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

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| In the Matter of the Accusation Against:<br><br>Sanyasi R. Ganta, M.D.<br><br>Physician's & Surgeon's Certificate No A 70985<br><br>Respondent. | Case No. 800-2019-051969 |

## 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 March 3, 2021.

IT IS SO ORDERED February 1, 2021.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
JASON J. AHN
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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 Accusation Against:<br><br>**SANYASI R. GANTA, M.D.**<br>**27455 Krishna Ct.**<br>**Hemet, CA 92544**<br><br>**Physician's and Surgeon's Certificate No. A 70985**<br><br>Respondent. | Case No. 800-2019-051969<br><br>OAH No. 2020040735<br><br>**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER** |

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

**PARTIES**

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board)[1]. This action was brought by then Complainant Christine J. Lally, Interim Executive Director, solely in her official capacity. Complainant is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn, Deputy Attorney General.

[1] Mr. Prasifka became the Executive Director of the Medical Board on June 15, 2020.

2. Respondent Sanyasi R. Ganta, M.D. (Respondent) is represented in this proceeding by attorney David M. Balfour Esq., whose address is: 1925 Palomar Oaks Way, Suite 220 Carlsbad, CA 92008.

3. On or about March 3, 2000, the Board issued Physician's and Surgeon's Certificate No. A 70985 to Sanyasi R. Ganta, 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 Accusation No. 800-2019-051969, and will expire on September 20, 2021, unless renewed.

## JURISDICTION

4. On March 26, 2020, Accusation No. 800-2019-051969 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 26, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-051969 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2019-051969. Respondent has also carefully read, fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

7. 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.

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

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## CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation 800-2019-051969, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 70985 to disciplinary action.

10. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2019-051969 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 70985 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

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and fully 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.

13. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by 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 Settlement and Disciplinary Order, 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 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 Board does not, in its discretion, approve and adopt this Stipulated Settlement 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 Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

**ADDITIONAL PROVISIONS**

14. This Stipulated Settlement 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 Settlement 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 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Respondent, Sanyasi R. Ganta, M.D., holder of Physician's and Surgeon's Certificate No. A 70985, shall be and hereby is Publicly Reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued in connection with the allegations as set forth in Accusation No. 800-2019-051969, is as follows:

Between 2014 and 2017, Respondent departed from the standard of care, as more fully described in Accusation No. 800-2019-051969.

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1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

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

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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. FAILURE TO COMPLY.

Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

5. FUTURE ADMISSIONS CLAUSE.

If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-051969 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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## ACCEPTANCE

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

DATED: 12-7-20

SANYASI R. GANTA, M.D.
*Respondent*

I have read and fully discussed with Respondent Sanyasi R. Ganta, 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: 12/7/2020

DAVID M. BALFOUR ESQ.
*Attorney for Respondent*

## ENDORSEMENT

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

DATED: December 21, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

JASON J. AHN
Deputy Attorney General
*Attorneys for Complainant*

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## Exhibit A

**Accusation No. 800-2019-051969**

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*Attorneys for Complainant*

**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
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| In the Matter of the Accusation Against: | Case No. 800-2019-051969 |
|---|---|
| **Sanyasi R. Ganta, M.D.**<br>**27455 Krishna Ct.**<br>**Hemet, CA 92544**<br><br>**Physician's and Surgeon's Certificate No. A 70985,**<br><br>Respondent. | **ACCUSATION** |

## PARTIES

1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about March 3, 2000, the Medical Board issued Physician's and Surgeon's Certificate No. A 70985 to Sanyasi R. Ganta, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2021, unless renewed.

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## JURISDICTION

3. This 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, 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:
>
> ...
>
> (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.

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(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.

...

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. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

## FIRST CAUSE FOR DISCIPLINE

**(Gross Negligence)**

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 70985 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patients A,[1] B, and C, as more particularly alleged hereinafter:

**Patient A**

9. On or about April 15, 2016, Patient A first presented to Respondent. At the time of this visit, Patient A was a sixty-four (64) year-old female who complained of low back pain.

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[1] References to "Patient A, B, and C" are used to protect patient privacy.

10. From on or about April 15, 2016 through on or about August 31, 2016, Respondent prescribed the following controlled substances to Patient A:

| Date | Medication | Quantity |
|---|---|---|
| 08/31/2016 | Carisoprodol[2] 350 MG 120 | 120 |
| 08/15/2016 | Hydrocodone Bitartrate – Acetaminophen[3] 325 MG – 10 MG | 90 |
| 08/10/2016 | Alprazolam[4] 0.5 MG | 90 |

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[2] Soma® (carisoprodol) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the short-term treatment of acute and painful musculoskeletal conditions. Soma® is commonly used by those who abuse opioids to potentiate the euphoric effect of opioids, to create a better "high." According to the DEA, Office of Diversion Control, "[c]arisoprodol abuse has escalated in the last decade in the United States. According to Diversion Drug Trends, published by the DEA on the trends in diversion of controlled and noncontrolled pharmaceuticals, carisoprodol continues to be one of the most commonly diverted drugs. Diversion and abuse of carisoprodol is prevalent throughout the country. As of March 2011, street prices for [carisoprodol] Soma® ranged from $1 to $5 per tablet. Diversion methods include doctor shopping for the purposes of obtaining multiple prescriptions and forging prescriptions."

[3] Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

[4] Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

| | | |
|---|---|---|
| 08/02/2016 | Temazepam[5] 30 MG | 30 |
| 08/01/2016 | Carisoprodol 350 MG | 120 |
| 07/13/2016 | Alprazolam 0.5 MG | 90 |
| 07/04/2016 | Temazepam 30 MG | 30 |
| 06/13/2016 | Alprazolam 0.5 MG | 90 |
| 06/06/2016 | Temazepam 30 MG | 30 |
| 05/13/2016 | Alprazolam 0.5 MG | 90 |
| 05/13/2016 | Carisoprodol 350 MG | 120 |
| 05/06/2016 | Temazepam 30 MG | 30 |
| 04/15/2016 | Carisoprodol 350 MG | 120 |
| 04/15/2016 | Alprazolam 0.5 MG | 90 |

11. Before Respondent began prescribing controlled substances to Patient A, on or about April 15, 2016, Respondent failed to execute and/or failed to document having executed a pain management agreement.

12. During the time period Respondent prescribed controlled substances to Patient A, from on or about April 15, 2016 through August 31, 2016, Respondent failed to utilize and/or enforce and/or failed to document having utilized and/or enforced a pain management agreement with Patient A; Respondent failed to periodically review CURES[6] reports and/or failed to document having conducted a periodic review of CURES reports; Respondent failed to check and/or failed to document having conducted urine toxicology screens of Patient A.

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[5] Restoril® (temazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders. Concomitant use of Restoril® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Restoril®, as drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[6] CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in California, serving the public health, regulatory oversight agencies, and law-enforcement.

13. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

(a) Respondent concurrently prescribed opiate(s) with central nervous system (CNS) depressant muscle relaxant(s) and benzodiazepine(s) without a medical indication; and

(b) Respondent failed to use a signed pain management and/or failed to document having used a pain management agreement; Respondent failed to periodically check CURES reports and/or failed to document having periodically checked CURES reports; Respondent failed to periodically use urine toxicology screens and/or failed to document having periodically used urine toxicology screens.

**Patient B**

14. In or around 2006,[7] Patient B first presented to Respondent. At that time Patient B was a seventy-two (72) year-old male with a prior medical history including, but not limited to, chronic low back pain, dementia,[8] hypertension,[9] benign prostatic hypertrophy,[10] osteoporosis,[11] hyperlipidemia,[12] and GERD.[13]

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[7] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[8] Dementia refers to a group of thinking and social symptoms that interferes with daily living.

[9] Hypertension, commonly known as high blood pressure, refers to a condition in which the force of the blood against the artery walls is too high.

[10] Benign prostatic hypertrophy, also known as benign prostatic hyperplasia, refers to an age-associated prostate gland enlargement that can cause urination difficulty.

[11] Osteoporosis refers to a condition in which bones become weak and brittle.

[12] Hyperlipidemia is a condition in which there are high levels of fat particles (lipids) in the blood.

[13] GERD (Gastroesophageal reflux disease) is a digestive disorder that affects the lower esophageal sphincter (LES), the ring of muscle between the esophagus and stomach.

15. Between on or about January 7, 2014 through December 15, 2017 Respondent prescribed the following controlled substances to Patient B:

| Date | Medication | Quantity |
|---|---|---|
| 12/15/2017 | Oxycodone HCL[14] 30 MG | 180 |
| 11/16/2017 | Oxycodone HCL 30 MG | 180 |
| 10/12/2017 | Oxycodone HCL 30 MG | 180 |
| 09/07/2017 | Oxycodone HCL 30 MG | 180 |
| 08/07/2017 | Oxycodone HCL 30 MG | 180 |
| 07/07/2017 | Oxycodone HCL 30 MG | 180 |
| 05/26/2017 | Oxycodone HCL 30 MG | 180 |
| 04/24/2017 | Oxycodone HCL 30 MG | 180 |
| 03/20/2017 | Oxycodone HCL 30 MG | 180 |
| 02/03/2017 | Oxycodone HCL 30 MG | 180 |
| 12/31/2016 | Oxycodone HCL 30 MG | 180 |
| 12/01/2016 | Oxycodone HCL 30 MG | 180 |
| 11/03/2016 | Oxycodone HCL 30 MG | 180 |
| 10/01/2016 | Oxycodone HCL 30 MG | 180 |
| 08/31/2016 | Oxycodone HCL 30 MG | 150 |
| 07/30/2016 | Oxycodone HCL 30 MG | 150 |
| 07/01/2016 | Oxycodone HCL 30 MG | 150 |

[14] Oxycodone HCL (OxyContin®) is a Schedule II controlled substances pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, Oxycodone HCL is used for the management of pain severe enough to require daily, around-the-clock, long term opioid treatment for which alternative treatment options are inadequate. The Drug Enforcement Administration (DEA) has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression.

| | | |
|---|---|---|
| 05/31/2016 | Oxycodone HCL 30 MG | 150 |
| 04/30/2016 | Oxycodone HCL 30 MG | 150 |
| 02/29/2016 | Oxycodone HCL 30 MG | 150 |
| 01/29/2016 | Oxycodone HCL 30 MG | 150 |
| 09/14/2014 | Hydrocodone Bitartrate-Acetaminophen 325 MG – 10 MG | 180 |
| 08/05/2014 | OxyContin[15] 15 MG | 140 |
| 07/01/2014 | OxyContin 15 MG | 140 |
| 06/10/2014 | Hydrocodone Bitartrate-Acetaminophen 325 MG – 10 MG | 180 |
| 04/30/2014 | OxyContin 15 MG | 135 |
| 04/28/2014 | Hydrocodone Bitartrate-Acetaminophen 325 MG – 10 MG | 180 |
| 03/21/2014 | OxyContin 15 MG | 140 |
| 02/26/2014 | Hydrocodone Bitartrate-Acetaminophen 325 MG – 10 MG | 180 |
| 02/14/2014 | OxyContin 15 MG | 140 |
| 01/07/2014 | OxyContin 15 MG | 140 |

16. During the time period Respondent prescribed controlled substances to Patient B, from on or about January 7, 2014 through December 15, 2017, Respondent failed to periodically review CURES reports and/or failed to document having conducted a periodic review of CURES reports; Respondent failed to check and/or failed to document having conducted urine toxicology screens of Patient B.

[15] Oxycodone HCL (OxyContin®) is a Schedule II controlled substances pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, Oxycodone HCL is used for the management of pain severe enough to require daily, around-the-clock, long term opioid treatment for which alternative treatment options are inadequate. The Drug Enforcement Administration (DEA) has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression.

17. Respondent committed gross negligence in his care and treatment of Patient B, which included, but was not limited to, the following:

(a) Respondent prescribed excessive morphine equivalency doses (MEDs)[16] of controlled substances; and

(b) Respondent failed to periodically check and/or failed to document having periodically checked CURES reports and/or failed to periodically use and/or failed to document having periodically used urine toxicology screens.

**Patient C**

18. In or around 2010, Patient C first presented to Respondent. At the time of this visit, Patient C was a sixty-three (63) year-old male with a prior medical history including, but not limited to, EtOH abuse,[17] Schizophrenia,[18] chronic low back pain, COPD,[19] and esophageal strictures[20]/esophagitis.[21]

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[16] Morphine equivalency dose (MED) is a value assigned to opioids to represent their relative potencies. MED is determined by using an equivalency factor to calculate a dose of morphine that is equivalent to the prescribed opioid. Daily MED is the sum total of all opioids, with conversation factors applied, that are being taken within a 24-hour period, which is used to determine if a patient is at risk of addiction, respiratory depression, or other delirious effects associated with opioids. The process of converting opioid doses to an overall morphine equivalency dose can be accomplished by using a MED calculator or a morphine equivalency table, also known as opioid conversation chart.

[17] EtOH is a shortened medical abbreviation for the word ethanol or ethyl alcohol and EtOH abuse refers to alcohol abuse.

[18] Schizophrenia refers to a disorder that affects a person's ability to think, feel, and behave clearly.

[19] COPD (chronic obstructive pulmonary disease) is a group of lung diseases that block airflow and make it difficult to breathe.

[20] Esophageal stricture refers to abnormal narrowing of the esophageal lumen, which is a smooth, pale, pink tube with visible submucosal blood vessels.

[21] Eosinophilic esophagitis (EoE) is a chronic, allergic inflammatory disease of the esophagus (the tube connecting the mouth to the stomatch).

19. From on or about January 13, 2014 through October 5, 2017, Respondent prescribed the following controlled substances to Patient C:

| Date | Medication | Quantity |
|---|---|---|
| 10/05/2017 | Tramadol[22] HCL 50 MG | 120 |
| 07/05/2017 | Tramadol HCL 50 MG | 120 |
| 04/21/2017 | Tramadol HCL 50 MG | 90 |
| 02/28/2017 | Tramadol HCL 50 MG | 90 |
| 09/14/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 08/26/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 07/15/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 06/15/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 05/11/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 04/08/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 03/07/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 02/04/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 01/29/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 01/06/2016 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 12/02/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 10/28/2015 | Hydrocodone Bitartrate- Acetaminophen | 120 |

[22] Tramadol Hydrochloride (Ultram®, Ultracet®), an opioid analgesic, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. The FDA-approved labeling under the Drug Abuse and Dependence section provides warns, among other things, that "[t]ramadol hydrochloride may induce psychic and physical dependence ... Dependence and abuse, including drug-seeking behavior and taking illicit actions to obtain the drug are not limited to those patients with prior history of opioid dependence. The risk in patients with substance abuse has been observed to be higher. Tramadol hydrochloride is associated with craving and tolerance development. Withdrawal symptoms may occur if tramadol hydrochloride is discontinued abruptly." According to the DEA, "[t]ramadol is most commonly abused by narcotic addicts, chronic pain patients, and health professionals."

| | | |
|---|---|---|
| | 325 MG – 10 MG | |
| 09/28/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 08/28/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 07/29/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 06/25/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 05/23/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 04/23/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 03/23/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 02/23/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 01/14/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 01/02/2015 | Hydrocodone Bitartrate- Acetaminophen 325 MG – 10 MG | 120 |
| 11/25/2014 | Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG | 180 |
| 10/27/2014 | Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG | 180 |
| 09/29/2014 | Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG | 180 |
| 08/28/2014 | Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG | 180 |
| 07/24/2014 | Hydrocodone Bitartrate- Acetaminophen 300 MG – 7.5 MG | 180 |
| 06/23/2014 | Vicodin ES 300 MG – 7.5 MG | 180 |
| 05/23/2014 | Vicodin ES 300 MG – 7.5 MG | 180 |
| 04/24/2014 | Vicodin ES 300 MG – 7.5 MG | 180 |
| 03/24/2014 | Vicodin ES 300 MG – 7.5 MG | 240 |
| 02/26/2014 | Hydrocodone Bitartrate – Acetaminophen 325 MG – 5 MG | 120 |
| 02/12/2014 | Vicodin ES 300 MG – 7.5 MG | 240 |
| 01/27/2014 | Hydrocodone Bitartrate – Acetaminophen 325 MG – 5 MG | 120 |
| 01/23/2014 | Vicodin ES 300 MG – 7.5 MG | 240 |

20. On or about August 17, 2016, Respondent's office received a phone call alleging that Patient C had sold controlled substances to another person. Respondent became aware of this allegation on or after August 17, 2016. However, Respondent continued to prescribe controlled substances to Patient C, even after learning about Patient C's alleged diversion of controlled substances.

21. During the time period Respondent prescribed controlled substances to Patient C, from on or about January 23, 2014 through October 5, 2017, Respondent failed to periodically review CURES reports and/or failed to document having conducted a periodic review of CURES reports; Respondent failed to check and/or failed to document having conducted urine toxicology screens of Patient C; Respondent failed to adequately utilize and/or document having adequately utilized alternatives to opioid therapy, including, but not limited to, physical therapy, NSAIDs,[23] heat/ice, and home exercise program(s).

22. Respondent committed gross negligence in his care and treatment of Patient C, which included, but was not limited to, the following:

(a) Respondent failed to periodically check and/or failed to document having periodically checked CURES reports and/or failed to periodically use and/or failed to document having periodically used urine toxicology screens.

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[23] Nonsteroidal anti-inflammatory drug (NSAID) are medications that relieve or reduce pain.

## SECOND CAUSE FOR DISCIPLINE

**(Repeated Negligent Acts)**

23. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 70985 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B, and C, as more particularly alleged hereinafter:

**Patient A**

24. Respondent committed repeated negligent acts in his care and treatment of Patient A, which included, but was not limited to, the following:

(a) Paragraphs 9 through 13, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent concurrently prescribed opiate(s) with CNS depressant muscle relaxant(s) and benzodiazepine(s) without a medical indication; and

(c) Respondent failed to use a signed pain management and/or failed to document having used a pain management agreement; Respondent failed to periodically check CURES reports and/or failed to document having periodically checked CURES reports; Respondent failed to periodically use urine toxicology screens and/or failed to document having periodically used urine toxicology screens.

**Patient B**

25. Respondent committed repeated negligent acts in his care and treatment of Patient B, which included, but was not limited to, the following:

(a) Paragraphs 14 through 17, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent prescribed to Patient B excessive morphine equivalency doses (MEDs) of controlled substances; and

(c) Respondent failed to periodically check and/or failed to document having periodically checked CURES reports and/or failed to periodically use and/or failed to document having periodically used urine toxicology screens.

**Patient C**

26. Respondent committed repeated negligent acts in his care and treatment of Patient C, which included, but was not limited to, the following:

(a) Paragraphs 18 through 22, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to periodically check and/or failed to document having periodically checked CURES reports and/or failed to periodically use and/or failed to document having periodically used urine toxicology screens;

(c) Respondent prescribed numerous controlled substances to Patient C despite known contraindications, including, but not limited to, EtOH abuse and Schizophrenia; and

(d) Respondent failed to discontinue prescribing controlled substances to Patient C even though there was evidence of drug diversion by Patient C.

## THIRD CAUSE FOR DISCIPLINE

**(Failure to Maintain Adequate and/or Accurate Records)**

27. Respondent has further subjected his Physician's and Surgeon's Certificate No. A70985 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and/or accurate records regarding his care and treatment of Patients A, B, and C, as more particularly alleged in paragraphs 9 through 22, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

## FOURTH CAUSE FOR DISCIPLINE

**(General Unprofessional Conduct)**

28. Respondent has further subjected his Physician's and Surgeon's Certificate No. A70985 to disciplinary action under sections 2227 and 2234 of the Code, in that he engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 27, above, which are hereby incorporated by reference as if fully set forth herein.

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## PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 70985, issued to Sanyasi R. Ganta, M.D.;

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

3. Ordering Sanyasi R. Ganta, 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: MAR 2 6 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
*Complainant*

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