 18, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is no mention of any results of a urine drug test or results based on a review of CURES reports.

23. On or about December 16, 2015, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is no mention of any results of a urine drug test or results based on a review of CURES reports.

24. Thereafter, Patient A returned to Respondent on approximately a monthly basis. On or about April 4, 2016, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was out of fentanyl for three (3) weeks with withdrawals, worsened pain and depression. The records also indicate that "[Patient A's] pain was not well controlled, patient [A] needs to continue pain management...." There is no mention of any results of a urine drug test or results based on a review of CURES reports. There is a mention of an appeal of the denial of MRIs requested on October 22, 2014, without any explanations regarding why the appeal was made at this time or that there was any awareness that the body parts in question were not covered under Workers' Compensation. Thereafter, Respondent's medical records documenting Patient A's visits continue to be essentially copied from previous visits.

25. On or about September 25, 2017, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A's pain was well controlled on the current regimen. However, there is no discussion regarding what caused the

change from poor pain control to good pain control.

26. On or about February 12, 2018, Patient A returned to Respondent. Respondent's medical records for this visit indicate, among other things, that Patient A was weaned off Norco. There is no discussion as to how or why this weaning occurred and/or what effect, if any, it had on Patient A's ability to function. Subsequent medical records after this visit continue to refer to "D/C [discontinue] Norco."

27. On or about July 13, 2018, Patient A returned to Respondent. Respondent's medical records for this visit indicate essentially no new information.

Recordkeeping

28. Patient A was referred to Respondent for treatment of injuries, with cervical and lumbar regions excluded. This fact was not mentioned in Respondent's medical records documenting his care and treatment of Patient A. Respondent's documentation does not indicate what injuries Patient A suffered to her extremities or where her current complaints are. Respondent's documentation fails to indicate for which of Patient A's complaints she is taking the medications. The documentation regarding exams document cervical and lumbar findings, but the extremities, for which Patient A was referred to Respondent, are normal. Respondent's documentation fails to indicate medical reason(s) for the opioids in any of the body parts covered by Patient A's Workers' Compensation. Respondent's initial consultation documentation is essentially indistinguishable from a progress note.

Periodic Review

29. Respondent failed to conduct adequate periodic review of Patient A and/or failed to document having conducted adequate periodic review of Patient A.

Compliance Monitoring

30. Respondent failed to adequately document the results of any urine drug screenings Patient A underwent while under the care and treatment of Respondent. Respondent failed to indicate the reason(s) for the monthly frequency of Patient A's urine drug screenings.

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Medication Monitoring

31. Respondent failed to monitor and/or failed to document having monitored Patient A's blood sugar levels, as part of a comprehensive metabolic panel, when Patient A was using Seroquel.

Concomitant Use of Sedating Medications and Opioids

32. Respondent concurrently prescribed opioids with a morphine equivalent dose of 100. Concurrently, Respondent prescribed Patient A sedating medications, Seroquel and Soma. Respondent failed to adequately document why he initially prescribed Soma to Patient A. Respondent failed to adequately document his reason(s) for using both Seroquel and Soma to aid Patient A with sleep and the efficacy of either medication in improving Patient A's sleep. Respondent failed to discuss and/or failed to document having discussed with Patient A the risks of using opioids and sedating medication concurrently.

Patient B

33. On or about February 7, 2016, Respondent began treating Patient B when he was sixty (60) years of age, with diagnoses of neck pain, right arm pain, low back pain, and right leg pain. Patient B was reportedly diagnosed with CRPS[15] from a right rotator cuff tear, along with cervical and lumbar "radic."[16] Patient B had purportedly seen multiple providers, but Respondent's medical records do not include the care received from the previous providers. Patient B's pain was in the body, described as a sharp, shooting pain, with numbness and tingling. There was a full range of motion in the extremities. The diagnoses were CRPS Type II,[17] rotator

[15] Complex regional pain syndrome (CRPS) refers to chronic arm or leg pain developing after injury, surgery, stroke, or heart attack.

[16] Radiculopathy refers to pinched nerve, a set of conditions in which one or more nerves are affected and do not work properly.

[17] Causalgia is technically known as complex regional pain syndrome type II (CRPS II). It is a neurological disorder that can produce long-lasting, intense pain.

cuff tear, lumbar radiculopathy and spondylosis.[18] Patient B was maintained on triazolam[19] 0.5 mg at night for sleep and spasms. Patient B's Tylenol #3 was replaced with tramadol[20] and he was given baclofen[21] 10 mg bid[22] and gabapentin[23] 100 mg.

34. On or about March 25, 2016, Patient B returned to Respondent. Respondent's medical records for this visit indicate, among other things, a list of "current medications" that is the same as the one on Patient B's initial visit on or about February 17, 2016, even though it has changed under Respondent's care. The prescription for tramadol was stopped and Tylenol #3 was restarted, without any explanations in the medical records for this change. In addition, the prescription for gabapentin was stopped and a prescription for Lyrica[24] was started.

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[18] Spondylosis refers to a painful condition of the spine resulting from the degeneration of the intervertebral disks.

[19] Halcion® (triazolam), a benzodiazepine, is a centrally acting hypnotic-sedative benzodiazepine that 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. When properly prescribed and indicated, it is used for the short term treatment of insomnia. Concomitant use of Halcion® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Halcion®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[20] Tramadol hydrochloride (Ultram®, Ultracet®), an opioid analgesic, 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. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. The FDA-approved labeling under the Drug Abuse and Dependence section provides warns, among other things, that "[t]ramadol hydrochloride may induce psychic and physical dependence ... Dependence and abuse, including drug-seeking behavior and taking illicit actions to obtain the drug are not limited to those patients with prior history of opioid dependence. The risk in patients with substance abuse has been observed to be higher. Tramadol hydrochloride is associated with craving and tolerance development. Withdrawal symptoms may occur if tramadol hydrochloride is discontinued abruptly." According to the DEA, "[t]ramadol is most commonly abused by narcotic addicts, chronic pain patients, and health professionals."

[21] Balcofen is a muscle relaxant that can treat muscle spasms.

[22] B.i.d. (in Latin "bis in die") means twice a day.

[23] Gabapentin is a nerve pain medication, which can be used to treat seizures and pain caused by shingles (a reactivation of the chickenpox virus in the body, causing a painful rash).

[24] Lyrica® (pregabalin) is a Schedule V controlled substance pursuant to Health and Safety Code section 11058, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, Lyrica® is used for, among other things, the treatment of neuropathic pain associated with spinal cord injury and/or

35. On or about April 13, 2016, Patient B presented to Respondent. Patient B was provided paracervical trigger point injections[25] and a right shoulder injection. Respondent's medical records for this visit do not contain an explanation as to how these procedures were performed or what was injected.

36. On or about May 11, 2016, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

37. On or about June 15, 2016, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

38. On or about July 13, 2016, Patient B presented to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected. A prescription of nortriptyline[26] was tried for neuritis.[27]

39. On or about August 12, 2016, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

40. On or about September 7, 2016, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

41. On or about October 12, 2016, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

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the management of fibromyalgia or seizures. Caution must be exercised when prescribing Lyrica® to patients with a history of depression, suicidal thoughts, drug and/or alcohol addiction.

[25] Trigger point injection (TPI) is a procedure used to treat painful areas of muscle that contain trigger points, or knots of muscle that form when muscles do not relax.

[26] Nortriptyline is a nerve pain medication and antidepressant.

[27] Neuritis is a broad term used to describe inflamed peripheral nerves.

42. On or about December 5, 2016, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

43. January 18, 2017, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

44. On or about February 17, 2017, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

45. On or about March 24, 2017, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

46. On or about May 10, 2017, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

47. On or about June 21, 2017, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

48. On or about August 11, 2017, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

49. On or about September 22, 2017, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

50. On or about November 3, 2017, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

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51. On or about December 15, 2017, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

52. On or about January 26, 2018, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

53. On or about March 9, 2018, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

54. On or about April 20, 2018, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit do not indicate what was injected.

55. On or about June 6, 2018, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injection is #1 of series 3 and "NS/TOR/DEX", presumably meaning normal saline, Toradol,[28] and dexamethasone.[29]

56. On or about July 18, 2018, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injectate[30] is normal saline, 0.5% lidocaine,[31] Toradol, and dexamethasone.

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[28] Toradol is a nonsteroidal anti-inflammatory drug.

[29] Dexamethasone is a steroid, which can be used to treat inflammation.

[30] Injectate refers to material that is injected.

[31] Lidocaine is an anesthetic and antiarrhythmic, which can be used to treat irregular heartbeats (arrhythmias). It can also relieve pain and numb the skin.

57. On or about August 29, 2018, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine, Toradol, and dexamethasone.

58. On or about October 10, 2018, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine, Toradol, and dexamethasone.

59. On or about November 21, 2018, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine, Toradol, and dexamethasone.

60. On or about January 2, 2019, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine, Toradol, and dexamethasone.

61. On or about February 27, 2019, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine, Toradol, and dexamethasone.

62. On or about May 1, 2019, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine, Toradol, and dexamethasone.

63. On or about June 12, 2019, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine, Toradol, and dexamethasone.

64. On or about July 17, 2019, Patient B returned to Respondent. Patient B was provided paracervical trigger point injections and a right shoulder injection. Respondent's medical records for this visit indicate, among other things, that the injectate is normal saline, 0.5% lidocaine, Toradol, and dexamethasone.

Recordkeeping

65. Respondent failed to adequately describe the injection procedures performed on Patient B. Respondent failed to adequately document the injectate injected into Patient B.

Excessive Use of Steroids and Frequency of Injection

66. Respondent exposed Patient B to excessive amounts of steroids. Respondent's frequency of injections into Patient B was also excessive.

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

(a) Respondent failed to maintain adequate and/or accurate records of Patient A;

(b) Respondent failed to adequately conduct and/or failed to document having adequately conducted periodic reviews of Patient A;

(c) Respondent prescribed multiple sedating medications to Patient A, a patient with morphine equivalent dose of 100, without adequately explaining why;

(d) In his documentation of care and treatment provided to Patient B, Respondent failed to describe the injection procedures performed and failed to adequately indicate the contents and/or quantities of the injectates; and

(e) Respondent exposed Patient B to excessive amounts of steroids and Respondent's frequency of injections was also excessive.

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SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

68. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 90939 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A and B as more particularly alleged herein:

69. Paragraphs 8 through 67, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(a) Respondent failed to maintain adequate and/or accurate records of Patient A;

(b) Respondent failed to adequately conduct and/or failed to document having adequately conducted periodic reviews of Patient A;

(c) Respondent prescribed multiple sedating medications to Patient A, a patient with morphine equivalent dose of 100, without adequately explaining why;

(d) Respondent failed to document aberrant results of Patient A's urine drug screening result(s);

(e) Respondent failed to monitor and/or failed to document having monitored Patient A's blood sugar levels while Respondent prescribed Seroquel to her;

(f) In his documentation of care and treatment provided to Patient B, Respondent failed to describe the injection procedures performed and/or failed to adequately indicate the contents and/or quantities of the injectates; and

(g) Respondent exposed Patient B to excessive amounts of steroids and Respondent's frequency of injections was also excessive.

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THIRD CAUSE FOR DISCIPLINE

(Incompetence)

70. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 90939 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (d), of the Code, in that he was incompetent in his care and treatment of Patient B, as more particularly alleged hereinafter:

71. Paragraphs 8 through 69, above, are hereby incorporated by reference as realleged as if fully set forth herein.

72. Respondent was incompetent, in his care and treatment of Patient B, including, but not limited to, the following:

(a) Respondent exposed Patient B to excessive amounts of steroids.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

73. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 90939 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 8 through 69, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

74. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 90939 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 of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 73, above, which are hereby incorporated by reference as if fully set forth herein.

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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 90939, issued to Sanjoy Banerjee, M.D.;

2. Revoking, suspending or denying approval of Sanjoy Banerjee, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Sanjoy Banerjee, 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: May 4, 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SD2020700653
Accusation - Medical Board.docx