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

In the Matter of the First Amended Accusation Against: Sawtantra Kumar Chopra, M.D. Physician's and Surgeon's Certificate No. A29771 Respondent.	Case No. 800-2017-031271

DECISION

The attached Stipulated Surrender of License and 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 JUL 20 2020.

IT IS SO ORDERED JUL 13 2020.

MEDICAL BOARD OF CALIFORNIA

By: _____
William Prasifka
Executive Director

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
SARAH J. JACOBS
Deputy Attorney General
State Bar No. 255899
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2312
Facsimile: (559) 445-5106
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **SAWTANTRA KUMAR CHOPRA, M.D.** **1401 Spanos Ct. # 128** **Modesto, CA 95355** **Physician's and Surgeon's Certificate No. A 29771** Respondent.	Case No. 800-2017-031271 **STIPULATED SURRENDER OF LICENSE AND ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Surrender and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the First Amended Accusation.

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 Xavier Becerra, Attorney General of the State of California, by Sarah J. Jacobs, Deputy Attorney General.

2. Sawtantra Kumar Chopra, M.D. (Respondent) is represented in this proceeding by attorney Anthony Capozzi, whose address is: 1233 West Shaw Avenue, Suite 102, Fresno, California, 93711.

3. On or about December 8, 1975, the Board issued Physician's and Surgeon's Certificate No. A 29771 to Sawtantra Kumar Chopra, M.D. (Respondent). The Physician's and Surgeon's Certificate expired on February 28, 2019, and has not been renewed.

JURISDICTION

4. First Amended Accusation No. 800-2017-031271 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on June 19, 2020. This Stipulated Surrender shall serve as Respondent's Notice of Defense pursuant to Government Code section 11506, subdivision (a)(4). A copy of First Amended Accusation No. 800-2017-031271 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2017-031271. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

\\

CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in First Amended Accusation No. 800-2017-031271, agrees that cause exists for discipline and hereby surrenders his Physician's and Surgeon's Certificate No. A 29771 for the Board's formal acceptance. Respondent agrees that if he ever petitions for reinstatement of his Physician's and Surgeon's Certificate No. A 29771, all of the charges and allegations contained in First Amended Accusation No. 800-2017-031271 shall be deemed true, correct and fully admitted by respondent for purposes of that reinstatement proceeding or any other licensing proceeding involving respondent in the State of California.

9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

10. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

11. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. A 29771 without further notice to, or opportunity to be heard by, Respondent.

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

13. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

14. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

15. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

16. In consideration of the foregoing admissions and stipulations, the parties agree the Executive Director of the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 29771, issued to Respondent Sawtantra Kumar Chopra, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 800-2017-031271 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in First Amended Accusation, No. 800-2017-031271 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 licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Anthony Capozzi. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of

License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 7/1/20

SAWTANTRA KUMAR CHOPRA, M.D.
Respondent

I have read and fully discussed with Respondent Sawtantra Kumar Chopra, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 7/8/2020

ANTHONY CAPOZZI
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: July 8, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

SARAH J. JACOBS
Deputy Attorney General
Attorneys for Complainant

FR2019104489
95349575.docx

Exhibit A

First Amended Accusation No. 800-2017-031271

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
SARAH J. JACOBS
Deputy Attorney General
State Bar No. 255899
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2312
Facsimile: (559) 445-5106
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **Sawtantra Kumar Chopra, M.D.** **1401 Spanos Ct., # 128** **Modesto, CA 95355** **Physician's and Surgeon's Certificate No. A 29771,** Respondent.	Case No. 800-2017-031271 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about December 8, 1975, the Medical Board issued Physician's and Surgeon's Certificate Number A 29771 to Sawtantra Kumar Chopra, M.D. (Respondent). The Physician's and Surgeon's Certificate expired on February 28, 2019, and has not been 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 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 118 of the Code states, in pertinent part:

> ...
>
> (b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.
>
> ....

STATUTORY PROVISIONS

6. Unprofessional Conduct is generally defined in section 2234:

> 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.
>
> [¶] . . . [¶]

7. Proper medical record keeping requirements are described in section 2266, "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."

8. An Order compelling a mental or physical examination of a licensee is provided in Section 820 of the Code, which states:

> Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

9. Section 821 of the Code states, "The licentiate's failure to comply with an order issued under Section 820 shall constitute grounds for the suspension or revocation of the

licentiate's certificate or license."

10. Section 822 of the Code states:

> If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:
>
> (a) Revoking the licentiate's certificate or license.
>
> (b) Suspending the licentiate's right to practice.
>
> (c) Placing the licentiate on probation.
>
> (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.
>
> The licensing section shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

11. Section 824 of the Code states, "The licensing agency may proceed against a licentiate under either Section 820, or 822, or under both sections."

DEFINITIONS

12. CURES is the Controlled Substances Utilization Review and Evaluation System, and is a database that documents prescriptions filled for controlled substances in California.

13. Phenergan is a trade name for promethazine HCI. It is a dangerous drug as defined in section 4022 which has antihistaminic, sedative, antimotion-sickness, antiemetic, and anticholinergic effects. It may be used as a preoperative sedative. The concomitant use of alcohol, sedative hypnotics (including barbiturates), general anesthetics, narcotics, narcotic analgesics, tranquilizers or other central nervous system depressants may have additive sedative effects and patients should be warned accordingly.

14. Soma, a trade name for carisoprodol, a muscle-relaxant and sedative, is a dangerous drug as defined in section 4022 of the code. Since the effects of carisoprodol and alcohol or carisoprodol and other central nervous system depressants or psychotropic drugs may be additive, appropriate caution should be exercised with patients who take more than one of these agents simultaneously.

15. Vicodin is the trade name for 5 mg hydrocodone bitartrate and 500 mg acetaminophen and is a controlled substance as defined in Schedule II, section 11055(b)(1) of the Health and Safety Code. Zydone and Vicodin ES are other trade names for hydrocodone with Apap (Narcotic Analgesic with Acetaminophen). Vicodin, Vicodin ES and Zydone are all dangerous drugs as defined in section 4022. Repeated administration of Vicodin or Vicodin ES over a course of several weeks may result in psychic and physical dependence.

16. Xanax, a trade name for alprazolam, is a dangerous drug as defined in section 4022 and a schedule IV controlled substance as defined by section 1308.14, subdivision (c)(1) of Title 21 of the Code of Federal Regulations. Alprazolam is a psychotropic triazolo analogue of the 1,4 benzodiazepine class of central nervous system-active compounds. Xanax is used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. Addiction-prone individuals (such as drug addicts or alcoholics) should be under careful surveillance when receiving alprazolam because of the predisposition of such patients to habituation and dependence.

17. Hydrocodone bitartrate – acetaminophen or acetaminophen – hydrocodone bitartrate is also known under the brand names of Lorcet®, Lortab®, Norco® and Vicodin®. Hydrocodone bitartrate – acetaminophen or acetaminophen – hydrocodone bitartrate is an opioid pain medication used for relief from moderate to moderately severe pain and has a high potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and is a dangerous drug pursuant to section 4022.

18. Promethazine HCL Syrup – Codeine Phosphate (Promethazine Hydrochloride) is a dangerous drug pursuant to section 4022. Promethazine is an antihistamine that relieves watery eyes, itchy eyes/nose/throat, runny nose, and sneezing. Codeine is an opioid cough suppressant (antitussive) that affects a certain part of the brain, reducing the urge to cough.

19. Ritalin, a trade name for methylphenidate hydrochloride, is a mild central nervous system stimulant. It is a dangerous drug as defined in section 4022 and a schedule II controlled substance as defined in Health and Safety Code section 11055.

\\

FACTUAL ALLEGATIONS

PATIENT A

20. Patient A is a 21-year-old male with a history of asthma, tobacco, and marijuana use. Respondent treated him for approximately one-and-a-half years beginning in August of 2016, and treated him during approximately 10 office visits.

21. On August 4, 2016, Respondent first treated Patient A for recurrent bronchitis, rhinitis, and asthma. Respondent considered getting a chest x-ray and a spirometry and then prescribed Promethazine with Codeine cough suppressant.

22. During Patient A's office visit in October of 2016, Respondent found that he had interstitial lung disease with possible pulmonary fibrosis, recurrent sinusitis. Respondent noted that Patient A may be dependent on codeine and considered sending him to a neuropsychologist for possible drug dependence. However, Respondent again prescribed codeine to Patient A.

23. During Patient A's next office visit in December of 2016, Respondent concluded that he should be seen by ear, nose and throat specialists and a neuropsychologist for any evidence of a drug dependence. However, Respondent again prescribed codeine to Patient A and increased the supply from 18 days to 24 days.

24. During Patient A's June 1, 2017 office visit, Respondent found that a chest x-ray indicated interstitial lung disease with vasculitis and possible primary fibrosis. Respondent noted that Patient A had not obtained the requested x-rays of his sinuses previously requested for possible ear, nose, and throat evaluation. Respondent ordered a blood test and again prescribed codeine with a 24-day supply.

25. On June 30, 2017, Patient A returned for an office visit with Respondent. Respondent noted that Patient A "does not appear to be very compliant" and that Respondent was unsatisfied with Patient A's progress. Respondent indicated that he would be referring Patient A to another physician for a second opinion on management of Patient A. Respondent again prescribed codeine with a 24-day supply.

\\

\\

26. In August of 2017, Patient A returned with similar symptoms. Respondent indicated that he would not be able to see Patient A unless he completed his "laboratory workup and evaluation consultation with the other physicians." Respondent again prescribed codeine.

27. In February of 2018, Patient A returned for an office visit with Respondent with similar symptoms, including respiratory insufficiency. Respondent recommended chest and sinus x-rays as soon as possible and blood tests. Respondent again prescribed codeine, but indicated that he would not make any further appointments with Patient A unless he completed Respondent's recommendations.

28. According to CURES, Respondent prescribed the following controlled substances to Patient A:

Date	Drug Name	Drug Strength	Qty.	Prescriber Name
8-4-2016	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	180	Respondent
8-19-2016	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	180	Respondent
9-5-2016	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	180	Respondent
9-20-2016	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	180	Respondent
10-31-2016	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	180	Respondent
12-1-2016	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	240	Respondent
6-1-2017	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	240	Respondent
6-30-2017	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	240	Respondent
8-1-2017	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	240	Respondent

2-14-2018	Promethazine HCL – Codeine Phosphate	6.25 mg/ 5 ml – 10 mg/5 ml	240	Respondent

PATIENT B

29. Patient B is a 43-year-old female with a history of severe back pain with spina bifida since the age of 25, back spasms, recurrent bronchitis, bronchospastic airway disease, tobacco use, anxiety, moderate obesity, and hypertension with hypertensive heart disease. During the one year that Respondent treated Patient B, she had approximately seven office visits.

30. In February of 2015, Respondent first treated Patient B for non-resolving back pain and spasms. She had back tenderness and her heart rate was 130 beats per minute. Patient B's prior physician treated her with Vicodin and Soma. Respondent documented that NSAID's have not helped Patient B in the past. Respondent maintained Patient B's prescription from her prior physician of Norco 10/325 one tablet every 12 hours. He also prescribed Soma for anxiety and for her back spasms and Phenergan with codeine cough suppressant[1] to improve breathing.

31. On April 24, 2015, Patient B was seen by Respondent for similar symptoms. Patient B had not obtained any x-rays or laboratory blood test. Respondent recommended Patient B obtain x-rays. He recommended continuing Patient B with Norco and Phenergan with codeine cough suppressant.

32. In May of 2015, Respondent referred Patient B to a rheumatologist for possible rheumatoid arthritis.

33. In November of 2015, Patient B was treated by Respondent. Patient B claimed to have completed x-rays, but did not bring them. Respondent noted that Patient B failed to appear for her recommended treatment from the orthopedic surgeon and failed to receive the recommended treatment from the neuropsychologist specialist.

34. In December of 2015, Patient B was treated by Respondent with similar symptoms. Respondent noted that he did not receive any records from the recommended orthopedic specialist, neuropsychologist, or rheumatologist. Respondent made a note for Patient B to stop

[1] While Respondent prescribed codeine cough suppressant syrup to Patient B numerous times according to his notes, CURES records do not list this prescription.

the codeine cough syrup. Respondent discontinued Patient B's Xanax prescription, but recommended continued use of Soma and Norco. Respondent warned Patient B that if she did not seek treatment from the recommended specialists, Respondent would be unable to treat her on a regular basis.

35. In June of 2016, Patient B returned to Respondent for treatment. Respondent indicated that Patient B did not attend her other appointments with the recommended specialists. Respondent noted that he was unhappy with the situation. Respondent documented providing Patient B with a letter stating that he would not treat her anymore unless she sought treatment from the recommended specialists. Respondent nevertheless again prescribed Patient B with codeine cough suppressant and Soma.

36. According to CURES, Respondent prescribed the following controlled substances to Patient B:

Date	Drug Name	Drug Strength	Qty.	Prescriber Name
11-20-2015	Alprazolam	.5 mg	30	Respondent
11-20-2015	Hydrocodone Bitartrate - Acetaminophen	10 mg – 325mg	35	Respondent
12-17-2015	Hydrocodone Bitartrate - Acetaminophen	10 mg – 325 mg	30	Respondent
12-17-2015	Carisoprodol	350 mg	50	Respondent
6-13-2016	Carisoprodol	350 mg	30	Respondent

PATIENT C

37. Patient C is a 49-year-old female with a recent history of metastatic right breast carcinoma, fibromyalgia, and a history of smoking one pack of cigarettes per day for the last 20 years. Respondent began treating Patient C on July 8, 2014.

38. On July 8, 2014, Respondent treated Patient C for metastatic breast carcinoma, lumbosacral sprain, a large wound in her right breast, asthmatic bronchitis, anxiety with depression, fibromyalgia, back pain, and possible rheumatoid arthritis or osteoarthritis. Patient C's cited back pain was not chronic, since Respondent documented that it was of several months duration on July 8, 2014, and then on the next visit on August 21, 2014, stated that it was of several weeks duration.

39. Patient C did not have a history of asthma, asthmatic bronchitis, or bronchospastic airway disease prior to her first documented visit with Respondent on July 8, 2014. During this visit, Respondent noted Patient C had "wheezing with decreased breath sounds as the bases, right more than left." Respondent recommended that Patient C follow up with her general surgeon and have an oncology evaluation. Patient C also presented with "chronic arthritis with low back pain" of several months duration, but did not indicate when this started or other details. Patient C reported her pain to be eight out of ten involving the "lower spine area." She was tender at L4-L5. Respondent's impression was a lumbosacral sprain though he indicated possibly fibromyalgia and possible rheumatoid arthritis or osteoarthritis as possible causes. Respondent recommended an Oncology evaluation, but did not recommend any imaging studies. Respondent prescribed hydrocodone/acetaminophen 10/325 for the back pain every 8 hours. Respondent noted that Patient C had tried Motrin and ibuprofen, but the pain was not improving and she wanted to be "comfortable as much as possible." Respondent also prescribed Soma and phenergan with codeine[2] to improve Patient C's cough.

40. On August 21, 2014, Patient C returned to Respondent with pain "involving the left chest" for several weeks and "severe back pain of several weeks duration." Respondent's noted impression of the back pain was "lumbosacral sprain." Respondent did not recommend any imaging studies of the back, but recommended x-rays for the chest and hand. Respondent also recommended Norco and Soma.

41. On September 14, 2014, Patient C returned to Respondent with severe back pain of several weeks duration. Respondent documented, "She is now having severe low back pain. . . She has tried ibuprofen, Aleve and several other medications with no improvement." Respondent further noted, "marked tenderness at the L4-L5 level." Respondent's impression was again of "lumbosacral sprain." Respondent recommend Soma and Norco as "It [was] functioning reasonably well."

\\

[2] No CURES records exist to confirm these prescription and no other records obtained verify whether this prescription was dispensed. In fact, there are no records verifying whether the opioids prescribed to Patient C were dispensed from July 8, 2015 to August 6, 2015.

42. Respondent never ordered any imaging studies of Patient C's back during the multiple subsequent visits. There was no documentation that Respondent ever considered metastatic disease to the spine, though he mentioned that the breast cancer was metastatic at the first of 23 visits. The location and extent of Patient C's metastases is unknown. New and severe back pain in a patient with known metastatic breast cancer is a "red flag." Patient C indicated that she "wished to be kept comfortable as much as possible," but this does not imply she was refusing treatment. According to a December 5, 2014 notation, another physician prescribed Patient C low does Neurontin®[3]. Patient C wanted appropriate treatment allowing her comfort. Norco, Soma, and codeine were thus ineffective, such that Neurontin® was added. Patient C also received chemotherapy, showing her desire for treatment.

43. The standard of care for a patient with metastatic breast cancer presenting with severe back pain is to consider other major causes. The effective treatment for metastatic spine disease differs from Respondent's diagnosis of lumbosacral sprain. Palliative radiation may be necessary, particularly if the disease encroaches the spinal cord.

44. On November 7, 2014, Respondent saw Patient C and noted she had "intermittent shortness of breath with wheezing of several weeks duration." Her oxygen saturation was 94%. There was "1+ edema," but there was no mention of extremity of extremities. Respondent noted, "No signs of deep venous thrombosis" and recommended albuterol and a chest x-ray. Respondent further considered an antibiotic for the "acute infectious bronchitis." It is unknown whether the x-ray was performed, as there are no records of it. There was no reconciliation of the chest x-ray at subsequent visits.

45. On February 5, 2015, Respondent noted a specific concern about Patient C's "possibility of addiction" while he continued to prescribe Norco and Soma. He documented that her prognosis is very poor and encouraged her to lose weight. It is unknown why Respondent wanted a patient with metastatic breast cancer to lose weight intentionally.

\\

[3] The generic name is gabapentin and is used for the management of shingles and partial onset seizures.

46. Fourteen months after Respondent's initial back pain notation, on September 9, 2015, Respondent recommended x-rays needed of lumbosacral spine and possible MRI." He noted that her "condition is pre-terminal." There is no mention of this x-ray occurring or the report being reconciled in the subsequent months through the last medical record on June 16, 2016.

47. On October 8, 2015, Patient C reported to Respondent that she had "painful swelling of the right upper extremity with tingling and numbness."

48. On November 6, 2015, Patient C complained to Respondent to be suffering "severe pain and [was] gradually deteriorating in her overall condition with progressively worsening wheezing, [and] shortness of breath." Respondent noted, "She gets short of breath when walking five to ten feet" and she has a history of pedal edema." Patient C was noted to have "2+ edema, but no signs of deep vein thrombosis."

49. On December 5, 2015, Patient C presented to Respondent with "chest tightness and wheezing of several weeks duration," along with "severe pain involving the right arm and right breast of two weeks duration." He noted, "Her right arm is markedly swollen." Respondent's impression was only "lymphedema involving the right upper extremity with painful swelling of the right arm and right chest wall." Respondent failed to recommend an ultrasound for the right arm or any other diagnostic tests. Respondent did recommend an oncology evaluation, pain medications, Pepcid, and Albuterol. Respondent implied that the chest tightness, shortness of breath, and wheezing was attributed to asthmatic bronchitis in a patient without a prior history of asthma and a patient who had not been on maintenance inhalers and had no prior pulmonary function testing performed. Respondent failed to document at this visit or at any prior visit whether Patient C underwent axillary node dissection or whether she had surgery that disrupted the lymphovascular integrity of the right arm.

50. On December 7, 2015, Respondent referred Patient C to the emergency room for "review of tachycardia," noting that her vital signs were unstable.

51. On January 6, 2016, Respondent indicated that Patient C was "discharged from the emergency room without referral to any specialist or any change in therapy."

\\

52. In April of 2016, Patient C was referred to hospice and her last visit with Respondent was in June of 2016.

53. According to CURES, Respondent prescribed the following controlled substances to Patient C:

Date	Drug Name	Drug Strength	Qty.	Prescriber Name
6-16-2016	Hydrocodone Bitartrate - Acetaminophen	10 mg/ 325 mg	60	Respondent
5-5-2016	Hydrocodone Bitartrate - Acetaminophen	10 mg/ 325 mg	60	Respondent
5-5-2016	Carisoprodol (Soma)	350 mg	60	Respondent
4-7-2016	Hydrocodone Bitartrate - Acetaminophen	10 mg/ 325 mg	60	Respondent
4-7-2016	Carisoprodol (Soma)	350 mg	60	Respondent
3-8-2016	Hydrocodone Bitartrate - Acetaminophen	10 mg/ 325 mg	60	Respondent
3-8-2016	Carisoprodol (Soma)	350 mg	60	Respondent
2-9-2016	Hydrocodone Bitartrate - Acetaminophen	10 mg/ 325 mg	60	Respondent
2-9-2016	Carisoprodol (Soma)	350 mg	60	Respondent
1-6-2016	Hydrocodone Bitartrate - Acetaminophen	10 mg/ 325 mg	60	Respondent
1-6-2016	Carisoprodol (Soma)	350 mg	60	Respondent

54. Respondent billed Patient C for three visits, March 10, 2014, April 18, 2014, and May 16, 2014, but there were no records or notes in Patient C's medical file. It is common practice to have an extensive note at the initial visit that may include details of prior medical history, diagnostic and screened test results, and counseling for medications.

55. Respondent did not document any potential side effects and precautions associated with the prescribing of the opioids. There were multiple attempts by Respondent to arrange for Patient C's care to be assumed by the oncologist, primary care physician, and pain specialist. However, there were multiple missed opportunities for Respondent to document or have a discussion on the potential side effects and precautions associated with the opioids prescribed. As Patient C was recently diagnosed with breast cancer, the indication for opioids is reasonable, but there was no documentation by Respondent that the potential side effects and precautions were ever discussed.

PATIENT D

56. Patient D was a 35-year-old male with a recent diagnosis of Attention Deficit Disorder (ADD). Respondent began treating Patient D on May 19, 2015, after the diagnosis.

57. On March 16, 2016, Respondent treated Patient D by continuing Ritalin. Respondent recommended a neurological consultation for further opinions and revision of therapy. Subsequent visits indicated that Respondent continued to prescribe Ritalin, but also continued to attempt to refer Patient D for a neurological consolation.

58. From March of 2016 to March of 2018, Respondent treated and prescribed Ritalin to Patient D 24 times. Respondent continued to note "neurological consultation for further opinion and revision of therapy." On April 7, 2017, Respondent decreased the dosage from 10 mg twice a day to 5 mg twice a day. Of the 32 visits Respondent documented, 28 noted Patient D's need to be seen for a neurological consultation. Respondent did not document the side effects, adverse reactions, and precautions needed while Patient D was taking Ritalin.

59. It is the standard of care to prescribe controlled substances in a safe manner. There were multiple missed opportunities by Respondent to document the risks and potential side effect precautions of taking Ritalin. According to CURES, Respondent prescribed the following controlled substances to Patient D:

Date	Drug Name	Drug Strength	Qty.	Prescriber Name
7-29-2015	Methylphenidate HCL	10 mg	60	Respondent
3-17-2016	Methylphenidate HCL	10 mg	60	Respondent
4-19-2016	Methylphenidate HCL	10 mg	60	Respondent
5-10-2016	Methylphenidate HCL	10 mg	60	Respondent
7-1-2016	Methylphenidate HCL	10 mg	60	Respondent
8-8-2016	Methylphenidate HCL	10 mg	60	Respondent
9-3-2016	Methylphenidate HCL	10 mg	60	Respondent
10-2-2016	Methylphenidate HCL	10 mg	60	Respondent
10-16-2016	Methylphenidate HCL	10 mg	60	Respondent
11-14-2016	Methylphenidate HCL	10 mg	60	Respondent
12-6-2016	Methylphenidate HCL	10 mg	60	Respondent
1-5-2017	Methylphenidate HCL	10 mg	60	Respondent
2-2-2017	Methylphenidate HCL	10 mg	60	Respondent
3-3-2017	Methylphenidate HCL	10 mg	60	Respondent
3-14-2017	Methylphenidate HCL	10 mg	60	Respondent

4-4-2017	Acetaminophen-Codeine Phosphate	300 mg – 30 mg	30	Respondent
4-7-2017	Methylphenidate HCL	5 mg	60	Respondent
4-21-2017	Methylphenidate HCL	5 mg	60	Respondent

60. On October 27, 2016, Patient D came to Respondent complaining of epigastric discomfort with nausea for 48 hours and blurred vision. Respondent noted significant epigastric tenderness during an abdominal exam. Respondent recommended over-the-counter Prilosec 20 mg daily for two weeks for acute gastritis with acid peptic disease. There was no mention in Respondent's notes of whether the abdomen was soft or rigid, or of any abdominal distention. There was no mention of obtaining blood test results or referral to a gastroenterologist.

61. Nine days later, on November 5, 2016, Patient D came to Respondent with progressively worsening abdominal pain and blood in his stools. He complained of general discomfort with nausea. His blood pressure was 116/60 and his heart rate was 88 beats per minute, but there were no orthostatic measurements. The abdominal exam was notable for epigastric discomfort. Respondent's notes did not mention abdominal distention or peritoneal signs. Respondent's impression was acid peptic disease with a possible duodenal ulcer. Respondent recommended that Patient D continue with Prilosec and recommended a fecal occult blood test on the stool, along with a possible gastroenterologist consultation, but no blood tests were recommended.

62. On December 6 and 21, 2016, Patient D was treated by Respondent and the abdominal tenderness had improved and the patient had overall improvement. Respondent again recommended a fecal occult blood test on the stool, along with a possible gastroenterologist consultation. On December 6, 2016, Respondent recommended an increase in Prilosec from 20 mg once a day to twice a day.

63. It is the standard of care to evaluate a patient for a gastrointestinal bleeding by evaluating hemodynamic stability and the presence or absence of peritoneal signs. Respondent did not document an examination regarding intra-abdominal perforation. There was no documentation reflecting whether Patient D was hemodynamically stable. Respondent appropriately suspected a gastrointestinal bleed and empirically treated it, but did not have

confirmation. The empiric treatment had low risk side effects. Notably, Respondent increased Prilosec from 20 mg once a day to twice a day when Patient D appeared "somewhat improved," instead of on November 5, 2016, when he had worsened. Respondent "considered" referring Patient D for a gastroenterologist consultation, but never did. Referring Patient D for a fecal occult blood test on the stool was unnecessary as the Patient already reported blood in the stool. The decision to undergo endoscopy would not be based on the presence or absence of blood in the stool at that point.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

64. Respondent Sawtantra Kumar Chopra, M.D. is subject to disciplinary action under section 2234, subdivision (c) in that Respondent failed to safely prescribe controlled substances to Patients A, B, C, and D. The circumstances are set forth in paragraphs 16 through 58, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

65. On or about August 4, 2016 to February of 2018, Respondent committed repeated negligent acts for failing to safely prescribe Patient A opioids. Respondent failed to document the potential side effect and precautions associated with prescribing Promethazine codeine cough suppressant. Respondent continued to prescribe the controlled substance in spite of Patient A's refusal to cooperate with Respondent's treatment and referral recommendations.

66. On or about February of 2015 to June 13, 2016, Respondent committed repeated negligent acts for failing to safely prescribe Patient B opioids. Respondent did not document any potential side effects and precautions associated with the prescribing of the opioids. There were multiple missed opportunities for Respondent to document or have a discussion about the potential side effects and precautions associated with the opioids prescribed. Respondent prescribed hydrocodone twice and within a short period of time. Respondent noted Patient B's noncompliance by the second visit and the need for a neuropsychological evaluation thereby implying that Patient B might have an opioid addiction

67. On or about November 20, 2015 to January 6, 2016, Respondent committed repeated negligent acts for failing to safely prescribe Patient C opioids. Respondent did not document any

potential side effects and precautions associated with the prescribing of the opioids. There were multiple missed opportunities for Respondent to document or have a discussion about the potential side effects and precautions associated with the opioids prescribed. There was no documentation by Respondent that the potential side effects and precautions were ever discussed with Patient C.

68. On or about July 29, 2015 to April 21, 2017, Respondent committed repeated negligent acts for failing to safely prescribe Patient D controlled substances. Respondent did not document any potential side effects and precautions associated with the prescribing of the opioids. There were multiple missed opportunities for Respondent to document or have a discussion about the potential side effects and precautions associated with the opioids prescribed. There was no documentation by Respondent that the potential side effects and precautions were ever discussed with Patient D.

69. On or about October 27, 2016 to December 21, 2016, Respondent committed repeated negligent acts after falling below the standard of care in his evaluation of Patient D for hemodynamic stability and the presence or absence of peritoneal signs in a patient with a suspected gastrointestinal bleed.

SECOND CAUSE FOR DISCIPLINE

(Incompetence)

70. Respondent Sawtantra Kumar Chopra, M.D. is subject to disciplinary action under section 2234, subdivision (d) in that Respondent failed to appropriately evaluate Patient C thereby demonstrating incompetence. The circumstances are set forth in paragraphs 32 through 50, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

71. On or about November 7, 2014 to June of 2016, Respondent committed incompetence with respect to his care and treatment of Patient C, in his failure to consider deep vein thrombosis in a patient with known breast cancer suffering from a swollen arm. Respondent did not entertain any other cause for the swelling, did not recommend an ultrasound, and did not associate the arm swelling with the additional respiratory symptoms.

\\

72. On or about November 7, 2014 to June of 2016, Respondent committed incompetence with respect to his care and treatment of Patient C in his failure to consider other causes beyond a lumbosacral sprain for Patient C's severe back pain. Respondent failed to order imaging studies of Patient C's spine, for over 8 months. Even though Respondent ultimately did recommend x-rays, it was not until 14 months after Patient C initially complained of the symptoms. The incompetence existed in the months preceding the recommendation of the imaging studies. Moreover, Respondent failed to follow up on the suggested x-rays. Based on the lack of medical records for Patient C, it is unknown whether the x-rays were done and not reconciled, or not done at all. Respondent was also incompetent in his lack of urgent referral for Patient C's x-rays, such as referring her to the emergency room, if necessary. Respondent's incompetence extended into failure to recognize the need to reconsider his initial diagnosis of lumbosacral sprain when Patient C complained of continued severe back pain and tenderness.

THIRD CAUSE FOR DISCIPLINE

(Medical Record Keeping)

73. Respondent Sawtantra Kumar Chopra, M.D. is subject to disciplinary action under section 2266 in that Respondent failed to keep adequate medical records for Patient C. The circumstances are set forth in paragraphs 32 through 50, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

74. Respondent billed Patient C for three visits, March 10, 2014, April 18, 2014, and May 16, 2014, but there were no records or notes in Patient C's medical file of any treatment or office visits on those dates.

FORTH CAUSE FOR ACTION

(Failure to Comply with Order for Examination)

75. Respondent is subject to further action under section 821 in that he failed to comply with an order for examination issued under section 820. The circumstances are as follows:

76. On or about April 19, 2019, a criminal federal Indictment was filed in the United States District Court for the Eastern District of California, in case number 1:18-CR-00086-LJO-SKO, alleging that Dr. Chopra unlawfully distributed controlled substances to patients.

77. On or about January 29, 2020, a United States District Judge issued an Order finding Dr. Chopra to be "presently suffering from a mental disease or defect rendering him mentally incompetent to the extent that he is unable to assist properly in his defense." It further ordered Dr. Chopra committed to custody on April 3, 2020 for hospitalization in a suitable medical facility for a reasonable period, not to exceed four months, as necessary for treatment and a determination of whether there is a substantial probability that Dr. Chopra will attain the capacity for the criminal matter to proceed.

78. On or about March 16, 2020, the Board issued an Order Compelling Mental/Physical Examination of Licensee concerning the Respondent (Order). Pursuant to the Order, Respondent was required to submit to an examination by a physician and surgeon no later than thirty (30) days after the service of the Order.

79. On or about March 16, 2020, the Order was served on Respondent by the Board Discipline Coordination Unit (DCU) via Certified Mail at his address of record, 1401 Spanos Ct., #128, Modesto, CA 95355.

80. On or about April 3, 2020, the Order was again served on Respondent, along with Respondent's counsel by the Board Discipline Coordination Unit (DCU) via Certified Mail at Respondent's new address of record, 6978 Hillcrest Dr., Modesto, CA 95356-9649. Respondent's counsel, Robert J. Sullivan, Esq. and Anthony P. Capozzi, Esq. Nossaman, LLP, were served by the Board Discipline Coordination Unit (DCU) via Certified Mail at 621 Capitol Mall, Ste. 2500, Sacramento, CA 95814.

81. Respondent failed to comply with the Order in that he was required to submit to an mental and physical examination by a physician and surgeon within thirty (30) days after the service of the Order and has failed to do so at any time.

DISCIPLINARY CONSIDERATIONS

82. To determine the degree of discipline, if any, to be imposed on Respondent Sawtantra Kumar Chopra, M.D., Complainant alleges that on or about July 24, 2003, in a prior disciplinary action entitled "In the Matter of the Accusation Against Sawtantra Chopra, M.D." before the Medical Board of California, in Case Number 08-2002-132366, Respondent's license was

revoked, but stayed with a five year probationary term[4] for: 1) conviction of a crime (Bus. & Prof. Code, § 2236) based on a felony conviction in United Stated District Court for the Eastern District of California of receiving illegal kickbacks for referring patients (42 U.S.C.A. § 1320a, subd. (b)(1)(A)); and 2) dishonest/corrupt acts (Bus. & Prof. Code, § 2234, subd. (e)). That decision is now final and is incorporated by reference, as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 29771, issued to Sawtantra Kumar Chopra, M.D.;

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

3. Ordering Sawtantra Kumar Chopra, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: JUN 19 2020

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

FR2019104489
95328326.docx

[4] Complainant notes that a second Decision and Order in the same case was issued on or about March 24, 2006, granting Respondent's request for Early Termination of Probation after serving a three-year term.