

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

In the Matter of the Accusation  
Against:

Mumtaz Ahmed Ali, M.D.

Physician's & Surgeon's  
Certificate No A 43472

Respondent

Case No. 800-2017-036292

**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 November 12, 2021.

IT IS SO ORDERED October 14, 2021.

MEDICAL BOARD OF CALIFORNIA



\_\_\_\_\_  
Laurie Rose Lubiano, J.D., Chair  
Panel A

1 MATTHEW RODRIQUEZ  
Acting Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 TESSA L. HEUNIS  
Deputy Attorney General  
4 State Bar No. 241559  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **MUMTAZ AHMED ALI, M.D.**  
15 **7439 LA PALMA AVE STE 302**  
**BUENA PARK, CA 90620**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 43472**

18 Respondent.

Case No. 800-2017-036292

OAH No. 2020120243

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

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

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Matthew Rodriquez, Acting Attorney General of the State of California, by Tessa L.  
25 Heunis, Deputy Attorney General.

26 2. Respondent Mumtaz Ahmed Ali, M.D. (Respondent) is represented in this proceeding  
27 by attorney Henry Fenton, Esq., whose address is: Fenton Law Group, 1990 South Bundy Drive,  
28 Suite 777, Los Angeles, CA. 90025.



1 before the Board, all of the charges and allegations contained in Accusation No. 800-2017-  
2 036292 shall be deemed true, correct and fully admitted by Respondent for purposes of any such  
3 proceeding or any other licensing proceeding involving respondent in the State of California or  
4 elsewhere.

5 9. Respondent agrees that his Physician's and Surgeon's Certificate No. A 43472 is  
6 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
7 in the Disciplinary Order below.

### 8 CONTINGENCY

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

16 11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null  
17 and void and not binding upon the parties unless approved and adopted by the Board, except for  
18 this paragraph, which shall remain in full force and effect. Respondent fully understands and  
19 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and  
20 Disciplinary Order, the Board may receive oral and written communications from its staff and/or  
21 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify  
22 the Board, any member thereof, and/or any other person from future participation in this or any  
23 other matter affecting or involving Respondent. In the event that the Board does not, in its  
24 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the  
25 exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
26 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
27 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order  
28 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any

1 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this  
2 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

3 **ADDITIONAL PROVISIONS**

4 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
5 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
6 signatures thereto, shall have the same force and effect.

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

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

13 **DISCIPLINARY ORDER**

14 A. **PUBLIC REPRIMAND**

15 IT IS HEREBY ORDERED that Respondent Mumtaz Ahmed Ali, M.D., Physician's  
16 and Surgeon's Certificate No. A 43472, shall be and is hereby Publicly Reprimanded pursuant to  
17 California Business and Professions Code section 2227, subdivision (a)(4). This Public  
18 Reprimand, which is issued in connection with respondent's violations of the Medical Practice  
19 Act as set forth in Accusation No. 800-2017-036292, is as follows:

20 During the period of on or about July 13, 2015, through August 2, 2018  
21 (Patient A), and during the period January 2014 through October 2017  
22 (Patient B and Patient C), you failed to provide care and treatment for  
23 Patient A, Patient B, and Patient C, in accordance with the standard of  
24 practice in the medical community, as more fully described in Accusation  
25 No. 800-2017-036292.

26 B. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective  
27 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
28 advance by the Board or its designee. Respondent shall provide the approved course provider

1 with any information and documents that the approved course provider may deem pertinent.  
2 Respondent shall participate in and successfully complete the classroom component of the course  
3 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
4 complete any other component of the course within one (1) year of enrollment. The prescribing  
5 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
6 Medical Education (CME) requirements for renewal of licensure.

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

12 Respondent shall submit a certification of successful completion to the Board or its  
13 designee not later than 15 calendar days after successfully completing the course, or not later than  
14 15 calendar days after the effective date of the Decision, whichever is later.

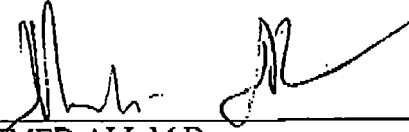
15 C. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
16 a new license or certification, or petition for reinstatement of a license, by any health care  
17 licensing action agency in the State of California, all of the charges and allegations contained in  
18 Accusation No. 800-2017-036292 shall be deemed to be true, correct, and admitted by  
19 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to  
20 reinstate, deny or restrict license.

#### 21 ACCEPTANCE

22 I, Mumtaz Ahmed Ali, M.D., have carefully read the above Stipulated Settlement and  
23 Disciplinary Order and, having the benefit of counsel, enter into it freely, voluntarily,  
24 intelligently, and with full knowledge of its force and effect on my Physician's and Surgeon's  
25 Certificate No. A 43472.

26 I fully understand that, after signing this stipulation, I may not withdraw from it, that it shall  
27 be submitted to the Medical Board of California for its consideration, and that the Board shall  
28 have a reasonable period of time to consider and act on this stipulation after receiving it. By

1 entering into this stipulation, I fully understand that, upon formal acceptance by the Board, I shall  
 2 be publically reprimanded by the Board and shall be required to comply with all of the terms and  
 3 conditions of the Disciplinary Order set forth above. I also fully understand that any failure to  
 4 comply with the terms and conditions of the Disciplinary Order set forth above shall constitute  
 5 unprofessional conduct and will subject my Physician's and Surgeon's Certificate No. A 43472 to  
 6 disciplinary action.

7  
 8 DATED: 3/30/21   
 9 MUMTAZ AHMED ALI, M.D.  
 Respondent

10 I have read and fully discussed with Respondent Mumtaz Ahmed Ali, M.D., the terms and  
 11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
 12 I approve its form and content.


13 DATED: March 30, 2021   
 14 HENRY FENTON, ESQ.  
 Attorney for Respondent

15  
 16 **ENDORSEMENT**

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

19 DATED: April 1, 2021

20 Respectfully submitted,  
 21 MATTHEW RODRIQUEZ  
 Acting Attorney General of California  
 22 MATTHEW M. DAVIS  
 Supervising Deputy Attorney General

23   
 24 TESSA L. HEUNIS  
 25 Deputy Attorney General  
 Attorneys for Complainant

26  
 27  
 28

**Exhibit A**

**Accusation No. 800-2017-036292**



1 XAVIER BECERRA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 TESSA L. HEUNIS  
Deputy Attorney General  
4 State Bar No. 241559  
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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9

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

12

13

In the Matter of the Accusation Against:

Case No. 800-2017-036292

14

**MUMTAZ AHMED ALI, M.D.**  
7439 La Palma Ave., Ste. 302  
Buena Park, CA 90620

**A C C U S A T I O N**

15

16

**Physician's and Surgeon's Certificate**  
No. A 43472,

17

18

Respondent.

19

20

**PARTIES**

21

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs  
23 (Board).

24

2. On or about March 23, 1987, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number A 43472 to Mumtaz Ahmed Ali, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on July 31, 2022, unless renewed.

28

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1 **JURISDICTION**

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

5 4. Section 2220 of the Code states:

6 Except as otherwise provided by law, the board may take action against all  
7 persons guilty of violating this chapter [Chapter 5]. The board shall enforce and  
8 administer this article as to physician and surgeon certificate holders ... and the board  
shall have all the powers granted in this chapter for these purposes ...

8 **STATUTORY PROVISIONS**

9 5. Section 2227 of the Code states:

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

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

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

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

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

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

21 ...

22 6. Section 2234 of the Code, states:

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

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

27 ...

28 (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

1 separate and distinct departure from the applicable standard of care shall constitute  
2 repeated negligent acts.

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

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

11 ...

12 (g) The failure by a certificate holder, in the absence of good cause, to attend  
13 and participate in an interview by the board...

14 7. Section 2266 of the Code states:

15 The failure of a physician and surgeon to maintain adequate and accurate  
16 records relating to the provision of services to their patients constitutes unprofessional  
17 conduct.

18 8. Section 4021 of the Code states:

19 "Controlled substance" means any substance listed in Chapter 2 (commencing  
20 with Section 11053) of Division 10 of the Health and Safety Code.

21 9. Section 4022 of the Code states:

22 "Dangerous drug" or "dangerous device" means any drug or device unsafe for  
23 self-use in humans or animals, and includes the following:

24 (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing  
25 without prescription," "Rx only," or words of similar import.

26 ...

27 (c) Any other drug or device that by federal or state law can be lawfully  
28 dispensed only on prescription or furnished pursuant to Section 4006.

10. 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 of a member of 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.)

**DEFINITIONS**

1  
2       11. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code  
3 section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code  
4 section 4022.

5       12. Hydrocodone is a Schedule III controlled substance pursuant to Health and Safety  
6 Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions  
7 Code section 4022.

8       13. Alprazolam is a Schedule IV controlled substance pursuant to Health and Safety Code  
9 section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code  
10 section 4022.

11       14. Gabapentin is an anticonvulsant or antiepileptic drug that is used with other  
12 medications to prevent and control seizures, and is also used to relieve nerve pain following  
13 shingles in adults. If taken in combination with opioids, gabapentin increases the risk of  
14 respiratory depression and death. Gabapentin is a dangerous drug pursuant to Business and  
15 Professions Code section 4022.

16       15. Elavil (amitriptyline) is a tricyclic antidepressant with sedative effects. Amitriptyline  
17 affects certain neurotransmitters that help regulate mood. Elavil is a prescription medicine used  
18 to treat symptoms of depression, and is a dangerous drug pursuant to Business and Professions  
19 Code section 4022.

20       16. Morphine Milligram Equivalent (MME) or Morphine Equivalent Dosage (MED), as  
21 it was previously known, is a value assigned to opioids to represent their relative potencies.  
22 MME is determined by using an equivalency factor to calculate a dose of morphine that is  
23 equivalent to the ordered opioid. Daily MME (or MED) is the sum of the MME of all drugs in  
24 the opioid class a patient is likely to take over 24 hours, and that total is used to determine if the

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1 patient is nearing a potentially dangerous threshold. The primary side effect of opioid overdose is  
2 respiratory depression, which frequently leads to serious complications or death.<sup>1</sup>

### 3 FACTUAL ALLEGATIONS

#### 4 Patient A.<sup>2</sup>

5 17. Patient A, an adult male born in 1981, received opiate medications from respondent  
6 during the period from November 2014 through at least February 2019. According to  
7 respondent's records, the opiates were prescribed for chronic pain in Patient A's lumbosacral  
8 spine and shoulder.

9 18. On a consistent, almost monthly, basis, respondent prescribed Patient A a  
10 combination of oxycodone 30 mg x 120 tablets, hydrocodone/acetaminophen 10/325 x 100  
11 tablets, and alprazolam 2 mg x 60 tablets.

12 19. Respondent performed a full history and physical on Patient A on or about October  
13 28, 2014. As part of this evaluation, he provided a limited treatment plan for Patient A's care.  
14 This plan was updated on subsequent visits and additional information such as imaging and EMG  
15 testing was performed as a result of these updates.

16 20. During the period of on or about July 13, 2015, through August 2, 2018, respondent  
17 prescribed on average 210 mg of MME per day. Respondent did not offer any treatment  
18 strategies to address Patient A's opiate tolerance such as opiate rotation, or an "opiate holiday."

#### 19 Patients B and C:

20 21. Patients B and C, both adult females, have the same last name and, for much of the  
21 period during which they received treatment from respondent, shared the same address(es) and  
22 telephone number. One of the addresses used was that of a Days Inn; another appears to be that  
23 of a Fast Mail Box Plus.

24 <sup>1</sup> As an example of the use of daily MME/MED, the Centers for Medicare & Medicaid  
25 Services (CMS) publishes morphine equivalent tables. In its 2017 Call Letter draft, CMS  
26 recommends a point-of-sale (POS) "soft edit threshold" of 90-120 mg daily cumulative MME,  
27 which can be overridden by a pharmacist, and a "hard edit threshold" of 200 mg daily cumulative  
MME. A claim is rejected at the POS if the beneficiary's active or overlapping opioid  
prescriptions reach or exceed a certain daily cumulative MED threshold.

28 <sup>2</sup> Patient names are known to the parties but not disclosed to protect the privacy of the  
patients.

1 22. Patient B, born in 1979, received care and treatment from respondent from at least  
2 April 2010 through approximately October 2017.

3 23. Patient C, born in 1954, received care and treatment from respondent from at least  
4 August 2009 through approximately October 2017.

5 24. During the period January 2014<sup>3</sup> through October 2017, respondent prescribed to both  
6 Patient B and Patient C, respectively, a combination of oxycodone 30 mg x 180 tablets (an MME  
7 of 270 mg), and alprazolam 2 mg x 30 tablets, on a consistent, almost monthly basis.

8 25. With rare exceptions, over the 3 years and 9 months for which CURES records were  
9 obtained, Patients B and C filled their identical prescriptions on the exact same dates (or one day  
10 apart).<sup>4</sup>

11 26. Patient B and Patient C also had identical prescriptions for gabapentin and Elavil  
12 from respondent.

13 27. Both Patient B and Patient C were discharged from respondent's care in 2017 for the  
14 alleged violation of their respective pain management contracts.

15 28. CURES reports for Patient B and Patient C, respectively, show no further controlled  
16 substance prescriptions being filled by them after being discharged from respondent's care in  
17 October 2017.

18 29. A review of Patient B's chart does not show that respondent made any attempt to  
19 address Patient B's alleged opiate tolerance by opiate rotation. There is likewise no evidence in  
20 his records for Patient B that he considered the possibility that some of Patient B's opiate use may  
21 be due to addiction issues, or that Patient B may not be an appropriate candidate for the use of  
22 opiates.

23 ////

24 ////

25 \_\_\_\_\_  
26 <sup>3</sup> Patient Controlled Substance Utilization Review & Evaluation System (CURES) reports  
27 for Patient B and Patient C were obtained for the periods January 1, 2014, through March 8, 2018  
(Patient B), and January 1, 2014, through April 22, 2020 (Patient C).

28 <sup>4</sup> There are no entries on Patient B's CURES report for the period November - December  
2016, and April - July 2016.



1 36. On or about July 29, 2020, respondent attended a telephonic interview by the Board,  
2 at which he answered questions regarding his care and treatment of Patient C. Respondent  
3 refused to answer any questions concerning Patient B, including regarding the similarity of her  
4 prescriptions with that of Patient C.<sup>5</sup>

5 **THIRD CAUSE FOR DISCIPLINE**

6 **(General Unprofessional Conduct)**

7 37. Respondent Mumtaz Ahmed Ali, M.D., is further subject to disciplinary action under  
8 sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules  
9 or ethical code of the medical profession, or conduct which is unbecoming to a member in good  
10 standing of the medical profession as more particularly alleged hereinafter:

11 38. Paragraphs 17 through 36, above, are hereby incorporated by reference and re-alleged  
12 as if fully set forth herein.

13 39. Between on or about September 21, 2015, and September 14, 2017, respondent self-  
14 prescribed a controlled substance on ten (10) occasions.

15 **PRAYER**

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

18 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 43472,  
19 issued to Mumtaz Ahmed Ali, M.D.;

20 2. Revoking, suspending or denying approval of Mumtaz Ahmed Ali, M.D.'s authority  
21 to supervise physician assistants and advanced practice nurses;

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23 ////

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27 \_\_\_\_\_  
28 <sup>5</sup> A list of questions was subsequently sent to respondent, to which he submitted written responses through his legal representative.

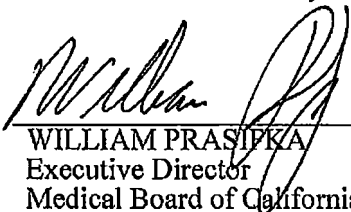


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3. Ordering Muntaz Ahmed Ali, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED:     AUG 28 2020    

  
\_\_\_\_\_  
WILLIAM PRASIPKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*