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

In the Matter of the First Amended Accusation Against: Muhammad Rafiq Nasir, M.D. Physician's and Surgeon's Certificate No. A 44253 Respondent.	Case No.: 800-2017-037688

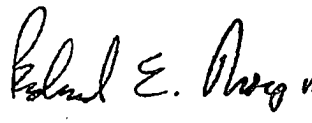
DECISION

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 May 27, 2022.

IT IS SO ORDERED: April 28, 2022.

MEDICAL BOARD OF CALIFORNIA



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

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Attorney General of California
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **MUHAMMAD RAFIQ NASIR, M.D.** **2052 North Lake Avenue** **Altadena, CA 91001** **Physician's and Surgeon's Certificate No. A 44253,** Respondent.	Case No. 800-2017-037688 OAH No. 2021050051 **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, by Christine R. Friar, Deputy Attorney General.

2. Respondent Muhammad Rafiq Nasir, M.D. (Respondent) is represented in this proceeding by attorney Robert K. Weinberg, Esq., Law Office of Robert K. Weinberg, 19200 Von Karman Avenue, Suite 380, Irvine, California 92612.

3. On or about November 30, 1987, the Board issued Physician's and Surgeon's Certificate No. A 44253 to Muhammad Rafiq Nasir, 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 First Amended Accusation No. 800-2017-037688, and will expire on March 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-037688 was filed before the Board on October 5, 2020, and was properly served on Respondent along with all other statutorily required documents. Respondent timely filed his Notice of Defense contesting the Accusation.

5. On February 11, 2022, First Amended Accusation No. 800-2017-037688 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on February 11, 2022.

6. A copy of First Amended Accusation No. 800-2017-037688 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2017-037688. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

8. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended 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.

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

CULPABILITY

10. 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 First Amended Accusation No. 800-2017-037688 and that he has thereby subjected his license to disciplinary action.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in First Amended Accusation No. 800-2017-037688 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.

12. 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

13. 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.

14. 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 First Amended Accusation No. 800-2017-037688 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.

15. 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.

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. A 44253 issued to Respondent Muhammad Rafiq Nasir, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. 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 for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

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

4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent.

Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the First Amended 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.

5. MONITORING - PRACTICE. 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(s), 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.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and First Amended Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), First Amended Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and First Amended Accusation(s), 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(s) 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, billing appropriately or both. 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 First Amended 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, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena enforcement, as applicable, in the amount of $8,553.75. Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

10. 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.

11. 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.

12. 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.

13. 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's 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.

14. 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.

15. 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.

16. 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 or her 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.

17. 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.

18. 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 First Amended Accusation No. 800-2017-037688 shall be deemed to be true, correct, and

admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Robert K. Weinberg, Esq. 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: 03/07/22

MUHAMMAD RAFIQ NASIR, M.D.
Respondent

I have read and fully discussed with Respondent Muhammad Rafiq Nasir, 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: 3/7/22

ROBERT K. WEINBERG, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: March 7, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

Christine R. Friar

CHRISTINE R. FRIAR
Deputy Attorney General
Attorneys for Complainant

Exhibit A

First Amended Accusation No. 800-2017-037688

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

In the Matter of the First Amended Accusation Against: **MUHAMMAD RAFIQ NASIR, M.D.** **2052 North Lake Avenue** **Altadena, CA 91001** **Physician's and Surgeon's Certificate No. A 44253,** Respondent.	Case No. 800-2017-037688 OAH No. 2021050051 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about November 30, 1987, the Board issued Physician's and Surgeon's Certificate Number A 44253 to Muhammad Rafiq Nasir, 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 March 31, 2023, unless renewed.

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JURISDICTION

3. This First Amended 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 provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

6. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of

unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

STATUTORY PROVISIONS

7. 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.

8. 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.

COST RECOVERY

9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

10. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FACTUAL ALLEGATIONS

Patient 1[1]

11. Respondent provided care to Patient 1 from in or around November 2014 through in or around July 2017. Respondent provide pain management services for the patient's complaints of occipital neuralgia and sciatica, including opiate medications. Respondent documented a full history and physical examination of the patient. He provided treatment plans and objectives for his care of Patient 1. The planned care included the use of medications, chiropractic, physical therapy and injections.

12. On multiple occasions, Respondent performed injections for Patient 1 by administering Decadron[2] 32mg/8mg to the patient. The standard dosage for Decadron is a total of 10 mg per injection.

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[1] In this amended accusation the patients are identified by number to protect their privacy.

[2] Decadron (generic: dexamethasone) is an anti-inflammatory medication. It relieves inflammation in various parts of the body. It is used specifically to decrease swelling (edema), associated with tumors of the spine and brain, and to treat eye inflammation. It is a commonly prescribed corticosteroid for pain. It is a dangerous drug within the meaning of Business and Professions Code section 4022.

13. Respondent administered the Decadron 32mg/8mg on the following dates: May 8, 2017, April 7, 2017, March 9, 2017, February 9, 2017, January 9, 2017, November 7, 2016, October 6, 2016, September 9, 2016, April 15, 2016, March 16, 2016, and December 7, 2015.

14. On multiple occasions, Respondent performed nerve block injections on Patient 1. For each date of service the same description was used in the informed consent regardless of the procedure performed, specifically, "nerve root block intraarticular injection." In addition, the procedure notes lacked specific documentation of what was actually performed; a template was used to describe the procedures with only a few words changed.

Patient 2

15. On or about March 15, 2016, Patient 2 was referred to Respondent to address her foot pain. Respondent provided pain management services to treat Patient 2's lumbar spine, foot, ankle and peripheral neuropathy pain. As part of his care for Patient 2, Respondent provided buprenorphine/subutex[3] on a monthly basis. Respondent performed a complete history and physical on or about October 8, 2016. He documented Patient 2's painful conditions, past treatments and a medical indication for the use of opiates. He also addressed Patient 2's psychologic function and substance abuse history. Respondent provided an initial treatment plan and objective. The plan included the continued use of buprenorphine, physical therapy and evaluation by a foot surgeon/podiatrist. Respondent also performed procedures in the form of blocks.

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[3] Buprenorphine (brand name Suboxone) is a Schedule V controlled substance pursuant to Health and Safety Code section 11058, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. Buprenorphine and the combination of buprenorphine and naloxone are used to treat opioid dependence (addiction to opioid drugs, including heroin and narcotic painkillers). Buprenorphine may also be used to relieve severe pain in patients who cannot be treated with other medications.

16. On or about August 29, 2017, Respondent administered a block injection consisting of Decadron 48mg/12mg, Kenalog[4] 10mg, Marcaine[5] 0.25% 24cc or 60mg and Lidocaine[6] 1% 24cc or 240mg to Patient 2.

17. Absent from Respondent's records for Patient 2 was any documentation of urine drug screens.

18. On or about August 29, 2017, Respondent performed a bilateral "cervical plexus block" and a bilateral sciatic procedure. The one consent form provided for this date of service states consent for "nerve root block intraarticular injection." Respondent did not document the actual procedures performed.

Patient 3

19. On or about February 7, 2018, Respondent performed a complete history and physical for Patient 3. He documented the patient's painful conditions, past treatments and a medical indication for opiates. Respondent provided care to Patient 3 for cervical, shoulder, lumbar and knee pain. The treatment included the use of opiates in the form of oxycodone as well as injections. Respondent provided treatment plans and objectives for the care of Patient 3, which included the use of physical therapy, ultrasound, electric stim and medications. The patient also had diabetes.

20. On multiple occasions, Respondent performed injections for Patient 3 by administering Decadron 24mg/8mg to the patient. The standard dosage for Decadron is a total of 10 mg per injection.

21. Respondent administered the Decadron 24mg/8mg on the following dates: March 28, 2019, February 1, 2019, January 9, 2019, October 3, 2018, June 6, 2018, and February 7, 2018.

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[4] Kenalog, also known under the generic name triamcinolone, is a dangerous drug under Code section 4022, and is used for non-inflammatory skin disorders.

[5] Marcaine (generic: Bupivacaine) is a prescription medication used as a local anesthetic (numbing medicine). Bupivacaine blocks the nerve impulses that send pain signals to the brain.

[6] Lidocaine is a local anesthetic (numbing medication). It works by blocking nerve signals in the body. Lidocaine injection is used to numb an area of the body to help reduce pain or discomfort caused by invasive medical procedures such as surgery, needle punctures, or insertion of a catheter or breathing tube.

22. On or about May 1, 2019, Respondent performed a bilateral cervical plexus block and a bilateral sciatic block. The one consent form provided for this date of service states consent for "nerve root block intraarticular injection." Respondent did not document the actual procedures performed.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

23. Respondent Muhammad Rafiq Nasir, M.D. is subject to disciplinary action under Code section 2234, subdivision (b), in that Respondent engaged in gross negligence in the care and treatment of patients. The circumstances are as follows:

Patient 1

24. The facts and circumstances alleged in paragraphs 11 through 14 are incorporated here as if fully set forth.

25. On or about May 8, 2017, April 7, 2017, March 9, 2017, February 9, 2017, January 9, 2017, November 7, 2016, October 6, 2016, September 9, 2016, April 15, 2016, March 16, 2016, and December 7, 2015, Respondent was grossly negligent when he administered to Patient 1 injections of Decadron 32mg/8mg, which were four times the standard dose and which could cause adverse medical issues especially for a patient with a bipolar diagnosis.

26. On or about various dates between in or around November 2014 and July 2017, Respondent was grossly negligent when he performed multiple nerve block injections on Patient 1 using the same description in the informed consent regardless of the procedure performed, specifically, "nerve root block intraarticular injection," and failing to specifically document in the procedure note what was actually performed, including any imaging guidance used, or specific landmarks utilized to ensure the procedure was performed in the correct location.

Patient 2

27. The facts and circumstances alleged in paragraphs 15 through 18 are incorporated here as if fully set forth.

28. On or about August 29, 2017, Respondent was grossly negligent when he administered a block injection that included Decadron 48mg/12mg and Kenalog to Patient 2,

which was six times the standard dose and could cause life threatening blood sugar levels and mania, and if used long term, could have led to adrenal insufficiency and significant bone density loss.

29. On or about August 29, 2017, Respondent was grossly negligent when he performed a bilateral "cervical plexus block" procedure and a bilateral sciatic procedure where the only consent form for this date of service referenced only "nerve root block intraarticular injection," not the actual procedures performed, including any imaging guidance used, or specific landmarks utilized to ensure the procedure was performed in the correct location.

Patient 3

30. The facts and circumstances alleged in paragraphs 19 through 22 are incorporated here as if fully set forth.

31. On or about March 28, 2019, February 1, 2019, January 9, 2019, October 3, 2018, June 6, 2018, and February 7, 2018, Respondent was grossly negligent when he administered to Patient 1 injections of Decadron 24mg/8mg, which were three times the standard dose and which could cause delayed wound healing and worsening of Patient 3's diabetes.

32. On or about May 1, 2019, Respondent was grossly negligent when he performed a bilateral cervical plexus block and a bilateral sciatic block where the one consent form provided for this date of service states consent for "nerve root block intraarticular injection" and did not document the actual procedures performed, including any imaging guidance used, or specific landmarks utilized to ensure the procedure was performed in the correct location.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

33. Respondent Muhammad Rafiq Nasir, M.D. is subject to disciplinary action under Code section 2234, subdivision (c), in that Respondent engaged in repeated negligent acts in the care and treatment of patients. The circumstances are as follows:

Patient 1

34. The facts and circumstances alleged in paragraphs 11 through 14 are incorporated here as if fully set forth.

35. On or about May 8, 2017, April 7, 2017, March 9, 2017, February 9, 2017, January 9, 2017, November 7, 2016, October 6, 2016, September 9, 2016, April 15, 2016, March 16, 2016, and December 7, 2015, Respondent was repeatedly negligent when he administered to Patient 1 injections of Decadron 32mg/8mg, which were four times the standard dose and which could cause adverse medical issues especially for a patient with a bipolar diagnosis.

36. On or about various dates between in or around November 2014 and July 2017, Respondent was repeatedly negligent when he performed multiple nerve block injections on Patient 1 using the same description in the informed consent regardless of the procedure performed, specifically, "nerve root block intraarticular injection," and failing to specifically document in the procedure note what was actually performed, including any imaging guidance used, or specific landmarks utilized to ensure the procedure was performed in the correct location.

Patient 2

37. The facts and circumstances alleged in paragraphs 15 through 18 are incorporated here as if fully set forth.

38. On or about August 29, 2017, Respondent was repeatedly negligent when he administered a block injection that included Decadron 48mg/12mg and Kenalog to Patient 2, which was six times the standard dose and could cause life threatening blood sugar levels and mania, and if used long term, could have led to adrenal insufficiency and significant bone density loss.

39. Respondent was repeatedly negligent when he failed to document urine screening tests for Patient 2 to monitor the patient for aberrant drugs and prescribed drugs in the patient's urine.

40. On or about August 29, 2017, Respondent was repeatedly negligent when he performed a bilateral "cervical plexus block" procedure and a bilateral sciatic procedure where the only consent form for this date of service referenced only "nerve root block intraarticular injection," not the actual procedures performed, including any imaging guidance used, or specific landmarks utilized to ensure the procedure was performed in the correct location.

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Patient 3

41. The facts and circumstances alleged in paragraphs 19 through 22 are incorporated here as if fully set forth.

42. On or about March 28, 2019, February 1, 2019, January 9, 2019, October 3, 2018, June 6, 2018, and February 7, 2018, Respondent was repeatedly negligent when he administered to Patient 3 injections of Decadron 24mg/8mg, which were three times the standard dose and which could cause delayed wound healing and worsening of Patient 3's diabetes.

43. On or about May 1, 2019, Respondent was repeatedly negligent when he performed a bilateral cervical plexus block and a bilateral sciatic block where the one consent form provided for this date of service states consent for "nerve root block intraarticular injection" and did not document the actual procedures performed, including any imaging guidance used, or specific landmarks utilized to ensure the procedure was performed in the correct location.

THIRD CAUSE FOR DISCIPLINE

(Record Keeping)

44. Respondent Muhammad Rafiq Nasir, M.D. is subject to disciplinary action under Code section 2266 in that Respondent failed to maintain adequate and accurate medical records of the services he provided to patients. The circumstances are as follows:

45. The facts and circumstances alleged in paragraphs 11 through 22 are incorporated here as if fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

46. Respondent Muhammad Rafiq Nasir, M.D. is subject to disciplinary action under Code section 2234 in that he engaged in unprofessional conduct. The circumstances are as follows:

47. The facts and circumstances alleged in paragraphs 11 through 45 are incorporated here as if fully set forth.

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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 Number A 44253, issued to Respondent Muhammad Rafiq Nasir, M.D.;

2. Revoking, suspending or denying approval of Respondent Muhammad Rafiq Nasir, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Muhammad Rafiq Nasir, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: FEB 11 2022

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