

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

In the Matter of the Accusation Against

Syam Prasad Babu Kunam, M.D.

**Physician's and Surgeon's
Certificate License No. A 46695**

Respondent.

Case No. 800-2017-030668


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 May 29, 2020.

IT IS SO ORDERED: April 30, 2020.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 JOSEPH F. MCKENNA III
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **SYAM PRASAD BABU KUNAM, M.D.**
1809 W. Redlands Blvd.
15 Redlands, California 92373-4724

16 Physician's and Surgeon's Certificate No.
A 46695,

17 Respondent.

Case No. 800-2017-030668

OAH No. 2019060965

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

20 **PARTIES**

21 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board
22 of California (Board). This action was brought by then Complainant Kimberly Kirchmeyer,¹
23 solely in her official capacity. Complainant is represented in this matter by Xavier Becerra,
24 Attorney General of the State of California, and Joseph F. McKenna III, Deputy Attorney General.

25 2. Respondent Syam Prasad Babu Kunam, M.D. (Respondent) is represented in this
26 proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road,
27 Irvine, California, 92620.

28 ¹ Ms. Kirchmeyer became the Director of the Department of Consumer Affairs on October 28, 2019.

1 **ADDITIONAL PROVISIONS**

2 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein
3 to be an integrated writing representing the complete, final and exclusive embodiment of the
4 agreements of the parties in the above-entitled matter.

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

8 14. In consideration of the foregoing admissions and stipulations, the parties agree the
9 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter
10 the following Disciplinary Order:

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 46695 issued
13 to Respondent Syam Prasad Babu Kunam, M.D., is revoked. However, the revocation is stayed
14 and Respondent is placed on probation for three (3) years from the effective date of the Decision
15 on the following terms and conditions:

16 1. **EDUCATION COURSE.**

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

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1 2. PRESCRIBING PRACTICES COURSE.

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

11 A prescribing practices course taken after the acts that gave rise to the charges contained in
12 Accusation No. 800-2017-030668, but prior to the effective date of the Decision may, in the sole
13 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
14 course would have been approved by the Board or its designee had the course been taken after the
15 effective date of this Decision.

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

19 3. MEDICAL RECORD KEEPING COURSE.

20 Within sixty (60) calendar days of the effective date of this Decision, Respondent shall
21 enroll in a course in medical record keeping approved in advance by the Board or its designee.
22 Respondent shall provide the approved course provider with any information and documents that
23 the approved course provider may deem pertinent. Respondent shall participate in and
24 successfully complete the classroom component of the course not later than six (6) months after
25 Respondent's initial enrollment. Respondent shall successfully complete any other component
26 of the course within one (1) year of enrollment. The medical record keeping course shall be
27 at Respondent's expense and shall be in addition to the CME requirements for renewal of
28 licensure.

1 A medical record keeping course taken after the acts that gave rise to the charges contained
2 in Accusation No. 800-2017-030668, but prior to the effective date of the Decision may, in the
3 sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition
4 if the course would have been approved by the Board or its designee had the course been taken
5 after the effective date of this Decision.

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

9 4. PROFESSIONALISM PROGRAM (ETHICS COURSE).

10 Within sixty (60) calendar days of the effective date of this Decision, Respondent shall
11 enroll in a professionalism program, that meets the requirements of Title 16, California Code of
12 Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete
13 that program. Respondent shall provide any information and documents that the program may
14 deem pertinent. Respondent shall successfully complete the classroom component of the
15 program not later than twelve (12) months after Respondent's initial enrollment, and the
16 longitudinal component of the program not later than the time specified by the program, but no
17 later than one (1) year after attending the classroom component. The professionalism program
18 shall be at Respondent's expense and shall be in addition to the CME requirements for renewal of
19 licensure.

20 A professionalism program taken after the acts that gave rise to the charges contained in
21 Accusation No. 800-2017-030668, but prior to the effective date of the Decision may, in the sole
22 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
23 program would have been approved by the Board or its designee had the program been taken after
24 the effective date of this Decision.

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

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1 5. MONITORING – PRACTICE.

2 Within thirty (30) calendar days of the effective date of this Decision, Respondent shall
3 submit to the Board or its designee for prior approval as a practice monitor, the name and
4 qualifications of one or more licensed physicians and surgeons whose licenses are valid and in
5 good standing, and who are preferably American Board of Medical Specialties (ABMS) certified.
6 A monitor shall have no prior or current business or personal relationship with Respondent, or
7 other relationship that could reasonably be expected to compromise the ability of the monitor to
8 render fair and unbiased reports to the Board, including but not limited to any form of bartering.
9 Unless prior approval is granted by the Board or its designee, the monitor shall be in Respondent's
10 field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all
11 monitoring costs.

12 The Board or its designee shall provide the approved monitor with copies of the Decision
13 and Disciplinary Order and Accusation No. 800-2017-030668, and a proposed monitoring plan.
14 Within fifteen (15) calendar days of receipt of the Decision and Disciplinary Order and the
15 Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the
16 monitor has read the Decision and Disciplinary Order and the Accusation, fully understands the
17 role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor
18 disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan
19 with the signed statement for approval by the Board or its designee.

20 Within sixty (60) calendar days of the effective date of this Decision, and continuing
21 throughout probation, Respondent's practice shall be monitored by the approved monitor.
22 Respondent shall make all records available for immediate inspection and copying on the premises
23 by the monitor at all times during business hours and shall retain the records for the entire term of
24 probation.

25 If Respondent fails to obtain approval of a monitor within sixty (60) calendar days of the
26 effective date of this Decision, Respondent shall receive a notification from the Board or its
27 designee to cease the practice of medicine within three (3) calendar days after being so notified.

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1 Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring
2 responsibility.

3 The monitor shall submit a quarterly written report to the Board or its designee which
4 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
5 are within the standards of practice of medicine and whether Respondent is practicing medicine
6 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
7 quarterly written reports to the Board or its designee within ten (10) calendar days after the end of
8 the preceding quarter.

9 If the monitor's quarterly written reports during the first year of probation indicate that
10 Respondent's practices are within the standards of practice of medicine and Respondent is
11 practicing medicine safely, the practice monitor condition shall automatically terminate under this
12 Disciplinary Order after one (1) year from the effective date of this Decision.

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

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

26 **6. NOTIFICATION.**

27 Within seven (7) days of the effective date of this Decision, the Respondent shall provide a
28 true copy of this Decision and Disciplinary Order and Accusation to the Chief of Staff or the

1 Chief Executive Officer at every hospital where privileges or membership are extended to
2 Respondent, at any other facility where Respondent engages in the practice of medicine,
3 including all physician and locum tenens registries or other similar agencies, and to the Chief
4 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
5 Respondent. Respondent shall submit proof of compliance to the Board or its designee within
6 fifteen (15) calendar days.

7 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

8 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
9 NURSES.

10 During probation, Respondent is prohibited from supervising physician assistants and
11 advanced practice nurses.

12 8. OBEY ALL LAWS.

13 Respondent shall obey all federal, state and local laws, all rules governing the practice of
14 medicine in California and remain in full compliance with any court ordered criminal probation,
15 payments, and other orders.

16 9. QUARTERLY DECLARATIONS.

17 Respondent shall submit quarterly declarations under penalty of perjury on forms provided
18 by the Board, stating whether there has been compliance with all the conditions of probation.

19 Respondent shall submit quarterly declarations not later than ten (10) calendar days after
20 the end of the preceding quarter.

21 10. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

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

24 Address Changes

25 Respondent shall, at all times, keep the Board informed of Respondent's business and
26 residence addresses, email address (if available), and telephone number. Changes of such
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no

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1 circumstances shall a post office box serve as an address of record, except as allowed by Business
2 and Professions Code section 2021(b).

3 Place of Practice

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

7 License Renewal

8 Respondent shall maintain a current and renewed California physician's and surgeon's
9 license.

10 Travel or Residence Outside California

11 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
12 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
13 (30) calendar days.

14 In the event Respondent should leave the State of California to reside or to practice,
15 Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the
16 dates of departure and return.

17 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE.

18 Respondent shall be available in person upon request for interviews either at Respondent's
19 place of business or at the probation unit office, with or without prior notice throughout the term
20 of probation.

21 12. NON-PRACTICE WHILE ON PROBATION.

22 Respondent shall notify the Board or its designee in writing within fifteen (15) calendar
23 days of any periods of non-practice lasting more than thirty (30) calendar days and within
24 fifteen (15) calendar days of Respondent's return to practice. Non-practice is defined as any
25 period of time Respondent is not practicing medicine as defined in Business and Professions
26 Code sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient
27 care, clinical activity or teaching, or other activity as approved by the Board. If Respondent
28 resides in California and is considered to be in non-practice, Respondent shall comply with all

1 terms and conditions of probation. All time spent in an intensive training program which has
2 been approved by the Board or its designee shall not be considered non-practice and does not
3 relieve Respondent from complying with all the terms and conditions of probation. Practicing
4 medicine in another state of the United States or Federal jurisdiction while on probation with
5 the medical licensing authority of that state or jurisdiction shall not be considered non-practice.
6 A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

19 13. COMPLETION OF PROBATION.

20 Respondent shall comply with all financial obligations (e.g., probation costs) not later than
21 one hundred twenty (120) calendar days prior to the completion of probation. Upon successful
22 completion of probation, Respondent's certificate shall be fully restored.

23 14. VIOLATION OF PROBATION.

24 Failure to fully comply with any term or condition of probation is a violation of probation.
25 If Respondent violates probation in any respect, the Board, after giving Respondent notice and the
26 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
27 stayed. If an Accusation, Petition to Revoke Probation, or an Interim Suspension Order is filed

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1 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
2 is final, and the period of probation shall be extended until the matter is final.

3 15. LICENSE SURRENDER.

4 Following the effective date of this Decision, if Respondent ceases practicing due to
5 retirement or health reasons or is otherwise unable to satisfy the terms and conditions of
6 probation, Respondent may request to surrender his license. The Board reserves the right to
7 evaluate Respondent's request and to exercise its discretion in determining whether or not to
8 grant the request, or to take any other action deemed appropriate and reasonable under the
9 circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (15)
10 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and
11 Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms
12 and conditions of probation. If Respondent re-applies for a medical license, the application shall
13 be treated as a petition for reinstatement of a revoked certificate.

14 16. PROBATION MONITORING COSTS.

15 Respondent shall pay the costs associated with probation monitoring each and every year of
16 probation, as designated by the Board, which may be adjusted on an annual basis. Such costs
17 shall be payable to the Board of California and delivered to the Board or its designee no later than
18 January 31 of each calendar year.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 46695. 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: 2/20/2020 
SYAM PRASAD BABU KUNAM, M.D.
Respondent

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

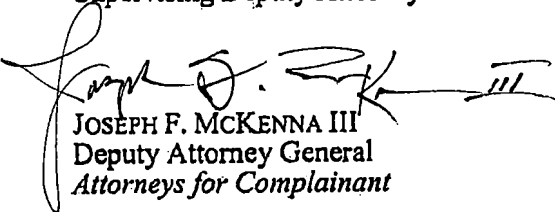
DATED: February 21, 2020 
RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: February 21, 2020 Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General


JOSEPH F. MCKENNA III
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-030668

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO FEBRUARY 25 2019
BY *[Signature]* ANALYST

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

14 In the Matter of the Accusation Against:
15 **SYAM PRASAD BABU KUNAM, M.D.**
16 **1809 W. Redlands Boulevard**
Redlands, California 92373-4724
17 **Physician's and Surgeon's Certificate**
18 **No. A46695,**
19 Respondent.

Case No. 800-2017-030668

A C C U S A T I O N

20 Complainant alleges:

21 **PARTIES**

- 22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer
24 Affairs.
- 25 2. On or about November 6, 1989, the Medical Board issued Physician's and Surgeon's
26 Certificate No. A46695 to Syam Prasad Babu Kunam, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the allegations and
28 charges brought herein and will expire on March 31, 2019, unless renewed.

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A46695 to
4 disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (c), of
5 the Code, in that Respondent committed repeated negligent acts in his care and treatment of
6 patients A, B, C, and D, as more particularly alleged hereinafter:¹

7 9. **Patient A**

8 (a) On or about August 27, 2015, Respondent, a board certified psychiatrist,
9 had his first visit with Patient A, a then-48-year-old female. Respondent assumed
10 care of Patient A after Dr. S.Z., a psychiatrist, had closed her practice and referred a
11 number of patients to Respondent. Respondent documented in the chart note for this
12 initial visit with Patient A that she had been a patient of Dr. S.Z. for thirteen years.

13 (b) On this same date, Respondent documented only scant information in
14 the chart note for this first visit with Patient A. Although Patient A was
15 establishing psychiatric care with Respondent at this visit and she had reported to
16 him feelings of depression and passive suicidal ideation, Respondent still did not
17 perform and/or document a complete psychiatric assessment at this first visit. The
18 chart note documented a diagnosis of Bipolar I Disorder and that Patient A wanted
19 to be prescribed Xanax and Ambien. The chart note was not electronically signed
20 but Respondent's handwritten signature appears at the bottom of the note, along
21 with a handwritten date of "7/4/2018," nearly three years later.

22 (c) Between on or about August 27, 2015, and on or about March 23, 2017,
23 Respondent documented seven total visits with Patient A. Significantly, Respondent
24 signed six of the seven chart notes for these visits more than a year after each
25 encounter date with Patient A.²

26 _____
27 ¹ Letters A, B, C, and D are used for the purposes of maintaining patient confidentiality.

28 ² Chart notes from encounter dates "8/27/2015," "10/08/2015," "1/07/2016," "6/30/2016,"
"10/20/2016," and "12/29/2016," were all signed and dated by Respondent on "7/4/2018."

1 10. Respondent committed repeated negligent acts in his care and treatment of
2 Patient A including, but not limited to, the following:

3 (a) Respondent failed to complete an adequate assessment of Patient A when
4 she became his new patient.

5 11. **Patient B**

6 (a) On or about December 20, 2013, Respondent had his first visit with
7 Patient B, a then-57-year-old female. Respondent documented under "History of
8 Present Illness" in the chart note for this initial visit that Patient B had a long
9 history of depression. Other sections including, "Social History," "Psychiatric
10 History," "Past Medical History," "Allergies," and "Family History," were noted
11 as "Reviewed, no changes." Respondent prescribed multiple medications at this
12 visit but he did not document his rationale and/or treatment goal(s) of any of these
13 medications. Significantly, Respondent documented that Patient B's mental status
14 was normal, but he did not perform and/or document a complete psychiatric
15 assessment at this first visit.

16 (b) Between on or about December 20, 2013, and on or about May 2, 2014,
17 Respondent documented five total visits with Patient B. Significantly, Respondent
18 did not sign any of the chart notes for these visits. The chart notes for each of
19 these visits contain only scant assessment information and the rationale for
20 changes in medication were not clearly documented by Respondent.

21 12. Respondent committed repeated negligent acts in his care and treatment of
22 Patient B including, but not limited to, the following:

23 (a) Respondent failed to complete an adequate assessment of Patient B when
24 she became his new patient.

25 13. **Patient C**

26 (a) On or about November 11, 2012, Respondent had his first visit with Patient
27 C, a then-72-year-old male. Respondent diagnosed Patient C with Bipolar I Disorder.

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1 Respondent, among a number of other medications, prescribed Xanax³ to Patient C.
2 Respondent documented that Patient C had discontinued use of "Antabuse."⁴
3 However, Respondent did not perform and/or document an assessment of alcohol or
4 drug use at this visit, or for any other documented visit with Patient C.

5 (b) Between on or about November 11, 2012, and on or about August 12,
6 2017, Respondent documented eighteen total visits with Patient C. Significantly,
7 Respondent did not sign nine of the chart notes for these visits. The chart notes for
8 each of these visits contain only scant assessment information and the rationale for
9 changes in medication were not clearly documented by Respondent.

10 (c) Significantly, Respondent, with full knowledge of Patient C's
11 documented history of alcohol abuse, provided him with long-term prescriptions of
12 Xanax without documenting in the medical record a rationale for the drug's long-
13 term use.

14 (d) Significantly, Respondent, despite diagnosing Patient C with Bipolar I
15 Disorder, did not prescribe any medications indicated for the treatment of bipolar
16 disorder, at any time. Nor did Respondent document in the medical record a
17 rationale for prescribing long-term use of Xanax as the sole medication for a
18 patient with a sole diagnosis of Bipolar I Disorder.

19 14. Respondent committed repeated negligent acts in his care and treatment of
20 Patient C including, but not limited to, the following:

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22
23 ³ Xanax (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a
24 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision
25 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When
26 properly prescribed and indicated, Xanax is used for the management of anxiety disorders. The
27 Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Xanax, as a
28 drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 59.).

26 ⁴ Antabuse (disulfiram) is used to treat chronic alcoholism by producing an acute
27 sensitivity to ethanol (drinking alcohol). Antabuse may increase the blood levels and effects of
28 Xanax. This can increase the risk of side effects including excessive drowsiness and breathing
difficulties.

1 (a) Respondent failed to document a rationale for prescribing long-term use
2 of Xanax as the sole medication for a patient with a sole diagnosis of Bipolar I
3 Disorder; and

4 (b) Respondent failed to document a rationale for prescribing long-term use
5 of Xanax in light of Patient C's documented history of alcohol abuse.

6 15. **Patient D**

7 (a) On or about April 23, 2015, Respondent had his first visit with Patient
8 D, a then-48-year-old female. Respondent diagnosed Patient D with Bipolar I
9 Disorder. Respondent prescribed Patient D a number of medications, including
10 Klonopin.⁵ Respondent prescribed a dosage of Klonopin in excess of the Food and
11 Drug Administration (FDA) approved maximum dosage amount.⁶

12 (b) On or about September 28, 2015, Respondent had his second
13 documented visit with Patient D. Again, Respondent prescribed Klonopin to
14 Patient D in an amount in excess of the FDA approved maximum dosage.

15 (c) Respondent prescribed Klonopin to Patient D on multiple occasions
16 including, but not limited to: April 21, 2014; August 30, 2014; December 29,
17 2014; and May 15, 2016.

18 (d) Respondent provided Patient D with multiple prescriptions of Klonopin
19 without documenting a related diagnosis⁷ for the drug's use or documenting an
20 assessment of Patient D's substance abuse history, adherence and/or diversion.

21 16. Respondent committed repeated negligent acts in his care and treatment of
22 Patient D including, but not limited to, the following:

23 _____
24 ⁵ Klonopin (clonazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is
25 a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,
26 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.
The DEA has identified benzodiazepines, such as Klonopin, as a drug of abuse. (Drugs of Abuse,
DEA Resource Guide (2017 Edition), at p. 59.)

27 ⁶ FDA approved doses of Klonopin for the treatment of panic disorder are 0.5mg-4 mg.

28 ⁷ There is no known benefit for the use of Klonopin in the treatment of bipolar disorder.

1 (a) On April 21, 2014, Respondent prescribed Klonopin to Patient D
2 without documenting a related diagnosis for the drug's use and without
3 documenting an assessment of this patient's substance abuse history, adherence
4 and/or diversion;

5 (b) On August 30, 2014, Respondent prescribed Klonopin to Patient D
6 without documenting a related diagnosis for the drug's use and without
7 documenting an assessment of this patient's substance abuse history, adherence
8 and/or diversion;

9 (c) On December 29, 2014, Respondent prescribed Klonopin to Patient D
10 without documenting a related diagnosis for the drug's use and without
11 documenting an assessment of this patient's substance abuse history, adherence
12 and/or diversion; and

13 (d) On May 15, 2016, Respondent prescribed Klonopin to Patient D without
14 documenting a related diagnosis for the drug's use and without documenting an
15 assessment of this patient's substance abuse history, adherence and/or diversion.

16 **SECOND CAUSE FOR DISCIPLINE**

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

18 17. Respondent has further subjected his Physician's and Surgeon's Certificate No.
19 A46695 to disciplinary action under sections 2227 and 2234, as defined in section 2266, of the
20 Code, in that Respondent failed to maintain adequate and accurate records in connection with his
21 care and treatment of patients A, B, C, and D, as more particularly alleged in paragraphs 8 through
22 16, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

23 **THIRD CAUSE FOR DISCIPLINE**

24 **(Unprofessional Conduct)**

25 18. Respondent has further subjected his Physician's and Surgeon's Certificate No.
26 A46695 to disciplinary action under sections 2227 and 2234 of the Code, in that Respondent has
27 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct
28 which is unbecoming to a member in good standing of the medical profession, and which

1 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 8
2 through 17, above, which are hereby incorporated by reference and realleged as if fully set forth
3 herein.

4 **DISCIPLINARY CONSIDERATIONS**

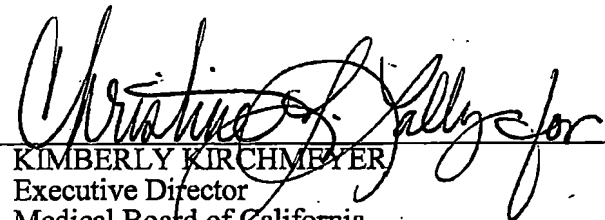
5 19. To determine the degree of discipline, if any, to be imposed on Respondent,
6 Complainant alleges that on or about January 18, 2013, in a prior Medical Board of California
7 investigation, Case No. 09-2011-214752, the Board issued a pre-accusation Public Letter of
8 Reprimand against Respondent's Physician's and Surgeon's Certificate No. A46695, which was
9 based on findings that Respondent was grossly negligent and incompetent in the care and
10 treatment of a single patient with complaints of sleep deprivation and anxiety. That Public Letter
11 of Reprimand is now final and is incorporated by reference as if fully set forth herein.

12 **PRAYER**

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

- 15 1. Revoking or suspending Physician's and Surgeon's Certificate No. A46695, issued to
16 Respondent Syam Prasad Babu Kunam, M.D.;
- 17 2. Revoking, suspending or denying approval of Respondent Syam Prasad Babu Kunam,
18 M.D.'s, authority to supervise physician assistants pursuant to section 3527 of the Code, and
19 advanced practice nurses;
- 20 3. Ordering Respondent Syam Prasad Babu Kunam, M.D., to pay the Medical Board the
21 costs of probation monitoring, if placed on probation; and
- 22 4. Taking such other and further action as deemed necessary and proper.

23
24 DATED:
25 February 25, 2019

26 
27 KIMBERLY KIRCHMEYER
28 Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SD2018702644 / Doc.No.71727716