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

In the Matter of the First Amended Accusation Against: Sherna Madan, M.D. Physician's and Surgeon's Certificate No. G 43846 Respondent.	Case No.: 800-2018-041227

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 July 11, 2022.

IT IS SO ORDERED: June 10, 2022.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
LYNNE K. DOMBROWSKI
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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: **SHERNA MADAN, M.D.** **Suite C** **39 Birch Street** **Redwood City CA 94062** **Physician's and Surgeon's Certificate No. G 43846** Respondent.	Case No. 800-2018-041227 OAH No. 2021070462 **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 Lynne K. Dombrowski, Deputy Attorney General.

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2. Respondent Sherna Madan, M.D. (Respondent) is represented in this proceeding by attorney Marglyn E. Paseka, whose address is: Slote, Links & Boreman, PC, 50 California Street, 34th Floor, San Francisco, CA 94111; Email address: margie@slotelaw.com.

3. On November 24, 1980, the Board issued Physician's and Surgeon's Certificate No. G 43846 to Sherna Madan, 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 the First Amended Accusation No. 800-2018-041227 and will expire on September 30, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-041227 was filed by the Board and the Accusation and all other statutorily required documents were properly served on Respondent on February 16, 2021. Respondent timely filed her Notice of Defense contesting the Accusation. On January 14, 2022, First Amended Accusation No. 800-2018-041227 was filed by the Board and, along with all other statutorily required documents, was properly served on Respondent. The First Amended Accusation No. 800-2018-041227 is currently pending against Respondent.

5. A copy of First Amended Accusation No. 800-2018-041227 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2018-041227. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2018-041227, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate No. G 43846. Respondent hereby gives up her right to contest those charges.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in First Amended Accusation No. 800-2018-041227, a true and correct copy of which is attached hereto as Exhibit A, and that she has thereby subjected her Physician's and Surgeon's Certificate No. G 43846 to disciplinary action.

11. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1, serves to protect the public interest.

12. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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 she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-041227 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. G 43846 issued to Respondent SHERNA MADAN, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. PATIENT DISCLOSURE. Before a patient's first visit following the effective date of this order and while the Respondent is on probation, the respondent must provide all patients, or patient's guardian or health care surrogate, with a separate disclosure that includes the respondent's probation status, the length of the probation, the probation end date, all practice restrictions placed on the respondent by the board, the board's telephone number, and an explanation of how the patient can find further information on the respondent's probation on the respondent's profile page on the board's website. Respondent shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

Respondent shall not be required to provide a disclosure if any of the following applies: (1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure and a guardian or health care surrogate is unavailable to comprehend the disclosure

and sign the copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities; (3) Respondent is not known to the patient until immediately prior to the start of the visit; (4) Respondent does not have a direct treatment relationship with the patient.

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

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

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

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical

record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

4. 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, 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 and First Amended Accusation and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, First Amended Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and First Amended 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.

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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, 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.

5. PROHIBITED PRACTICE. During probation, Respondent is to limit her practice to internal medicine and endocrinology and is prohibited from practicing psychiatry. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent is prohibited from practicing psychiatry. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire 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, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

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9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of $9,000 (nine thousand dollars). 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.

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.

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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' 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 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.

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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. 800-2018-041227 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, Marglyn E. Paseka. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G 43846. 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: 02/08/2022 S. Madan MD

SHERNA MADAN, M.D.
Respondent

I have read and fully discussed with Respondent Sherna Madan, 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: February 9, 2022 M. Paseka

MARGLYN E. PASEKA
SLOTE, LINKS & BOREMAN, P.C.
Attorney for Respondent

ENDORSEMENT

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

DATED: 02/10/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General

Lynne K. Dombrowski

LYNNE K. DOMBROWSKI
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-041227

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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: **Sherna Madan, M.D.** **Suite C** **39 Birch Street** **Redwood City CA 94062** **Physician's and Surgeon's Certificate No. G 43846,** Respondent.	Case No. 800-2018-041227 OAH No. 2021070462 **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 24, 1980, the Medical Board issued Physician's and Surgeon's Certificate Number G 43846 to Sherna Madan, 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 September 30, 2022, unless renewed.

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 2004 of the Code states, in pertinent part:

"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. . . ."

5. Section 2227 of the Code states in pertinent part:

(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, in pertinent part:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

(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.

. . ."

7. Section 2238 of the Code states:

A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

8. Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances.

(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance

on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

(d)(1) For purposes of this section and Section 2241.5, addict means a person whose actions are characterized by craving in combination with one or more of the following:

(A) Impaired control over drug use.

(B) Compulsive use.

(C) Continued use despite harm.

(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5.

9. 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.

10. Section 2242 of the Code states, in pertinent part:

"(a) Prescribing, dispensing or furnishing dangerous drugs as defined in section 4022[1] without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. . . ."

[1] Dangerous drug means any drug unsafe for self-use in humans or animals including drugs that require a prescription to be lawfully dispensed.

11. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.

12. California Health and Safety Code section 11156, states, in pertinent part:

"(a) Except as provided in Section 2241 of the Business and Professions Code, no person shall prescribe for, or administer, or dispense a controlled substance to, an addict, or to any person representing himself or herself as such . . . ."

13. California Health and Safety Code section 11165.4(a)(1)(B) provides that, effective October 2, 2018, it is mandated that a physician prescribing, ordering, administering or furnishing Schedule II-IV controlled substances check the Controlled Substance Utilization Review and Evaluations System (CURES) database once every four months for an ongoing patient; and to run a Patient Activity Report (PAR) the first time a patient is prescribed a Schedule II-IV controlled substance.

14. Section 2228.1 of the Code requires a licensee to provide a separate disclosure to her patients of her probation status, length of probation, probation end date, all practice restrictions, the Board's telephone number, and an explanation of how to find further information related to the probation in any case where the final adjudication by the Board established inappropriate prescribing resulting in patient harm with a probationary period of five years or more.

COST RECOVERY

15. 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.

FACTUAL ALLEGATIONS

16. At all times relevant to this matter, Respondent was licensed and practicing medicine, specializing in endocrinology and internal medicine, in Redwood City, California.

PATIENT A[2]

17. On February 20, 2018, Patient A's son filed an online complaint with the Board related to the care and treatment his 83-year-old mother received while visiting from out of state. The complaint stated that Patient A obtained a physical examination from Respondent on December 28, 2017 and Respondent prescribed multiple medications, including lithium[3], to his mother without follow-up instructions or recommendations for testing. One month after Respondent treated Patient A, she experienced total confusion and delirium and suffered multiple falls. Patient A was admitted to the emergency room for lithium toxicity, and required full-time care until she recovered two months later.

18. Respondent's medical records related to Patient A show that she evaluated 83-year-old Patient A on December 28, 2017 and diagnosed her with hypercholesterolemia[4] and adjusted her cholesterol medications. As part of her treatment of Patient A, Respondent ordered lab tests which were not reported until January 2, 2018. In the medical records, Respondent justified her

[2] The patients in this document are designated as Patients A, B, and C to protect their privacy. Respondent knows the names of these patients and can confirm their identity through discovery.

[3] Lithium is used to treat bipolar disorder, mania, and schizoaffective disorder. If the dose of lithium is 300 milligrams or less, then it is not a controlled substance, although it does require a prescription. Lithium is a dangerous drug pursuant to section 4022 of the Code.

[4] Hypercholesterolemia is the presence of high levels of cholesterol in the blood.

prescriptions written on December 28, 2017 using lab results that she did not have until four days after she had written the prescription.

19. In addition, Respondent prescribed lithium to Patient A for her psychiatric issues including a mood disorder with severe anxiety and intermittent depression.[5] Patient A did not have recent blood tests completed before Respondent prescribed lithium; and Respondent failed to obtain and/or document informed consent related to the combination of lithium with venlafaxine[6] which Patient A was already taking for depression. Respondent failed to order baseline lab values for Patient A including a comprehensive metabolic panel; and failed to order follow-up lithium blood level tests within three to four weeks to ensure the prescription was not affecting sodium, potassium, creatinine, or thyroid function. Respondent did not schedule a follow-up visit with Patient A, or arrange care through another provider to monitor Patient A.

20. On December 28, 2017 Respondent also prescribed lamotrigine[7] to Patient A without obtaining and/or documenting informed consent to include the risks and benefits of lamotrigine, and the drug-to-drug interaction risks with her other psychiatric medications including lithium and venlafaxine. In addition, Respondent failed to schedule a follow-up appointment, or refer her to another physician to monitor the effects of the lamotrigine. Respondent instructed Patient A to start Lamotrigine at a faster titration than recommended[8]: 25 milligrams a day for ten days, then 50 milligrams a day for ten days, then 100 milligrams per day for five days and then 150 milligrams daily.

21. On February 11, 2018, Patient A was hospitalized with acute kidney injury and diagnosed with lithium toxicity, after she had fallen five times in the prior week. Patient A told the emergency room doctors that after visiting Respondent and taking the multiple medications

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[5] Of note, Patient A's son said his mother had only mild depression and anxiety.

[6] Venlafaxine is an antidepressant medication which requires a prescription but is not a controlled substance under the Controlled Substances Act. Venlafaxine is a dangerous drug pursuant to section 4022 of the Code.

[7] Lamotrigine is a prescribed drug that may be used to help prevent the extreme mood swings of bipolar disorder. Lamotrigine is a dangerous drug pursuant to section 4022 of the Code.

[8] The Physician's Desk Reference (PDR) recommends that lamotrigine should be strictly titrated at 25 milligrams per day for 2 weeks, then 50 milligrams a day for two weeks, then 100 milligrams a day for one week due to the risk of developing a serious skin allergic reaction called Stevens Johnson Syndrome.

Respondent prescribed her, she felt weakness, muscle cramps, and tremors. The final diagnosis made during Patient A's hospitalization was lithium toxicity, accidental or unintentional; acute kidney injury; and fall. Patient A remained in the hospital until February 19, 2018, and then Patient A had to be transferred to a skilled nursing facility for further treatment.

22. During a subject interview held on August 20, 2020, Respondent admitted that she had examined Patient A only once on December 28, 2017 and diagnosed her with bi-polar spectrum disorder and prescribed lithium to treat it. Respondent said she planned to stay in phone contact with Patient A and see her "next year."

PATIENT B[9]

23. Respondent first evaluated Patient B on November 19, 2015, and treated her for a weight problem, hypothyroidism,[10] dyslipidemia,[11] metabolic syndrome,[12] and a mood disorder. She prescribed three different anti-obesity drugs[13] to Patient B, despite Patient B having a body mass index of only between 23 and 23.4 with a height of 66 inches, and a weight which fluctuated between 141 and 145 pounds.

24. From September 1, 2015 to December 31, 2017, Respondent also treated Patient B—who has a significant family history of substance use disorder—for a mood disorder and anxiety yet failed to conduct and/or document any mental status examination describing Patient B's mood, anxiety level, or suicidal ideation.

25. Respondent treated Patient B in person only three times (September 2, 2014; November 19, 2015, and September 28, 2017) while she prescribed, and sometimes modified

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[9] During the investigation related to Patient A which began after the initial report on February 20, 2018, additional patients, including Patients B and C, were identified as requiring further investigation for apparent prescribing irregularities.

[10] Hypothyroidism is a disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormone.

[11] Dyslipidemia is abnormally elevated cholesterol or fats (lipids) in the blood which increases the risk of clogged arteries, heart attacks, and stroke.

[12] Metabolic syndrome is a combination of at least three of five medical conditions including: abdominal obesity, high blood pressure, high blood sugar, high serum triglycerides, and low serum high-density lipoprotein.

[13] On November 19, 2015, Respondent prescribed phentermine/topiramate. On September 28, 2017, Respondent prescribed phentermine with lorcaserin. On November 7, 2017, Respondent changed the weight loss medications back to phentermine/topiramate.

prescriptions, of psychoactive medications, including benzodiazepines[14] and Lunesta.[15] Respondent failed to obtain and/or document informed consent including, but not limited to: the risks and benefits of the medications, the risks of addiction with a significant family history, and the risks of the combination of drug-to-drug interactions.

PATIENT C

26. Respondent treated Patient C for several years from August 24, 2009[16] to October 1, 2019 for opiate dependence, mood disorder including panic, depression and insomnia, menopause, sleep disorder, dyslipidemia, metabolic syndrome, and a weight problem. Patient C has a dual diagnosis[17]: she has both a mood disorder, and substance abuse disorders including both an opiate use disorder, and a history of alcohol use disorder. From September 2018 through August 2019, Respondent prescribed Suboxone[18] for Patient C's opiate use disorder but failed to refer her to a recovery program. After October 2, 2018, Respondent failed to regularly check the CURES database on a quarterly basis, and failed to perform random urine drug screens for abstinence from drugs of abuse on a quarterly basis. For example, Respondent's records show she only checked CURES once in September 2018. In addition, only seven drug abuse urine tests were performed by Respondent: February 20, 2012, January 30, 2014, February 3, 2014, July 30, 2014, August 31, 2014, September 29, 2015, and March 22, 2016. Respondent's records contain no evidence—despite Patient C's opiate use disorder treated with Suboxone, a history of alcohol use disorder, and a family history of substance use disorder—that drug abuse urine screens were conducted at all in the following years: 2009, 2010, 2011, 2013, 2017, 2018, and 2019.

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[14] Benzodiazepines, which include alprazolam and clonazepam, are medications commonly referred to as tranquilizers which work to calm or sedate a person. Benzodiazepines are Schedule IV controlled substances and dangerous drugs pursuant to section 4022 of the Code.

[15] Lunesta is a sleeping medication and is a Schedule IV controlled substance which can lead to physical or mental dependence. Lunesta is a dangerous drug pursuant to section 4022 of the Code.

[16] The years of treatment which fall outside the statute of limitations window are provided for background information only.

[17] Dual diagnosis is the condition of suffering both from a mental illness and a comorbid substance abuse problem.

[18] Suboxone is the trade name of a combination drug containing both buprenorphine and naloxone, and is a Schedule III controlled substance commonly used to treat opioid use disorder. Suboxone is a dangerous drug pursuant to section 4022 of the Code.

27. On September 24, 2009 Respondent initially prescribed clonazepam[19] and on November 12, 2014, she prescribed Alprazolam[20] to Patient C and failed to document informed consent related to the risks of treatment with benzodiazepines including, but not limited to: the risk of misuse or addiction; the potential to exacerbate opioid and alcohol use disorder; and the added risks of sedation, coma, and death from the combination of clonazepam or alprazolam with Suboxone. On May 20, 2014, Respondent continued to prescribe benzodiazepines to Patient C despite the patient describing herself as "severely addicted to benzodiazepines"; and despite her substance use disorders which Respondent described as "severe mood disorder" with "benzo dependence." Unfortunately, on April 20, 2015, Patient C was hospitalized with a drug overdose after being found with an empty bottle of Xanax (trade name for alprazolam). Patient C was then treated at an inpatient psychiatric hospital. Respondent's medical records show that Respondent was aware of Patient C's benzodiazepine disorder: Patient C increased the dose on her own, she took an intentional overdose in March 2014; and in August 2014, Patient C was hospitalized with right rib fractures and multiple bruises likely exacerbated by alcoholism, and benzodiazepine and opioid dependence. Nevertheless, Respondent continued to prescribe her Suboxone and benzodiazepines.

28. On November 12, 2014, Respondent instructed Patient C to re-start Lamotrigine at a faster titration than recommended[21]: 25 milligrams a day for one week, then 50 milligrams a day for one week, then 75 milligrams a days for one week, then 100 milligrams daily. Respondent did not obtain or document informed consent for the faster titration, and its concomitant risks.

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[19] Clonazepam is in the class of drugs called benzodiazepines and can be used to treat panic attacks by calming your brain and nerves. Clonazepam is a Schedule IV controlled substance. As of January, 2020, Patient C continued to obtain a prescription for Clonazepam although through a different provider.

[20] Alprazolam is also a benzodiazepine and a Schedule IV controlled substance.

[21] The recommended titration pursuant to the Physician's Desk Reference (PDR) and American Psychiatric Association (APA) Textbook is 25 milligrams a day for two weeks, then 50 milligrams a day for two weeks, then 100 milligrams a day for one week in order to decrease the chance of developing a serious skin allergic reaction (Stevens Johnson Syndrome).

FIRST CAUSE FOR DISCIPLINE: PATIENT A

(Unprofessional Conduct: Gross Negligence/Repeated Negligent Acts/Incompetence/Improper Prescribing Causing Patient Harm/Excessive Prescribing/Inadequate Medical Records: Patient A)

29. Respondent Sherna Madan, M.D. is guilty of unprofessional conduct and subject to disciplinary action under sections 2234, subdivisions (a) and/or (b) (gross negligence) and/or (c) (repeated negligent acts) and/or (d) (incompetence) and/or 2228.1 (improper prescribing causing patient harm) and /or 2238 and/or 2242 (improper prescribing) and/or 725 (excessive prescribing) and/or 2266 (inadequate medical records) in that Respondent has committed gross negligence and/or repeated negligent acts and/or exhibited incompetence and/or excessively and improperly prescribed controlled substances and/or dangerous drugs and/or kept inadequate medical records as described above in Paragraphs 16 through 21, including, but not limited to, the following:

A. Respondent's medical records do not accurately reflect the dates of care for Patient A because lab work results not received until January 2, 2018 were used to justify treatment provided on December 28, 2017.

B. Respondent failed to obtain baseline recent blood and lab tests including a comprehensive metabolic panel for Patient A prior to prescribing lithium.

C. Respondent failed to obtain and/or document informed consent related to the prescription combination of lithium with venlafaxine which Patient A was already taking for depression.

D. Respondent failed to schedule a lithium blood level test within 3 to 4 weeks to ensure the prescription was not affecting sodium, potassium, creatinine, or thyroid function of Patient A. Respondent did not schedule a follow-up visit with Patient A, or arrange care through another provider to monitor Patient A after prescribing lithium.

E. Respondent failed to obtain and/or document informed consent from Patient A to include the risks and benefits of lamotrigine, and the drug-to-drug interaction risks with her other psychiatric medications including lithium and venlafaxine. Respondent failed to schedule a follow-up appointment, or refer Patient A to another provider to monitor the effects of the lamotrigine.

F. Respondent prescribed a faster titration of lamotrigine than recommended and failed to document and/or obtain informed consent of the dangers of Stevens Johnson Syndrome for the titration levels of lamotrigine.

G. Respondent caused harm to Patient A due to the side effects of the medications she prescribed including weakness, tremors, confusion, and falls, leading to a medical hospitalization followed by a stay at a skilled nursing facility.

SECOND CAUSE FOR DISCIPLINE: PATIENT B
(Unprofessional Conduct: Repeated Negligent Acts/Gross Negligence/Incompetence/Improper Prescribing/Excessive Prescribing/Inadequate Medical Records: Patient B)

30. Respondent Sherna Madan, M.D. is guilty of unprofessional conduct and subject to disciplinary action under sections 2234, subdivisions (a) and/or (b) (gross negligence) and/or (c) (repeated negligent acts) and/or (d) (incompetence) and/or 2238 and/or 2242 (improper prescribing) and/or 725 (excessive prescribing) and/or 2266 (inadequate medical records) in that Respondent has committed gross negligence and/or repeated negligent acts and/or exhibited incompetence and/or improperly and excessively prescribed controlled and/or dangerous drugs as described above in Paragraphs 22 through 24, including, but not limited to, the following:

A. Respondent prescribed anti-obesity medications to Patient B despite a BMI well below 30 which is the generally accepted threshold for anti-obesity medication.

B. Respondent prescribed anti-obesity medications to Patient B, who had mild dyslipidemia, but had a BMI well below 27 which is the generally accepted threshold to prescribe anti-obesity medication when there are significant obesity-related complications and/or comorbidities.

C. Respondent failed to document an alternative method to BMI to document excessive adiposity (severe or morbid obesity) such as skin calipers, biologic impedance, underwater weighing, or dual-energy X-ray absorptiometry to justify prescribing anti-obesity medications to Patient B who had at most a 23.4 BMI.

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D. Respondent treated Patient B, who has a significant family history of substance use disorder, for a mood disorder and anxiety yet failed to conduct and/or document any mental status examination describing Patient B's mood, anxiety level, or suicidal ideation.

31. Respondent failed to obtain and/or document informed consent for her benzodiazepine and Lunesta prescriptions including, but not limited to: the risks and benefits of the medications, the risks of addiction with a significant family history, and the risks of the combination of drug-to-drug interaction.

THIRD CAUSE FOR DISCIPLINE
(Unprofessional Conduct: Gross Negligence/Repeated Negligent Acts/Incompetence/Improper and Excessive Prescribing/Prescribing to an Addict/Improper Monitoring of CURES/Inadequate Medical Records/Patient Harm: Patient C)

32. Respondent Sherna Madan, M.D. is guilty of unprofessional conduct and subject to disciplinary action under sections 2234, subdivisions (a) and/or (b) (gross negligence) and/or (c) (repeated negligent acts) and/or (d) (incompetence) and/or 2228.1 (improper prescribing causing patient harm) and/or 2238 and/or 2242 (improper prescribing) and/or 725 (excessive prescribing) and/or 11165.4(a)(1)(b) of the Health and Safety Code (improper monitoring of CURES) and/or 11156 of the Health and Safety Code (prescribing to an addict) and/or and/or 2266 (inadequate medical records) in that Respondent has committed gross negligence and/or repeated negligent acts and/or exhibited incompetence and/or excessively and improperly prescribed controlled substances and/or dangerous drugs and/or failed to properly monitor CURES and/or improperly prescribed to an addict and/or kept inadequate medical records as described above in Paragraphs 25 through 27, including, but not limited to, the following:

A. Respondent treated Patient C who had a dual diagnosis of a mood disorder, opiate use disorder, and a history of alcohol use disorder, with only Suboxone, a controlled substance. Respondent failed to ensure Patient C was in a drug program for recovery; failed to check the CURES report on a quarterly basis after October 2, 2018; and failed to conduct quarterly random drug screens;

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B. Respondent failed to conduct and/or document a mental status examination of Patient C from August 24, 2009 to August 29, 2019, despite Patient C's mood disorder, opioid use disorder, and history of alcohol use disorder which all increase the risk for suicide;

C. Respondent failed to obtain informed consent and/or document informed consent when she prescribed benzodiazepines to Patient C who had substance use disorders and described herself as "severely addicted" to benzodiazepines;

D. Respondent continued to prescribe benzodiazepines to Patient C despite her substance abuse disorder causing patient harm including overdose, hospitalization, and physical injury;

E. Respondent prescribed lamotrigine at a faster titration than recommended and failed to document and/or obtain informed consent for the increased risk of Stevens Johnson Syndrome with the faster titration.

F. Respondent caused harm to Patient C by her inappropriate prescribing of benzodiazepines despite Patient C's severe addiction to benzodiazepines, and her alcohol use and opiate use disorder with Suboxone treatment, and family history of substance use disorder.

FOURTH CAUSE FOR DISCIPLINE: PATIENTS A, B, and C

(Failure to Maintain Adequate and Accurate Medical Records)

33. Respondent Sherna Madan, M.D. is subject to disciplinary action under section 2266 of the Code in that Respondent failed to maintain adequate and accurate medical records related to her care and treatment of Patients A, B, and C as described above in Paragraphs 16 through 27, including, but not limited to, the following:

A. Respondent failed to obtain and/or document informed consent related to the prescription combination of lithium with venlafaxine which Patient A was already taking for depression.

B. Respondent failed to obtain and/or document informed consent from Patient A to include the risks and benefits of lamotrigine, and the drug-to-drug interaction risks with her other psychiatric medications including lithium and venlafaxine.

C. Respondent failed to document and/or obtain informed consent from Patient A of the risk of Stevens Johnson Syndrome for the titration levels of lamotrigine prescribed.

D. Respondent failed to document an alternative method to BMI to document excessive adiposity (severe or morbid obesity) such as skin calipers, biologic impedance, underwater weighing, or dual-energy X-ray absorptiometry to justify prescribing anti-obesity medications to Patient B who had at most a 23.4 BMI.

E. Respondent treated Patient B, who has a significant family history of substance use disorder, for a mood disorder and anxiety yet failed to conduct and/or document any mental status examination describing Patient B's mood, anxiety level, or suicidal ideation.

F. Respondent failed to obtain and/or document informed consent from Patient B for the combination of benzodiazepine and Lunesta prescriptions including, but not limited to: the risks and benefits of the medications, the risks of addiction with a significant family history, and the risks of the combination of drug-to-drug interactions.

G. Respondent failed to document Patient C's mental status examination including the presence of any suicidal ideation and mood from August 2009 to August 2019 despite Patient C's mood disorder, opiate use disorder with Suboxone treatment, history of alcohol use disorder, and two prior intentional drug overdoses.

DISCIPLINARY CONSIDERATIONS

34. To determine the degree of discipline, if any, to be imposed on Respondent Sherna Madan, M.D., Complainant alleges that on or about June 6, 2011, in a prior disciplinary action titled In the Matter of the Accusation Against Sherna Madan, M.D. before the Medical Board of California, in Case Number 03-2009-198152, Respondent's license was placed on probation for a period of five years for gross negligence, repeated negligent acts, incompetence, and unprofessional conduct by purporting to supervise conduct she was not competent to supervise; failing to supervise; authorizing and enabling the unlawful practice of medicine; failing to see patients with medical complications, and false advertising. That decision is now final, and the probation was successfully completed, and is incorporated by reference as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 43846 issued to Sherna Madan, M.D.;

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

3. Ordering Sherna Madan, 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;

4. Ordering Sherna Madan, M.D., if placed on probation for overprescribing with a finding of patient harm and five years of probation, to notify her patients pursuant to 2228.1 of the Code; and,

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

DATED: JAN 14 2022

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

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