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

In the Matter of the Accusation Against: Syed Tahir Rizvi, M.D. Physician's and Surgeon's Certificate No. C 53519 Respondent.	Case No.: 800-2017-037985

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 September 17, 2021.

IT IS SO ORDERED: August 18, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

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

In the Matter of the Accusation Against: **SYED TAHIR RIZVI, M.D.** **27201 Tourney Road, Suite 110** **Santa Clarita, CA 91355** **Physician's and Surgeon's Certificate No. C 53519,** Respondent.	Case No. 800-2017-037985 OAH No. 2020120609 **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). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, via Joshua M. Templet, Deputy Attorney General.

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2. Respondent Syed Tahir Rizvi, M.D. (Respondent) is represented in this proceeding by attorney Lindsay M. Johnson, Ray and Bishop, PLC, 5000 Birch Street, Suite 7000, Newport Beach, CA 92660.

3. On December 3, 2008, the Board issued Physician's and Surgeon's Certificate No. C 53519 to Syed Tahir Rizvi, M.D. (Respondent). The certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-037985, and will expire on December 31, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-037985 (Accusation) 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 October 23, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of the Accusation is attached as **exhibit A** and incorporated herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the Accusation. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in the Accusation, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline, and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and staff of the Board 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. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in the Accusation shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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.

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15. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in this matter.

16. 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 Physician's and Surgeon's Certificate No. C 53519 issued to Respondent SYED TAHIR RIZVI, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three years with the following terms and conditions:

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

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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 CME requirements for renewal of licensure.

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

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

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the 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. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of California Code of Regulations, title 16, section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

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

8. OBEY ALL LAWS. Respondent shall obey all federal, state, and local laws and all rules governing the practice of medicine in California. Respondent shall remain in full compliance with any court ordered criminal probation, payments, and other orders.

9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

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10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

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

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

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12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

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13. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

15. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

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17. 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 agency in the State of California, all of the charges and allegations contained in the Accusation shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or other proceeding seeking to deny or restrict such license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Lindsay M. Johnson. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 6/12/2021

SYED TAHIR RIZVI, M.D.
Respondent

I have read and fully discussed with Respondent Syed Tahir Rizvi, 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: 06/14/2021

LINDSAY M. JOHNSON
Ray and Bishop, PLC
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: June 14, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General

Joshua M. Templet

JOSHUA M. TEMPLET
Deputy Attorney General
Attorneys for Complainant

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35180878

Exhibit A

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

In the Matter of the Accusation Against: SYED TAHIR RIZVI, M.D. 27201 Tourney Road, Suite 110 Santa Clarita, CA 91355 Physician's and Surgeon's Certificate C 53519, Respondent.	Case No. 800-2017-037985 **ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On December 3, 2008, the Medical Board issued Physician's and Surgeon's Certificate Number C 53519 to Syed Tahir Rizvi, M.D. (Respondent). The license was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2020, unless renewed.

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 2004 of the Code provides that the Board has the responsibility for the enforcement of the disciplinary provisions of the Medical Practice Act, reviewing the quality of medical practice carried out by physicians and suspending, revoking or otherwise limiting certificates after the conclusion of disciplinary actions.

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:

(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.

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:

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

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

(d) Incompetence.

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

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

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

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.

DRUGS INVOLVED

8. Alprazolam, also known as Xanax, is a benzodiazepine used to treat anxiety disorders.

9. Amitriptyline, also known as Elavil, is a tricyclic antidepressant used in the treatment of depression.

10. Bupropion, also known as Wellbutrin, is an antidepressant, using in the treatment of major depressive disorder.

11. Fluoxetine, also known as Prozac, is a selective serotonin receptor inhibitor used to treat depression.

12. Hydrocodone, also known as Vicodin, is a prescription opioid painkiller used to treat moderate to severe pain.

13. Hydroxyzine, also known as Atarax, is an antihistamine used to treat itching in allergies and anxiety.

14. Imipramine, also known as Tofranil, is a tricyclic antidepressant used in the treatment of depression.

15. Mirtazapine, also known as Remeron, is an antidepressant used to treat major depressive disorder.

16. Nortriptyline is a tricyclic antidepressant.

17. Prazosin is a prescription medication used to treat high blood pressure.

18. Quetiapine, also known as Vistaril, is an antipsychotic used to treat schizophrenia and bipolar disorder.

19. Temazepam, also known as Restoril, is a benzodiazepine used in the treatment of insomnia.

20. Trazodone is a serotonin receptor antagonist and reuptake inhibitor (SARI) used to treat major depressive disorder; it also improves appetite.

21. Zolpidem, also known as Ambien, is a sedative / hypnotic used in the treatment of insomnia.

FACTUAL ALLEGATIONS

22. The Respondent is a board-certified psychiatrist, specializing in child and adolescent psychiatry. At the time of the events described below, he was employed at Kaiser Permanente - Valencia.

23. Commencing in approximately April 2015, and continuing until on or about October 18, 2017, the Respondent acted as the physician for Patient 1, an adult female.[1]

24. Review of the Respondent's clinical records from January 1, 2015 to October 18, 2017, reveal the following information:

25. On January 22, 2015, the Patient called and reported that her psychotropic medications for insomnia were ineffective. During the call, she indicated using two tablets of zolpidem despite being prescribed to take one. Respondent doesn't appear to have talked to the Patient but responded that she should not take more than one tab.

26. On April 14, 2015, Respondent saw the Patient at which time she was already on alprazolam (Xanax, benzodiazepine), zolpidem (Ambien, z-drug), fluoxetine (Prozac,

[1] The patient is referred to anonymously to preserve her privacy. Her identity will be disclosed in discovery.

antidepressant), and quetiapine (Seroquel, an antipsychotic). She demonstrated many symptoms of mental illness including "depressed mood, sadness, decreased interest or pleasure, psychomotor retardation, decreased energy / fatigue, feeling hopeless, tearfulness and anhedonia ... excessive worry or anxiety, difficulty controlling the worry, restlessness, feeling keyed up or on edge, easily fatigued, difficulty concentrating, mind going blank, irritability, muscle tension, sleep disturbance and panic." The mental status exam mentions that she is tearful and has normal thought content and appearance but makes no other comment of her mood and affect. Her diagnoses include recurrent major depressive disorder (MDD), persistent insomnia, generalized anxiety disorder (GAD), and post-traumatic stress disorder (PTSD). The treatment plan included starting temazepam (Restoril, a benzodiazepine) 15-30 mg per night as needed for insomnia, increasing fluoxetine, tapering off quetiapine, and continuing alprazolam 0.5 mg twice a day as needed for anxiety.

27. On April 15, 2015, the Patient called and reported that her psychotropic medications for insomnia were ineffective. She indicated using four caps of temazepam 15 mg during the call despite being prescribed to take 1 or 2. Respondent doesn't appear to have talked to the Patient but responded that she could try hydroxyzine and prescribed the medication.

28. On April 17, 2015, the Patient called and reported that her psychotropic medications for insomnia, in particular Vistaril, were ineffective. She asked to return on quetiapine and zolpidem. Respondent doesn't appear to have talked to the Patient but responded that she could obtain a refill of quetiapine and zolpidem.

29. On April 30, 2015, the Patient called and reported having run out of psychotropics. The physician on-call noted that the Patient was not taking her medication as prescribed and only gave her a five-day supply of medication.

30. On May 12, 2015, Respondent again saw the Patient. She continued to demonstrate "excessive worry or anxiety, difficulty controlling the worry, restlessness, feeling keyed up or on edge, easily fatigued, difficulty concentrating, muscle tension, sleep disturbance and panic" but also reported "overall condition as improving on the current psychotropic drug regimen and without any major side effect." The mental status exam is succinct and within normal limits

"Alert, oriented x 4, normal dress, behavior, mood, affect, speech and thought content. No suicidal ideation, homicidal ideation or psychotic symptoms." Her diagnoses were unchanged. The treatment plan included starting trazodone (antidepressant often used for insomnia) 50-100mg per night for insomnia, zolpidem 5mg per night as needed for insomnia, and hydroxyzine (non-benzodiazepine anxiolytic) 25-50mg per night as needed for insomnia, increasing fluoxetine, and continuing alprazolam, and quetiapine (which was apparently not tapered off). There is no mention of temazepam.

31. On July 23, 2015, Respondent again saw the Patient. She was documented with "depressed mood, sadness, decreased interest or pleasure, feeling worthless, psychomotor retardation, decreased concentration, decreased energy/ fatigue, feeling hopeless, tearfulness and anhedonia" but also reported "overall condition as improving on the current psychotropic drug regimen and without any major side effect." The mental status exam is succinct, stating within normal limits, and unchanged from May 12, 2015. Her diagnoses no longer included insomnia. The treatment plan included starting bupropion (Wellbutrin, an antidepressant), and continuing alprazolam, zolpidem, and fluoxetine. There is no mention of trazodone (antidepressant), quetiapine, and hydroxyzine.

32. On August 10, 2015, the Patient called asking about her antidepressant regimen. During the call, she indicated using three caps of bupropion despite being prescribed to take two. The physician on-call "OK'd" her use of antidepressants.

33. On September 2, 2015, Respondent again saw the Patient. She indicated "difficulty controlling the worry, restlessness, difficulty concentrating, muscle tension, sleep disturbance and panic" but also reported being "stable on the current psychotropic drug regimen and without any major side effects." The mental status exam stated that the Patient was within normal limits and that she was tearful. Her diagnosis only included PTSD. The treatment plan included restarting hydroxyzine, continuing zolpidem, alprazolam, bupropion, and fluoxetine.

34. On September 22, 2015, the Patient called and reported having run out of scheduled psychotropics, zolpidem and alprazolam early stating, "Says out of town and left medication there." Respondent approved the refill.

35. On November 19, 2015, Respondent again saw the Patient. He documented "depressed mood, sadness, decreased interest or pleasure, feeling worthless, decreased sleep, psychomotor retardation, decreased energy / fatigue, feeling hopeless, tearfulness and anhedonia" and "overall condition as unchanged on the current psychotropic drug regimen and without any major side effects." The mental status exam mentions "mood is 'depressed', affect is constricted." Her diagnoses included recurrent MDD, GAD, and PTSD. The treatment plan included starting imipramine (tricyclic antidepressant), increasing bupropion, and continuing alprazolam and fluoxetine. There is no mention of hydroxyzine and zolpidem.

36. From November 19, 2015, to March 23, 2017, the documentation for the Patient makes no mention of any doctor-patient visit.

37. On November 25, 2015, the Patient called and reported that her psychotropic medications for insomnia, in particular imipramine, were ineffective. During the call, she indicated using five imipramine caps despite being prescribed to take 1 or 2. Respondent doesn't appear to have talked to the Patient but responded by prescribing mirtazapine.

38. On January 8, 2016, the Patient called and reported that her psychotropic medications for insomnia, in particular mirtazapine, were ineffective. During the call, she indicated using three capsules of mirtazapine despite being prescribed to take only one-half capsule. Respondent doesn't appear to have talked to the Patient but responded by prescribing amitriptyline.

39. On January 14, 2016, the Patient called and reported that her psychotropic medications for insomnia, in particular amitriptyline, were ineffective. During the call, she indicated using three caps of amitriptyline despite being prescribed to take 1 or 2. Respondent doesn't appear to have talked to the Patient but responded by prescribing quetiapine. There is no indication that Respondent discussed quetiapine's metabolic side effects despite her being engaged in regular clinical visits regarding her weight.

40. On January 19, 2016, the Patient called and reported that her psychotropic medications for insomnia were ineffective. She did not answer when called back by nursing.

41. On January 23, 2016, the pharmacy called reporting that the Patient was asking for a quetiapine refill. She indicated using five tabs of quetiapine despite being prescribed to take 1 or 2. Respondent approved the refill.

42. On February 24, 2016, the Patient called and reported having run out of scheduled psychotropic, alprazolam early stating, "I keep my medications next to a trash can." Respondent approved the refill.

43. On February 29, 2016, the Patient called and reported that her psychotropic medications for insomnia were ineffective in particular quetiapine. During the call, she indicated using four tabs of quetiapine despite being prescribed to take 1 or 2. Respondent doesn't appear to have talked to the Patient but responded by prescribing the increased dose.

44. On March 18, 2016, the Patient called and reported that her psychotropic medications for insomnia, in particular quetiapine, were ineffective. During the call, she indicated using three tabs of quetiapine despite being prescribed to take 1. Respondent doesn't appear to have talked to the Patient but responded by prescribing the increased dose.

45. On March 23, 2016, the Patient called and reported having run out of alprazolam early. She did not answer when called back by nursing.

46. On June 6, 2016, the Patient called and reported that her psychotropic medications for insomnia were ineffective. She specifically asked for a medication similar to zolpidem, a scheduled drug. Respondent doesn't appear to have talked to the Patient but responded by prescribing temazepam, a scheduled medication.

47. On June 16, 2016, the Patient called and reported having run out of scheduled psychotropic, alprazolam early and indicated using four tabs despite being prescribed to take 2. Respondent approved the refill.

48. On June 30, 2016, the Patient called asking for an early refill of temazepam and for Respondent to comment on her eligibility for bariatric surgery. The Patient called again to follow-up on her bariatric surgery clearance on July 5 and 18, 2016.

49. On July 20, 2016, the Patient called asking for an early refill of temazepam and quetiapine. During the call, she indicated using three tabs of quetiapine despite being prescribed to take 1. Respondent approved the refill.

50. On August 1, 2016, the Patient called asking for an early refill of alprazolam. During the call, she indicated using four tabs when prescribed to take 2. Respondent approved the refill.

51. On August 10, 2016, the Patient called asking for an early refill of temazepam. During the call, she indicated using three caps of temazepam despite being prescribed to take 1 or 2. Respondent doesn't appear to have talked to the Patient but responded by prescribing the increased dose.

52. On September 8, 2016, and again on October 7, 2016, and November 17, 2016, the Patient called asking for temazepam refills. On October 7, 2016, the nurse noted that the Patient has not been seen in person since November 19, 2015, and has no upcoming appointments with Respondent.

53. On December 21, 2016, the Patient called and reported that her psychotropic medication quetiapine was too expensive. Respondent doesn't appear to have talked to the Patient but responded by prescribing imipramine.

54. On January 4, 2017, the Patient called asking for an early refill of alprazolam. During the call, she indicated using three tabs when prescribed to take 2. She also indicated taking four tabs of imipramine when prescribed to take 1 or 2. After some back and forth, and pointing to the early nature of the refill, Respondent approved it.

55. On February 6, 2017, the Patient called asking for an early refill of alprazolam, temazepam, and quetiapine because "patient went out of the country and customs did not give back her medications." Of note, she did not ask for refills of fluoxetine and imipramine, which are less known as medications of abuse. The physician on-call approved the refills.

56. On March 23, 2017, Respondent saw the Patient once more. She was documented as expressing "excessive worry or anxiety, difficulty controlling the worry, restlessness and sleep disturbance" but also reported being "stable on the current psychotropic drug regimen and without any major side effects." The mental status exam once more stated within normal limits and "Alert,

oriented x 4, normal dress, behavior, mood, affect, speech and thought content. No suicidal ideation, homicidal ideation or psychotic symptoms." Her diagnoses included the addition of insomnia. The treatment plan included increasing temazepam to 60 mg per night for sleep, and continuing alprazolam, quetiapine, and fluoxetine. There is no mention of bupropion or imipramine.

57. On April 25, 2017, the Patient called asking for an early refill of quetiapine. During the call, she indicated using three tabs when prescribed to take 2. Respondent doesn't appear to have talked to the Patient but responded by prescribing the increased dose.

58. On May 17, 2017, the Patient called asking for an early refill of alprazolam. Respondent approved the refill.

59. On July 27, 2017, a nurse spoke with the Patient's son who indicated believing that his mother was "overmedicated either due to too much medication being prescribed or the Patient is confused with and not keeping track of how much she is taking daily ... gives a hot wheel car to my brother and says it's the remote control for the fan ... She looks like she drunk often ... she will lose an entire day from being passed out." Respondent responded by asking nursing to tell the Patient to reduce her dose of temazepam and alprazolam, but he did not see her for another two months, until October 3, 2017.

60. On October 3, 2017, Respondent again saw the Patient. He documented "excessive worry or anxiety, difficulty controlling the worry, feeling keyed up or on edge and difficulty concentrating" but also reported "stable on the current psychotropic drug regimen and without any major side effects." The mental status exam is succinct, within normal limits, and unchanged from March 23, 2017. Her diagnoses included insomnia, recurrent MDD, and GAD. The treatment plan included starting nortriptyline (tricyclic antidepressant), decreasing temazepam to 30 mg per night for sleep, continuing alprazolam, quetiapine, and fluoxetine.

FIRST CAUSE FOR DISCIPLINARY ACTION

(Gross Negligence)

61. In the care of Patient 1, Respondent is subject to discipline because he committed extreme departures from the standard of care, in violation of Business and Professions Code section 2234, subdivision (b), as follows:

62. Respondent failed to acknowledge, or to document, significant signs and indications of excessive prescribing. On numerous occasions, the Patient indicated she was taking scheduled medications in a manner not prescribed.

63. Despite prescribing significant scheduled medications to the Patient and the initiation of an antipsychotic, there were only infrequent and insufficient face-to-face visits.

64. Respondent failed to document the Patient's substance use disorder and her continued requests for scheduled medication and early refills of scheduled medication.

65. Respondent failed to refer the Patient to a chemical dependency program.

66. Respondent continued prescribing to the Patient outside of visits and without regular visits.

67. Respondent routinely prescribed powerful medications without routine visits or documentation of a discussion with the Patient of the risks, benefits, and alternatives to such medication.

68. Respondent's prescription of Prazosin (a drug which lowers blood pressure) to the Patient who already had very low blood pressure.

69. Despite the Patient's history, Respondent failed or refused to utilize CURES reports and drug screens. A CURES report would have indicated that the patient was also getting scheduled medications, zolpidem and phentermine, from non-Kaiser providers while being prescribed alprazolam, temazepam, and hydrocodone at Kaiser.

SECOND CAUSE FOR DISCIPLINARY ACTION

(Repeated Negligent Acts)

70. In the care of Patient 1, the Respondent is subject to discipline because he committed repeated negligent acts, in violation of Business and Professions Code section 2234, subdivision (c), as follows:

71. His failure to document the clinical evidence for treatment represents a departure from the standard of care.

72. His failure to adequately document the risks of benzodiazepines represents a departure from the standard of care.

73. His failure to adequately document a patient discussion regarding alternative treatment for insomnia represents a departure from the standard of care.

74. His use of a very elevated dose of temazepam for many months without visits and in the context of the prescription of other central nervous system (CNS) depressants represents a departure from the standard of care.

75. His simultaneous prescription of multiple CNS depressants including five in addition to hydrocodone in May 2015 represents a departure from the standard of care.

76. Respondent's prescription of CNS depressants in addition to the patient being on a very elevated dose of an opiate represents a departure from the standard of care.

THIRD CAUSE FOR DISCIPLINARY ACTION

(Failure to Maintain Adequate and Accurate Records)

77. In the treatment of Patient 1, the Respondent is subject to discipline because he failed to maintain adequate and accurate records of patient care, in violation of Business and Professions Code section 2266, as follows.

78. Respondent's documentation of the clinical evidence for treatment of the Patient was insufficient and inadequate.

79. Respondent failed to document significant signs and indications of excessive prescribing.

80. Respondent's documentation of the risks of benzodiazepines is insufficient and inadequate.

81. Respondent's documentation of a patient discussion regarding alternative treatment for insomnia is insufficient and inadequate.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 53519, issued to Syed Tahir Rizvi, M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician assistants and advanced practice nurses;

3. If placed on probation, ordering him to pay the Board the costs of probation monitoring; and

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

DATED: OCT 23 2020

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

LA2020602948