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BY: *[Signature]* ANALYST

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

In the Matter of the Accusation Against:

**Prakashchandra Patel, M.D.
395 N. San Jacinto St., Ste. B
Hemet, CA 92543**

**Physician's and Surgeon's Certificate
No. A32995 ,**

Respondent.

Case No. 800-2016-020370

ACCUSATION

Complainant alleges:

PARTIES

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

2. On or about October 11, 1978, the Medical Board issued Physician's and Surgeon's Certificate Number A32995 to Prakashchandra Patel, 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 July 31, 2020, unless renewed.

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JURISDICTION

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2 3. This Accusation is brought before the Medical Board of California (Board),
3 Department of Consumer Affairs, under the authority of the following laws. All section
4 references are to the Business and Professions Code unless otherwise indicated.

5 4. Section 2004 of the Code states:

6 "The board shall have the responsibility for the following:

7 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
8 Act.

9 "(b) The administration and hearing of disciplinary actions.

10 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
11 administrative law judge.

12 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
13 disciplinary actions.

14 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
15 certificate holders under the jurisdiction of the board.

16 "(f) Approving undergraduate and graduate medical education programs.

17 "(g) Approving clinical clerkship and special programs and hospitals for the programs in
18 subdivision (f).

19 "(h) Issuing licenses and certificates under the board's jurisdiction.

20 "(i) Administering the board's continuing medical education program."

21 5. Section 2227 of the Code provides that a licensee who is found guilty under the
22 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
23 one year, placed on probation and required to pay the costs of probation monitoring, or such other
24 action taken in relation to discipline as the board deems proper.

25 6. Section 2234 of the Code, states:

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

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

3 "(b) Gross negligence.

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

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

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

14 "(d) Incompetence.

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

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

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

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

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1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence- 3 Patients)

3 7. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
4 the Code for the commission of acts or omissions involving gross negligence in the care and
5 treatment of Patient 1, Patient 2, and Patient 3.¹ The circumstances are as follows:

6 Patient 1

7 8. Patient 1 is a female who treated with respondent since about 2011 to 2018.² The
8 patient had a history of attention problems since childhood, and was diagnosed with Attention
9 Deficit Hyperactive Disorder (ADHD),³ and Depression. Per Controlled Substance Utilization
10 Review and Evaluation System (CURES),⁴ Respondent prescribed Adderall (a stimulant used to
11 treat ADHD) and Alprazolam (a.k.a Xanax, a benzodiazepine used to treat anxiety disorders) to
12 Patient 1.

13 9. Respondent first started Patient 1 on Adderall 20-30 mg in 2012, but increased the
14 dosage of Adderall to Patient 1 as treatment progressed. Although Respondent stated in an
15 interview with Board staff that his maximum dose of stimulant medication (such as Adderall) was
16 60 mg, and that Patient 1's dosage stayed at the 60 mg level, throughout her care, CURES
17 showed that Respondent prescribed to Patient 1 90 mg/day on numerous occasions.⁵ Respondent
18 appeared to be completely unaware of this, and denied ever prescribing more than 60 mg/day of
19 Adderall. Original prescriptions verify that Respondent excessively prescribed to Patient 1.

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22 ¹ The patients are identified by number to protect their privacy.

23 ² These are approximate dates, based on the records which were available for review.

24 ³ Respondent stated in an interview with Board staff that he [Respondent] does no testing
25 for ADHD, and that "there is no specific testing done...". Respondent also stated that he often
26 relies on what patients tell him, rather than seeking independent corroboration.

27 ⁴ CURES is a database which allows healthcare prescribers, pharmacists, law
28 enforcement, and regulatory boards to access patients' and providers' controlled prescription
histories. CURES is intended to assist in the reduction of prescription drug abuse in California.

⁵ Patient 1 was taking a daily dosage 50% higher than the usual maximum, and she was
refilling her prescriptions early, so that in 12 months she was receiving 16 prescriptions for 90
mg/day Adderall, resulting in a daily dosage of 118 mg/day, almost twice the usual maximum
dosage. Moreover, Respondent's progress notes do not indicate the medication changes, and the
increasing of the dosage of Adderall was discovered by looking at CURES.

1 10. Respondent's failing to be aware of how Patient 1 was utilizing the controlled
2 substances he prescribed, as outlined above, constitutes an extreme departure from the standard of
3 care.⁶

4 Patient 2

5 11. Patient 2 is a female who treated with respondent since about April 2011 to May
6 2018.⁷ The patient had a history of depression, had two prior hospitalizations for severe
7 depression, and was on Ritalin and multiple antidepressants in the past. Per CURES, Respondent
8 prescribed Dexadrine (a potent Central Nervous System stimulant often prescribed off-label to
9 treat depression) to Patient 2.⁸ Original prescriptions again verify that Respondent prescribed
10 Dexadrine to Patient 2.

11 12. Respondent's failing to be aware of the medications he was prescribing to Patient 2,
12 as outlined above, constitutes an extreme departure from the standard of care.

13 Patient 3

14 13. Patient 3 is a 55-year-old female who treated with Respondent since about September
15 2011 to May 2014.⁹ The patient had a history of sexual abuse from relatives, numerous manic
16 episodes, beginning at age 20, and was on multiple antidepressants in the past. Respondent
17 diagnosed Patient 3 with bipolar disorder, depression, and anxiety. Per CURES, Respondent
18 prescribed to Patient 3 Adderall, Lorazepam, and Clonazepam¹⁰, which are benzodiazepines used
19 to treat anxiety, as well as opiates/pain medication such as Norco. Original prescriptions verify
20 that Respondent prescribed Adderall, benzodiazepines, and opiates to Patient 3.

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22 ⁶ Respondent was unaware of the CURES, and unaware that all California physicians
23 were required to utilize CURES effective in October 2, 2018.

24 ⁷ Again, these are approximate dates, based on the records which were available for
25 review.

26 ⁸ CURES shows that Respondent had prescribed approximately 48 prescriptions of
27 Dexadrine to Patient 2 from about March 2012 to February 2016. Respondent, in an interview
28 with Board staff, appears to be unaware of what he had prescribed to Patient 2, and insisted that
he never prescribed Dexadrine to Patient 2, and that he had been giving her Adderall.

⁹ Again, these are approximate dates, based on the records which were available for
review.

¹⁰ Although Respondent claims that he usually tells patients to reduce the dose of
benzodiazepines when they are on pain medications, Respondent actually doubled the dose of
benzodiazepines by adding Clonazepam to Lorazepam.

1 14. Respondent's failing to be aware of the medications he was prescribing to Patient 3,
2 and his doubling the dose of benzodiazepines by adding Clonazepam to Lorazepam, while Patient
3 3 was receiving opiates, constitutes an extreme departure from the standard of care.

4 SECOND CAUSE FOR DISCIPLINE

5 (Repeated Negligent Acts - 6 Patients)

6 15. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
7 the Code in that he committed repeated negligent acts in his care of Patient 1, Patient 2, and
8 Patient 3 above, as well as Patient 4, Patient 5, and Patient 6. The circumstances are as follows:

9 16. The facts and circumstances in paragraphs 7 through 14, above, are incorporated by
10 reference as if set forth in full herein.

11 17. Respondent also committed repeated negligent acts in his care of Patient 3 above.
12 The circumstances are as follows:

13 Patient 3

14 18. Respondent committed a simple departure from the standard of care by failing to
15 monitor Patient 3's blood pressure while she was being prescribed Adderall.¹¹

16 Patient 4

17 19. Patient 4 is a female who treated with respondent since about October 2012 to August
18 2015.¹² The patient had a history of depression/bipolar disorder, a history of two suicide
19 attempts, and was admitted to psychiatric treatment on at least two occasions (January 2008 and
20 May 2015). Patient 4 was on disability and had been treated with multiple benzodiazepines and
21 antidepressants in the past. Patient 4 had also been treated with Lithium in 2013, which is a mood
22 stabilizer used to treat major depressive disorder. Records show that in April 2014, Patient 4's
23 creatinine level had increased, and that Respondent had discontinued Patient 4's lithium on or
24 about June 2014.

25 ¹¹ In fact, Respondent's charts contain no measurements of the patient's blood pressure,
26 pulse, height, or weight. Stimulant medications (such as Adderall) can cause weight loss and
27 elevation of blood pressure and pulse, which are important to monitor, especially in a patient who
28 has heart disease and hypertension.

¹² Again, these are approximate dates, based on the records which were available for
review.

1 20. Respondent's failure to replace Patient 4's lithium with another mood stabilizer, as
2 well as Respondent's failure to follow up on Patient 4's prior treatment constitute simple
3 departures from the standard of care.¹³

4 Patient 5

5 21. Patient 5 is a 48-year old female who treated with Respondent since about March
6 2012 to May 2014.¹⁴ Patient 5 was diagnosed with opioid dependence, bipolar disorder, and
7 various phobias. Patient 5 had an extensive history of substance abuse with respect to herself,
8 and with respect to her family members. She had been under treatment for opioid dependence in
9 the past and was on Suboxone, which is an opioid medication used to treat narcotic addiction.

10 22. Respondent's failure to check urine drug screens in Patient 5 (who was on Suboxone
11 and had an extensive history of substance abuse) constitutes a simple departure from the standard
12 of care.

13 Patient 6

14 23. Patient 6 is a 52-year old female who treated with respondent since about October
15 2013 to September 2017.¹⁵ Patient 6 was diagnosed with ADHD, hypertension,
16 depression/anxiety, and insomnia. Per CURES, Respondent prescribed to Patient 6 Adderall
17 approximately 19 times from November 2013 through December 2015. Patient 6 was also
18 receiving Zolpidem (a.k.a. Ambien (a sleep aid)) on a monthly basis from November 2013
19 through December 2015.

20 24. Respondent's failure to take blood pressure measurements on Patient 6, who had
21 hypertension, constitutes a simple departure from the standard of care.

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24 ¹³ Apparently, Patient 4 had lab work done by other treating professionals, but Respondent
25 did not obtain, review, or order same because per Respondent, it's "almost impossible" to get lab
work or medical records from other doctors.

26 ¹⁴ Again, these are approximate dates, based on the records which were available for
review.


27 ¹⁵ Again, these are approximate dates, based on the records which were available for
28 review. Also, per the records, Patient 6 reported hearing music for the last few months, during
her visit with Respondent on August 2017, which possibly could represent an amphetamine-
induced psychosis.

1 **PRAYER**

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

- 4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A32995,
5 issued to Prakashchandra Patel, M.D.;
- 6 2. Revoking, suspending or denying approval of Prakashchandra Patel, M.D.'s authority
7 to supervise physician assistants and advanced practice nurses;
- 8 3. Ordering Prakashchandra Patel, M.D., if placed on probation, to pay the Board the
9 costs of probation monitoring; and
- 10 4. Taking such other and further action as deemed necessary and proper.

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12 DATED: January 30, 2019


13 KIMBERLY KIRCHMEYER
14 Executive Director
15 Medical Board of California
16 Department of Consumer Affairs
17 State of California
18 Complainant