

**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

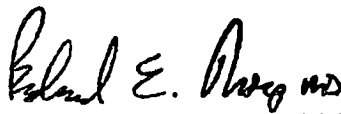
DECISION

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**

1 ROB BONTA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 LYNNE K. DOMBROWSKI
Deputy Attorney General
4 State Bar No. 128080
455 Golden Gate Avenue, Suite 11000
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7 *Attorneys for Complainant*

8
9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the First Amended Accusation
Against:

14 **SHERNA MADAN, M.D.**
15 **Suite C**
16 **39 Birch Street**
Redwood City CA 94062

17 **Physician's and Surgeon's Certificate**
18 **No. G 43846**

19 Respondent.

Case No. 800-2018-041227

OAH No. 2021070462

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
25 California (Board). He brought this action solely in his official capacity and is represented in this
26 matter by Rob Bonta, Attorney General of the State of California, by Lynne K. Dombrowski,
27 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

1 action between the parties, and the Board shall not be disqualified from further action by having
2 considered this matter.

3 14. Respondent agrees that if she ever petitions for early termination or modification of
4 probation, or if an accusation and/or petition to revoke probation is filed against her before the
5 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-
6 041227 shall be deemed true, correct and fully admitted by Respondent for purposes of any such
7 proceeding or any other licensing proceeding involving Respondent in the State of California.

8 15. The parties understand and agree that Portable Document Format (PDF) and facsimile
9 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
10 signatures thereto, shall have the same force and effect as the originals.

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

14 **DISCIPLINARY ORDER**

15 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 43846 issued
16 to Respondent SHERNA MADAN, M.D. is revoked. However, the revocation is stayed and
17 Respondent is placed on probation for five (5) years on the following terms and conditions:

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

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

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

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

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

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than 15 calendar days after successfully completing the course, or not later than
21 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the course, or not later than
10 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

16 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
17 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
18 name and qualifications of a replacement monitor who will be assuming that responsibility within
19 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
20 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
21 notification from the Board or its designee to cease the practice of medicine within three (3)
22 calendar days after being so notified. Respondent shall cease the practice of medicine until a
23 replacement monitor is approved and assumes monitoring responsibility.

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

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

6 Respondent shall maintain a log of all patients to whom the required oral notification was
7 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
8 medical record number, if available; 3) the full name of the person making the notification; 4) the
9 date the notification was made; and 5) a description of the notification given. Respondent shall
10 keep this log in a separate file or ledger, in chronological order, shall make the log available for
11 immediate inspection and copying on the premises at all times during business hours by the Board
12 or its designee, and shall retain the log for the entire term of probation.

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

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

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

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1 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
2 ordered to reimburse the Board its costs of investigation and enforcement in the amount of \$9,000
3 (nine thousand dollars). Costs shall be payable to "the Medical Board of California." Failure to
4 pay such costs shall be considered a violation of probation. Any and all requests for a payment
5 plan shall be submitted in writing by Respondent to the Board.

6 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
7 to repay investigation and enforcement costs.

8 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
9 under penalty of perjury on forms provided by the Board, stating whether there has been
10 compliance with all the conditions of probation. Respondent shall submit quarterly declarations
11 not later than 10 calendar days after the end of the preceding quarter.

12 11. GENERAL PROBATION REQUIREMENTS.

13 Compliance with Probation Unit

14 Respondent shall comply with the Board's probation unit.

15 Address Changes

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

21 Place of Practice

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

25 License Renewal

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

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1 Travel or Residence Outside California

2 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
3 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
4 (30) calendar days. In the event Respondent should leave the State of California to reside or to
5 practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the
6 dates of departure and return.

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

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

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

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

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

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

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

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

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

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

6 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
7 a new license or certification, or petition for reinstatement of a license, by any other health care
8 licensing action agency in the State of California, all of the charges and allegations contained in
9 First Amended Accusation No. 800-2018-041227 shall be deemed to be true, correct, and
10 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
11 seeking to deny or restrict license.

12 ACCEPTANCE

13 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
14 discussed it with my attorney, Marglyn E. Paseka. I understand the stipulation and the effect it
15 will have on my Physician's and Surgeon's Certificate No. G 43846. I enter into this Stipulated
16 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
17 bound by the Decision and Order of the Medical Board of California.

18
19 DATED: 02/08/2022 S. Madan MD
20 SHERNA MADAN, M.D.
21 Respondent

22 I have read and fully discussed with Respondent Sherna Madan, M.D. the terms and
23 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
24 I approve its form and content.

25
26 DATED: February 9, 2022

27 M. Paseka
28 MARGLYN E. PASEKA
SLOTE, LINKS & BOREMAN, P.C.
Attorney for Respondent

1 ENDORSEMENT

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

4
5 DATED: 02/10/2022

Respectfully submitted,

6 ROB BONTA
7 Attorney General of California
8 JANE ZACK SIMON
9 Supervising Deputy Attorney General

10 

11 LYNNE K. DOMBROWSKI
12 Deputy Attorney General
13 *Attorneys for Complainant*
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27 Madan_Stipulated Settlement and Disciplinary Order_final_43065138_2.docx
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Exhibit A

First Amended Accusation No. 800-2018-041227

1 ROB BONTA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 LYNNE K. DOMBROWSKI
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7 *Attorneys for Complainant*

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Redwood City CA 94062

16
17 **Physician's and Surgeon's Certificate**
No. G 43846,

18
19 Respondent.

Case No. 800-2018-041227

OAH No. 2021070462

FIRST AMENDED ACCUSATION

20
21 **PARTIES**

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

25 2. On or about November 24, 1980, the Medical Board issued Physician's and Surgeon's
26 Certificate Number G 43846 to Sherina Madan, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 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 4022¹ 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.

1 **COST RECOVERY**

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

8 **FACTUAL ALLEGATIONS**

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

11 **PATIENT A²**

12 17. On February 20, 2018, Patient A's son filed an online complaint with the Board
13 related to the care and treatment his 83-year-old mother received while visiting from out of state.
14 The complaint stated that Patient A obtained a physical examination from Respondent on
15 December 28, 2017 and Respondent prescribed multiple medications, including lithium³, to his
16 mother without follow-up instructions or recommendations for testing. One month after
17 Respondent treated Patient A, she experienced total confusion and delirium and suffered multiple
18 falls. Patient A was admitted to the emergency room for lithium toxicity, and required full-time
19 care until she recovered two months later.

20 18. Respondent's medical records related to Patient A show that she evaluated 83-year-
21 old Patient A on December 28, 2017 and diagnosed her with hypercholesterolemia⁴ and adjusted
22 her cholesterol medications. As part of her treatment of Patient A, Respondent ordered lab tests
23 which were not reported until January 2, 2018. In the medical records, Respondent justified her

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

26 ³ Lithium is used to treat bipolar disorder, mania, and schizoaffective disorder. If the dose
27 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.

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

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

3 19. In addition, Respondent prescribed lithium to Patient A for her psychiatric issues
4 including a mood disorder with severe anxiety and intermittent depression.⁵ Patient A did not
5 have recent blood tests completed before Respondent prescribed lithium; and Respondent failed
6 to obtain and/or document informed consent related to the combination of lithium with
7 venlafaxine⁶ which Patient A was already taking for depression. Respondent failed to order
8 baseline lab values for Patient A including a comprehensive metabolic panel; and failed to order
9 follow-up lithium blood level tests within three to four weeks to ensure the prescription was not
10 affecting sodium, potassium, creatinine, or thyroid function. Respondent did not schedule a
11 follow-up visit with Patient A, or arrange care through another provider to monitor Patient A.

12 20. On December 28, 2017 Respondent also prescribed lamotrigine⁷ to Patient A without
13 obtaining and/or documenting informed consent to include the risks and benefits of lamotrigine,
14 and the drug-to-drug interaction risks with her other psychiatric medications including lithium
15 and venlafaxine. In addition, Respondent failed to schedule a follow-up appointment, or refer her
16 to another physician to monitor the effects of the lamotrigine. Respondent instructed Patient A to
17 start Lamotrigine at a faster titration than recommended⁸: 25 milligrams a day for ten days, then
18 50 milligrams a day for ten days, then 100 milligrams per day for five days and then 150
19 milligrams daily.

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

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

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

27 ⁷ Lamotrigine is a prescribed drug that may be used to help prevent the extreme mood
28 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.

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

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

9 **PATIENT B²**

10 23. Respondent first evaluated Patient B on November 19, 2015, and treated her for a
11 weight problem, hypothyroidism,¹⁰ dyslipidemia,¹¹ metabolic syndrome,¹² and a mood disorder.
12 She prescribed three different anti-obesity drugs¹³ to Patient B, despite Patient B having a body
13 mass index of only between 23 and 23.4 with a height of 66 inches, and a weight which fluctuated
14 between 141 and 145 pounds.

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

19 25. Respondent treated Patient B in person only three times (September 2, 2014;
20 November 19, 2015, and September 28, 2017) while she prescribed, and sometimes modified
21

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

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

27 ¹¹ Dyslipidemia is abnormally elevated cholesterol or fats (lipids) in the blood which
28 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.

1 prescriptions, of psychoactive medications, including benzodiazepines¹⁴ and Lunesta.¹⁵

2 Respondent failed to obtain and/or document informed consent including, but not limited to: the
3 risks and benefits of the medications, the risks of addiction with a significant family history, and
4 the risks of the combination of drug-to-drug interactions.

5 **PATIENT C**

6 26. Respondent treated Patient C for several years from August 24, 2009¹⁶ to October 1,
7 2019 for opiate dependence, mood disorder including panic, depression and insomnia,
8 menopause, sleep disorder, dyslipidemia, metabolic syndrome, and a weight problem. Patient C
9 has a dual diagnosis¹⁷: she has both a mood disorder, and substance abuse disorders including
10 both an opiate use disorder, and a history of alcohol use disorder. From September 2018 through
11 August 2019, Respondent prescribed Suboxone¹⁸ for Patient C's opiate use disorder but failed to
12 refer her to a recovery program. After October 2, 2018, Respondent failed to regularly check the
13 CURES database on a quarterly basis, and failed to perform random urine drug screens for
14 abstinence from drugs of abuse on a quarterly basis. For example, Respondent's records show
15 she only checked CURES once in September 2018. In addition, only seven drug abuse urine tests
16 were performed by Respondent: February 20, 2012, January 30, 2014, February 3, 2014, July 30,
17 2014, August 31, 2014, September 29, 2015, and March 22, 2016. Respondent's records contain
18 no evidence—despite Patient C's opiate use disorder treated with Suboxone, a history of alcohol
19 use disorder, and a family history of substance use disorder—that drug abuse urine screens were
20 conducted at all in the following years: 2009, 2010, 2011, 2013, 2017, 2018, and 2019.

21
22 ¹⁴ Benzodiazepines, which include alprazolam and clonazepam, are medications
23 commonly referred to as tranquilizers which work to calm or sedate a person. Benzodiazepines
24 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
25 lead to physical or mental dependence. Lunesta is a dangerous drug pursuant to section 4022 of
26 the Code.

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

¹⁷ Dual diagnosis is the condition of suffering both from a mental illness and a comorbid
28 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.

1 27. On September 24, 2009 Respondent initially prescribed clonazepam¹⁹ and on
2 November 12, 2014, she prescribed Alprazolam²⁰ to Patient C and failed to document informed
3 consent related to the risks of treatment with benzodiazepines including, but not limited to: the
4 risk of misuse or addiction; the potential to exacerbate opioid and alcohol use disorder; and the
5 added risks of sedation, coma, and death from the combination of clonazepam or alprazolam with
6 Suboxone. On May 20, 2014, Respondent continued to prescribe benzodiazepines to Patient C
7 despite the patient describing herself as "severely addicted to benzodiazepines"; and despite her
8 substance use disorders which Respondent described as "severe mood disorder" with "benzo
9 dependence." Unfortunately, on April 20, 2015, Patient C was hospitalized with a drug overdose
10 after being found with an empty bottle of Xanax (trade name for alprazolam). Patient C was then
11 treated at an inpatient psychiatric hospital. Respondent's medical records show that Respondent
12 was aware of Patient C's benzodiazepine disorder: Patient C increased the dose on her own, she
13 took an intentional overdose in March 2014; and in August 2014, Patient C was hospitalized with
14 right rib fractures and multiple bruises likely exacerbated by alcoholism, and benzodiazepine and
15 opioid dependence. Nevertheless, Respondent continued to prescribe her Suboxone and
16 benzodiazepines.

17 28. On November 12, 2014, Respondent instructed Patient C to re-start Lamotrigine at a
18 faster titration than recommended²¹: 25 milligrams a day for one week, then 50 milligrams a day
19 for one week, then 75 milligrams a days for one week, then 100 milligrams daily. Respondent
20 did not obtain or document informed consent for the faster titration, and its concomitant risks.

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

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

28 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.

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

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

7
8 **SECOND CAUSE FOR DISCIPLINE: PATIENT B**
9 **(Unprofessional Conduct: Repeated Negligent Acts/Gross**
10 **Negligence/Incompetence/Improper Prescribing/Excessive Prescribing/Inadequate Medical**
11 **Records: Patient B)**

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

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

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

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

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

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

8 **THIRD CAUSE FOR DISCIPLINE**

9 **(Unprofessional Conduct: Gross Negligence/Repeated Negligent**
10 **Acts/Incompetence/Improper and Excessive Prescribing/Prescribing to an Addict/Improper**
11 **Monitoring of CURES/Inadequate Medical Records/Patient Harm: Patient C)**

12 32. Respondent Sherna Madan, M.D. is guilty of unprofessional conduct and subject to
13 disciplinary action under sections 2234, subdivisions (a) and/or (b) (gross negligence) and/or (c)
14 (repeated negligent acts) and/or (d) (incompetence) and/or 2228.1 (improper prescribing causing
15 patient harm) and/or 2238 and/or 2242 (improper prescribing) and/or 725 (excessive prescribing)
16 and/or 11165.4(a)(1)(b) of the Health and Safety Code (improper monitoring of CURES) and/or
17 11156 of the Health and Safety Code (prescribing to an addict) and/or and/or 2266 (inadequate
18 medical records) in that Respondent has committed gross negligence and/or repeated negligent
19 acts and/or exhibited incompetence and/or excessively and improperly prescribed controlled
20 substances and/or dangerous drugs and/or failed to properly monitor CURES and/or improperly
21 prescribed to an addict and/or kept inadequate medical records as described above in Paragraphs
22 25 through 27, including, but not limited to, the following:

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

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

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

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

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

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

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

16 **(Failure to Maintain Adequate and Accurate Medical Records)**

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

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

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

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

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

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

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

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

16 DISCIPLINARY CONSIDERATIONS

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

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1 **PRAYER**

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

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

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

8 3. Ordering Sherna Madan, M.D., to pay the Board the costs of the investigation and
9 enforcement of this case, and if placed on probation, the costs of probation monitoring;

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

13 5. Taking such other and further action as deemed necessary and proper.
14

15
16 DATED: JAN 14 2022

17 
18 WILLIAM PRASIFKA
19 Executive Director
20 Medical Board of California
21 Department of Consumer Affairs
22 State of California
23 Complainant
24
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