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

In the Matter of the First Amended Accusation Against: Mina Nessim Saad Mikhail, M.D. Physician's and Surgeon's Certificate No. A 51300 Respondent.	Case No. 800-2016-023049

ORDER CORRECTING NUNC PRO TUNC
CLERICAL ERROR IN "NAME" PORTION OF DECISION

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "name" portion of the Decision in the above-entitled matter and that such clerical error should be corrected so that the name will conform to the Board's issued name.

IT IS HEREBY ORDERED that the name contained on the Decision Order Page in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read as "Mina Nessim Saad Mikhail, M.D.".

October 29, 2020

Kristina D. Lawson, J.D., Chair
Panel B

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

In the Matter of the First Amended Accusation Against: Mina Messim Saad Mikhail, M.D. Physician's & Surgeon's Certificate No A51300 Respondent.	Case No. 800-2016-023049

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 October 23, 2020.

IT IS SO ORDERED September 23, 2020.

MEDICAL BOARD OF CALIFORNIA

By: Kristina Lawson

Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
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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: MINA NESSIM MIKHAIL, M.D. 6171 Century Hill Drive Riverside, CA 92506 Physician's and Surgeon's Certificate No. A 51300, Respondent.	Case No. 800-2016-023049 OAH No. 2019100466 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Trina L. Saunders, Deputy Attorney General.

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2. Respondent Mina Nessim Mikhail, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, whose address is, 5440 Trabuco Road, Irvine, CA 92620.

3. On or about October 20, 1992, the Board issued Physician's and Surgeon's Certificate No. A 51300 to Mina Nessim Mikhail, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2016-023049, and will expire on August 31, 2020, unless renewed.

JURISDICTION

First Amended Accusation No. 800-2016-023049 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 August 20, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 800-2016-023049 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-023049. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary 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 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.

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CULPABILITY

8. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2016-023049, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie case for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

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

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 51300 issued to Respondent Mina Nessim Mikhail, M.D. is publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's care and treatment of two patients, as set forth in First Amended Accusation No. 800-2018-041785, is as follows:

In 2012, you were negligent when you failed to confirm that a hospital had made a timely report of a seizure disorder for patient A, who was diagnosed with a seizure in the hospital emergency department, and later evaluated by you in your office.

In 2012 -2015, while prescribing controlled substances for pain to patient B, you did not perform complete periodic reviews and risk assessments of the harm presented by the long-term opiate and muscle relaxant therapy provided.

IT IS FURTHER ORDERED THAT:

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

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

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

2. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

4. Any failure to comply with the above terms constitutes unprofessional conduct.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 02/20/2020

MINA NESSIM MIKHAIL, M.D.
Respondent

I have read and fully discussed with Respondent Mina Nessim Mikhail, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: February 21, 2020

RAYMOND J. MCMAHON
Attorney for Respondent

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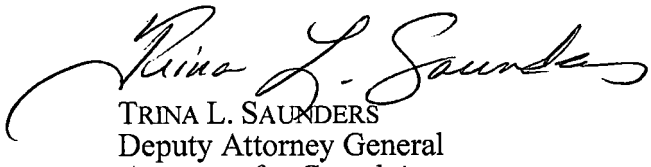
ENDORSEMENT

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

DATED: February 24, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General



TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2016-023049

XAVIER BECERRA
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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 20, 2019
BY: ANALYST

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

In the Matter of the First Amended Accusation Against: MINA NESSIM MIKHAIL, M.D. 4100 Central Ave., Ste. 106 Riverside, California 92506-2930 Physician's and Surgeon's Certificate A 51300, Respondent.	Case No. 800-2016-023049 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California (Board).

2. On October 20, 1992, the Board issued Physician's and Surgeon's Certificate Number A 51300 to Mina Nessim Mikhail, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2020, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code 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 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

6. 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.

7. Health and Safety Code Section 103900, subdivision (a) states: "Every physician and surgeon shall report immediately to the local health officer in writing, the name, date of birth, and address of every patient at least 14 years of age or older whom the physician and surgeon has diagnosed as having a case of a disorder characterized by lapses of consciousness. However, if a physician and surgeon reasonably and in good faith believes that the reporting of a patient will serve the public interest, he or she may report a patient's condition even if it may not be required under the department's definition of disorders characterized by lapses of consciousness pursuant to subdivision (d)."

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts - Patients A and B)

8. Respondent Mina Nessim Mikhail, M.D. is subject to disciplinary action under Code section 2234, subdivision (c) for being repeatedly negligent in his care of Patient A. He failed to appropriately manage the patient's seizure disorder, did not monitor the effectiveness of the prescribed anti-seizure treatment or completely assess its adverse effects, and he failed to report Patient A's lapse of consciousness to the required public health agency in a timely manner. The circumstances are as follows:

Patient A

9. Patient A is a 36-year-old male, with a history of childhood seizures, recurrent Hodgkin's Lymphoma in remission, status post stem cell transplant, and chemotherapy. He presented to Riverside Community Hospital on January 26, 2004 due to seizures and a tongue laceration. He received a head CT. It was negative. He was admitted under the care of Respondent, who was the hospitalist on call. Respondent performed a history and physical. No focal neurologic deficits were documented. Respondent's assessment was status epilepticus, poorly controlled seizures, right upper quadrant pain, increased liver function tests, rule out gallbladder disease, hepatitis vs. side effect of chemotherapy, and Hodgkin's Lymphoma. Respondent's treatment plan included anti-seizure therapy, benzodiazepines as needed, seizure precautions, EEG, abdominal ultrasound and neurology consultation. EEG showed no seizure activity. Head CT was normal. Abdominal ultrasound was negative.

10. On January 29, 2004, Respondent discharged Patient A with instructions to follow-up with his primary care physician, to follow-up with neurology, outpatient CBC, liver function tests and Depakote level. His discharge medications were Depakote (new) and Dilantin on a tapering schedule for two weeks, antibiotics and anesthetic.

11. Approximately three years later, on September 7, 2007, Patient A transferred his primary care to Respondent.

12. On September 7, 2007, Respondent documented Hodgkin's lymphoma in remission and stable seizure disorder. Patient A's medications were not documented.

13. Patient A presented on February 15, 2008, for complaints of palpitations and leaning to one side. No neurologic exam was documented. Respondent's assessment was, "Lymphoma in remission, seizure disorder, controlled on Topamax, multiple complaints, possible side effects of Topamax."

14. Patient A presented to Respondent's office on May 23, 2008, for constipation. Respondent's assessment was mild constipation, lymphoma in remission for three years and seizure, stable on Topamax nightly. His management plan included Metamucil, high fiber diet, follow up with oncology and continuation of Topamax nightly.

15. Patient A presented to Riverside Community Hospital on May 31, 2012, after a mechanical fall. No loss of consciousness or seizure was documented. The prehospital report states that Patient A, "seemed a little out of it," when his supervisor found him in the stairwell. He was found to have a minor closed head injury, abrasions to the scalp and right forearm, and a non-displaced right radial head fracture. Patient A was discharged home with a prescription for Naproxen, oral narcotics and instructions to follow-up with his primary care physician.

16. Patient A presented to Respondent's office on June 6, 2012, for a follow-up after his emergency room visit and for a wrist fracture. His neurologic exam was documented as normal. Respondent's assessment was seizure disorder, right radial head fracture, wrist sprain, and Lymphoma. Respondent's management plan included laboratory analysis and follow-up wrist x-ray. Topamax 100 mg twice a day was prescribed. There was no documentation regarding any change in the Topamax dosing. Drug levels were ordered.

17. Patient A was admitted to Riverside Community Hospital on November 15, 2012, with a witnessed seizure. His prehospital care report indicated altered level of consciousness witnessed by a co-worker. His last seizure was documented as occurring one year prior. No neurologic abnormalities were identified on physical examination. His medication was listed as Topamax 100 mg daily. Laboratory tests were remarkable for low platelets. Patient A's head CT was normal. The documented clinical impression was possible seizure. Patient A was discharged home in stable condition with recommendations to follow-up with Respondent and a neurologist. Information regarding recurrent seizures was given to Patient A.

18. Patient A again presented to Respondent's office on November 19, 2012, for a follow-up after his emergency room visit with a chief complaint of confusion. Patient A reported a loss of cognitive function and confusion. No neurologic exam was documented. Respondent's assessment was Hodgkin's Lymphoma, seizure disorder, periodic cognitive dysfunction, side effect of Topamax vs. seizure. He documented a normal CT from the emergency room evaluation. Respondent's management plan included referral to neurology for further diagnostic studies, and possible adjustment of anti-seizure therapy. Topamax 100 mg twice a day was prescribed. There was no change in Patient A's management. No drug levels were obtained. Patient A was scheduled for a follow-up in two weeks. Respondent did not submit any documentation to the local public health agency notifying them of the risk that Respondent posed if he continued to drive. There is no evidence in the record that Respondent informed Patient A of driving restrictions he should adhere to. Furthermore, Respondent provided Patient A with documentation authorizing him to return to regular work on December 5, 2012.

19. On December 28, 2012, Patient A was involved in a motor vehicle accident. The accident resulted in two fatalities and injuries to two other pedestrians.

20. On January 3, 2013, Patient A presented to Respondent's office following his car accident. He reported a loss of consciousness while driving. Respondent's assessment included situational mixed anxiety and depressive disorder, insomnia, seizure disorder, muscle spasm, status post motor vehicle accident, possible seizure, side effect of Topamax. Respondent's management plan included laboratory studies, referrals to psychiatry and neurology with possible

further diagnostic studies including MRI and EEG. Respondent prescribed Topamax 100 mg twice a day.

21. Respondent was repeatedly negligent as follows: (1) Respondent failed to appropriately manage the patient's seizure disorder; (2) Respondent did not monitor the effectiveness of the prescribed anti-seizure treatment or completely assess its adverse effects; and (3) Respondent failed to report Patient A's lapse of consciousness/file a Confidential Morbidity Report with the appropriate public health agency timely, which placed Patient A and the public at risk.

Patient B

22. At the time of her death on June 7, 2015, Patient B was a 48-year-old female with a history of Addison's disease, Grave's disease, hypertension, major depression, anxiety, previous thyroidectomy, gastric bypass, cholecystectomy, hysterectomy, and bilateral salpingo-oophorectomy.

23. Respondent provided outpatient treatment to Patient B from October 24, 2007 through June 3, 2015.

24. Respondent provided controlled substances, including opiates, muscle relaxants, and benzodiazepines to Patient B over the course of her treatment. Prescriptions for these medications were refilled regularly between 2011 and 2015.

25. Patient B presented to Respondent on June 27, 2012. During that visit, Respondent discussed a weight loss goal of 10 pounds with increased activity and home blood pressure monitoring. Tramadol, Flexeril, Ativan, and Ambien were continued.

26. Patient B presented to Respondent on July 9, 2012, for a follow-up visit for her blood pressure, panic attacks, and anxiety. A psychiatric and musculoskeletal exam were both documented as normal.

27. On August 13, 2012, Patient B presented for a follow-up visit. Respondent's assessment included major depression and anxiety. Respondent increased Patient B's prescribed dosage of antidepressant medication. Her prescriptions for Tramadol, Flexeril, Ativan and Ambien were continued.

28. On September 30, 2012, Patient B presented to Respondent with complaints of right knee pain. Right knee tenderness with effusion was documented. Respondent's assessment included knee pain, effusion. Respondent's management plan included bracing, Motrin, and referral to orthopedic surgery, if not better. An x-ray documented, "no fracture."

29. On December 10, 2013, Patient B underwent elective knee surgery.

30. On March 6, 2014, Patient B presented to Respondent with ankle pain. Respondent diagnosed tendonitis and menopausal disorder. Respondent continued Patient B's pain medications and started oral estrogen.

31. On July 7, 2014, Patient B presented to Respondent with complaints of anxiety. Respondent's assessment included major depression with anxiety. Respondent changed the previously prescribed Zoloft to Brintellix. Patient B's Ativan prescription was increased to 1 mg every 8 hours, as needed for anxiety.

32. On October 9, 2014, Patient B presented to Respondent for hypertension and knee pain. Respondent documented, "orthopedic surgery evaluation by Dr. Suzuki." Respondent's assessment included Addison's disease, Onychomycosis, and tendonitis. Respondent's management plan included laboratory evaluation, oral antifungal therapy, screening mammography, and orthopedic surgery follow-up for knee and ankle problem. Respondent continued Patient B on Norco prn. He changed Patient B's Ambien to Restoril.

33. On October 30, 2014, Patient B signed an agreement for long-term controlled substances therapy.

34. On December 22, 2014, Patient B presented to Respondent with complaints of knee pain. Respondent documented a normal musculoskeletal exam. Respondent's assessment included Addison's disease, hypertension, hypothyroidism, hypokalemia, knee pain, tendonitis, and major depression. Respondent's management plan included continuation of Sertraline, start Celebrex, and laboratory evaluation.

35. On March 10, 2015, Patient B presented with knee pain. Respondent documented right knee tenderness with mild effusion. Respondent's assessment included Addison's disease, hypertension, hypokalemia, hypothyroidism, and joint pain. Respondent's management plan

included increase in Vicodin dose, addition of topical Voltaren gel, ice, changing Meloxicam to Celebrex, and discontinuation of Temazepam and Premarin.

36. On June 3, 2015, Patient B presented to Respondent for the last time. She had complaints of a problem with her finger, and hypertension. Her medication list included Amlodipine, Benazepril, Carisoprodol, Celebrex, Cephalexin, Escitalopram, Fludrocortisone, Fluocinolone cream, Gabapentin, Hydrochlorothiazide, Hydrocortisone, Levothyroxine, Lidocaine patch, Lorazepam, Meloxicam, Ondansetron, Pantoprazolone, Potassium Chloride, Premarin, Sertraline, Terbinafine, Tramadol, Vicodin HP, Voltaren gel, and Zolpidem. Patient B's vital signs were documented as normal. Left middle finger paronychia was noted. Respondent's assessment was Acute Paronychia and Addison's disease. Respondent's management plan included oral antibiotics and continuation of current medications.

37. On June 7, 2015, Patient B's husband found her in bed, unresponsive. The cause of death was determined to be mixed drug intoxication (narcotics, Tramadol, Doylamine, Carisoprodol, Zolpidem, Sertraline, Diphenhydramine, Citalopram, Hydroxyzine, Lorazepam). Patient B's manner of death was determined to be an accidental overdose of prescription medication.

38. Respondent was negligent in the care of Patient B as follows: (1) Respondent prescribed controlled substances for pain without conducting a complete pain assessment and preparing a comprehensive treatment plan; and (2) While prescribing controlled substances for pain, Respondent performed incomplete periodic reviews and assessments of the harm presented by the long-term opiate and muscle relaxant therapy he provided.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

39. By reason of the facts set forth above and in the First Cause for Discipline, Respondent is subject to disciplinary action under Code section 2266 for failure to maintain adequate and accurate records in his care of Patients A and B.

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THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Violation of Health and Safety Code Section 103900)

40. Respondent's license is subject to disciplinary action under Health and Safety Code section 103900, in that Respondent failed to immediately report Respondent's health condition to the local health officer, following Patient A's office visit of November 19, 2012.

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 51300, issued to Mina Nessim Mikhail, M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician assistants and advanced practice nurses;

3. If placed on probation, ordering him to pay the Board the costs of probation monitoring; and

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

DATED:

August 20, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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