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

9  
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:

Case No. 800-2017-030668

15 **SYAM PRASAD BABU KUNAM, M.D.**  
16 **1809 W. Redlands Boulevard**  
**Redlands, California 92373-4724**

**A C C U S A T I O N**

17 **Physician's and Surgeon's Certificate**  
18 **No. A46695,**

19 Respondent.

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.

**JURISDICTION**

1  
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 (Code) unless otherwise indicated.

5       4.     Section 2227 of the Code provides that a licensee who is found guilty under the  
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
7 one year, placed on probation and required to pay the costs of probation monitoring, be publicly  
8 reprimanded which may include a requirement that the licensee complete relevant educational  
9 courses, or have such other action taken in relation to discipline as the Board deems proper.

10       5.     Section 2234 of the Code states, in relevant part:

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

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

16             “... ”

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

21             “... ”

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

26       7.     Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
27 adequate and accurate records relating to the provision of services to their patients constitutes  
28 unprofessional conduct.”

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:<sup>1</sup>

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.<sup>2</sup>

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

28 <sup>2</sup> 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.

28 ////

1 Respondent, among a number of other medications, prescribed Xanax<sup>3</sup> to Patient C.  
2 Respondent documented that Patient C had discontinued use of “Antabuse.”<sup>4</sup>  
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:

21 ////

22  
23 <sup>3</sup> 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 <sup>4</sup> 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.<sup>5</sup> Respondent prescribed a dosage of Klonopin in excess of the Food and  
11 Drug Administration (FDA) approved maximum dosage amount.<sup>6</sup>

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 diagnosis<sup>7</sup> 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 <sup>5</sup> 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 <sup>6</sup> FDA approved doses of Klonopin for the treatment of panic disorder are 0.5mg–4 mg.

28 <sup>7</sup> 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**

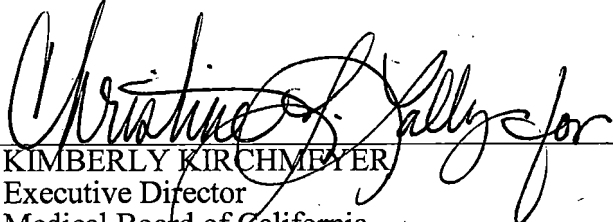
5 19. To determine the degree of discipline, if any, to be imposed on Respondent,  
6 Complainant alleges that on or about January 18, 2013, in a prior Medical Board of California  
7 investigation, Case No. 09-2011-214752, the Board issued a pre-accusation Public Letter of  
8 Reprimand against Respondent's 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

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