

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

In the Matter of the Accusation
Against:

Syed Tahir Rizvi, M.D.

Physician's and Surgeon's
Certificate No. C 53519

Respondent.

Case No.: 800-2017-037985

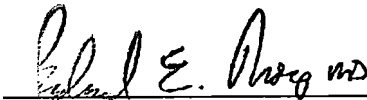
DECISION

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 September 17, 2021.

IT IS SO ORDERED: August 18, 2021.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

1 ROB BONTA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 JOSHUA M. TEMPLET
Deputy Attorney General
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8

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

13 In the Matter of the Accusation Against:
14 **SYED TAHIR RIZVI, M.D.**
27201 Tourney Road, Suite 110
15 Santa Clarita, CA 91355
16 **Physician's and Surgeon's Certificate No. C**
53519,
17
18 Respondent.

Case No. 800-2017-037985
OAH No. 2020120609
STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, via Joshua M. Temple, Deputy
26 Attorney General.

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1 2. Respondent Syed Tahir Rizvi, M.D. (Respondent) is represented in this proceeding by
2 attorney Lindsay M. Johnson, Ray and Bishop, PLC, 5000 Birch Street, Suite 7000, Newport
3 Beach, CA 92660.

4 3. On December 3, 2008, the Board issued Physician's and Surgeon's Certificate
5 No. C 53519 to Syed Tahir Rizvi, M.D. (Respondent). The certificate was in full force and effect
6 at all times relevant to the charges brought in Accusation No. 800-2017-037985, and will expire
7 on December 31, 2022, unless renewed.

8 **JURISDICTION**

9 4. Accusation No. 800-2017-037985 (Accusation) was filed before the Board and is
10 currently pending against Respondent. The Accusation and all other statutorily required
11 documents were properly served on Respondent on October 23, 2020. Respondent timely filed his
12 Notice of Defense contesting the Accusation.

13 5. A copy of the Accusation is attached as **exhibit A** and incorporated herein.

14 **ADVISEMENT AND WAIVERS**

15 6. Respondent has carefully read, fully discussed with counsel, and understands the
16 charges and allegations in the Accusation. Respondent has also carefully read, fully discussed
17 with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

18 7. Respondent is fully aware of his legal rights in this matter, including the right to a
19 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
20 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
21 to the issuance of subpoenas to compel the attendance of witnesses and the production of
22 documents; the right to reconsideration and court review of an adverse decision; and all other
23 rights accorded by the California Administrative Procedure Act and other applicable laws.

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

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in the
3 Accusation, if proven at a hearing, constitute cause for imposing discipline upon his Physician's
4 and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a factual basis for
6 the charges in the Accusation, and Respondent hereby gives up his right to contest those charges.

7 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
8 discipline, and he agrees to be bound by the Board's probationary terms as set forth in the
9 Disciplinary Order below.

10 CONTINGENCY

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

20 13. Respondent agrees that if he ever petitions for early termination or modification of
21 probation, or if an accusation and/or petition to revoke probation is filed against him before the
22 Board, all of the charges and allegations contained in the Accusation shall be deemed true,
23 correct, and fully admitted by Respondent for purposes of any such proceeding or any other
24 licensing proceeding involving Respondent in the State of California.

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

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1 complete any other component of the course within one (1) year of enrollment. The prescribing
2 practices course shall be at Respondent's expense and shall be in addition to the CME
3 requirements for renewal of licensure.

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

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than 15 calendar days after successfully completing the course, or not later than
11 15 calendar days after the effective date of the Decision, whichever is later.

12 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
13 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
14 advance by the Board or its designee. Respondent shall provide the approved course provider
15 with any information and documents that the approved course provider may deem pertinent.
16 Respondent shall participate in and successfully complete the classroom component of the course
17 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
18 complete any other component of the course within one (1) year of enrollment. The medical
19 record keeping course shall be at Respondent's expense and shall be in addition to the CME
20 requirements for renewal of licensure.

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

26 Respondent shall submit a certification of successful completion to the Board or its
27 designee not later than 15 calendar days after successfully completing the course, or not later than
28 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

19 5. PRACTICE MONITORING. Within 30 calendar days of the effective date of this
20 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
21 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
22 licenses are valid and in good standing, and who are preferably American Board of Medical
23 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
24 relationship with Respondent, or other relationship that could reasonably be expected to
25 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
26 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
27 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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1 The Board or its designee shall provide the approved monitor with copies of the Decision
2 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the
3 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement
4 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,
5 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the
6 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
7 statement for approval by the Board or its designee.

8 Within 60 calendar days of the effective date of this Decision, and continuing throughout
9 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
10 make all records available for immediate inspection and copying on the premises by the monitor
11 at all times during business hours and shall retain the records for the entire term of probation.

12 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
13 date of this Decision, Respondent shall receive a notification from the Board or its designee to
14 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
15 shall cease the practice of medicine until a monitor is approved to provide monitoring
16 responsibility.

17 The monitor shall submit a quarterly written report to the Board or its designee which
18 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
19 are within the standards of practice of medicine and whether Respondent is practicing medicine
20 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
21 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
22 preceding quarter.

23 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
24 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
25 name and qualifications of a replacement monitor who will be assuming that responsibility within
26 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
27 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
28 notification from the Board or its designee to cease the practice of medicine within three (3)

1 calendar days after being so notified. Respondent shall cease the practice of medicine until a
2 replacement monitor is approved and assumes monitoring responsibility.

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

8 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
9 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
10 Chief Executive Officer at every hospital where privileges or membership are extended to
11 Respondent, at any other facility where Respondent engages in the practice of medicine,
12 including all physician and locum tenens registries or other similar agencies, and to the Chief
13 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
14 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
15 calendar days.

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

17 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
18 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
19 advanced practice nurses.

20 8. OBEY ALL LAWS. Respondent shall obey all federal, state, and local laws and all
21 rules governing the practice of medicine in California. Respondent shall remain in full
22 compliance with any court ordered criminal probation, payments, and other orders.

23 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
24 under penalty of perjury on forms provided by the Board, stating whether there has been
25 compliance with all the conditions of probation.

26 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
27 of the preceding quarter.

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10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE.

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

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1 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
4 defined as any period of time Respondent is not practicing medicine as defined in Business and
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If
7 Respondent resides in California and is considered to be in non-practice, Respondent shall
8 comply with all terms and conditions of probation. All time spent in an intensive training program
9 which has been approved by the Board or its designee shall not be considered non-practice and
10 does not relieve Respondent from complying with all the terms and conditions of probation.
11 Practicing medicine in another state of the United States or federal jurisdiction while on probation
12 with the medical licensing authority of that state or jurisdiction shall not be considered non-
13 practice. A Board-ordered suspension of practice shall not be considered as a period of non-
14 practice.

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

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

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

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

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1 13. COMPLETION OF PROBATION. Respondent shall comply with all financial
2 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
3 completion of probation. Upon successful completion of probation, Respondent's certificate shall
4 be fully restored.

5 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
6 of probation is a violation of probation. If Respondent violates probation in any respect, the
7 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
8 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
9 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
10 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
11 the matter is final.

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

22 16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
23 with probation monitoring each and every year of probation, as designated by the Board, which
24 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
25 California and delivered to the Board or its designee no later than January 31 of each calendar
26 year.

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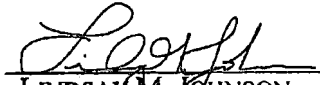
1 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
2 a new license or certification, or petition for reinstatement of a license, by any other health care
3 licensing agency in the State of California, all of the charges and allegations contained in the
4 Accusation shall be deemed to be true, correct, and admitted by Respondent for the purpose of
5 any Statement of Issues or other proceeding seeking to deny or restrict such license.

6 ACCEPTANCE

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

12
13 DATED: 6/12/2021 
14 SYED TAHIR RIZVI, M.D.
Respondent

15 I have read and fully discussed with Respondent Syed Tahir Rizvi, M.D. the terms and
16 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
17 I approve its form and content.

18
19 DATED: 06/14/2021 
20 LINDSAY M. JOHNSON
21 Ray and Bishop, PLC
Attorney for Respondent

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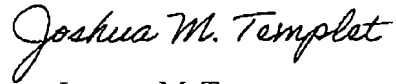
ENDORSEMENT

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

DATED: June 14, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General



JOSHUA M. TEMPLET
Deputy Attorney General
Attorneys for Complainant

LA2020602948
35180878

Exhibit A

1 XAVIER BECERRA
Attorney General of California
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Supervising Deputy Attorney General
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300 So. Spring Street, Suite 1702
4 Los Angeles, CA 90013
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6

7 **BEFORE THE**
8 **MEDICAL BOARD OF CALIFORNIA**
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2017-037985

12 SYED TAHIR RIZVI, M.D.

A C C U S A T I O N

13 27201 Tourney Road, Suite 110
14 Santa Clarita, CA 91355

15 Physician's and Surgeon's Certificate C 53519,

16 Respondent.

17
18 **PARTIES**

19 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
20 as the Executive Director of the Medical Board of California (Board).

21 2. On December 3, 2008, the Medical Board issued Physician's and Surgeon's
22 Certificate Number C 53519 to Syed Tahir Rizvi, M.D. (Respondent). The license was in full
23 force and effect at all times relevant to the charges brought herein and will expire on December
24 31, 2020, unless renewed.

25 **JURISDICTION**

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

1 4. Section 2004 of the Code provides that the Board has the responsibility for the
2 enforcement of the disciplinary provisions of the Medical Practice Act, reviewing the quality of
3 medical practice carried out by physicians and suspending, revoking or otherwise limiting
4 certificates after the conclusion of disciplinary actions.

5 5. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of the
7 Medical Quality Hearing Panel as designated in Section 11371 of the
8 Government Code, or whose default has been entered, and who is found guilty,
9 or who has entered into a stipulation for disciplinary action with the board, may,
10 in accordance with the provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one year
13 upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation monitoring
15 upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by
18 the board.

19 (5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
22 review or advisory conferences, professional competency examinations,
23 continuing education activities, and cost reimbursement associated therewith that
24 are agreed to with the board and successfully completed by the licensee, or other
25 matters made confidential or privileged by existing law, is deemed public, and
26 shall be made available to the public by the board pursuant to Section 803.1.

27 6. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

1 appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

2 (2) When the standard of care requires a change in the diagnosis, act, or
3 omission that constitutes the negligent act described in paragraph (1), including, but
4 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.

5 (d) Incompetence.

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

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

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

11 7. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
12 adequate and accurate records relating to the provision of services to their patients constitutes
13 unprofessional conduct.

14 DRUGS INVOLVED

15 8. Alprazolam, also known as Xanax, is a benzodiazepine used to treat anxiety
16 disorders.

17 9. Amitriptyline, also known as Elavil, is a tricyclic antidepressant used in the treatment
18 of depression.

19 10. Bupropion, also known as Wellbutrin, is an antidepressant, used in the treatment of
20 major depressive disorder.

21 11. Fluoxetine, also known as Prozac, is a selective serotonin receptor inhibitor used to
22 treat depression.

23 12. Hydrocodone, also known as Vicodin, is a prescription opioid painkiller used to treat
24 moderate to severe pain.

25 13. Hydroxyzine, also known as Atarax, is an antihistamine used to treat itching in
26 allergies and anxiety.

27 14. Imipramine, also known as Tofranil, is a tricyclic antidepressant used in the treatment
28 of depression.

1 15. Mirtazapine, also known as Remeron, is an antidepressant used to treat major
2 depressive disorder.

3 16. Nortriptyline is a tricyclic antidepressant.

4 17. Prazosin is a prescription medication used to treat high blood pressure.

5 18. Quetiapine, also known as Vistaril, is an antipsychotic used to treat schizophrenia and
6 bipolar disorder.

7 19. Temazepam, also known as Restoril, is a benzodiazepine used in the treatment of
8 insomnia.

9 20. Trazodone is a serotonin receptor antagonist and reuptake inhibitor (SARI) used to
10 treat major depressive disorder; it also improves appetite.

11 21. Zolpidem, also known as Ambien, is a sedative / hypnotic used in the treatment of
12 insomnia.

13 FACTUAL ALLEGATIONS

14 22. The Respondent is a board-certified psychiatrist, specializing in child and adolescent
15 psychiatry. At the time of the events described below, he was employed at Kaiser Permanente -
16 Valencia.

17 23. Commencing in approximately April 2015, and continuing until on or about October
18 18, 2017, the Respondent acted as the physician for Patient 1, an adult female.¹

19 24. Review of the Respondent's clinical records from January 1, 2015 to October 18,
20 2017, reveal the following information:

21 25. On January 22, 2015, the Patient called and reported that her psychotropic
22 medications for insomnia were ineffective. During the call, she indicated using two tablets of
23 zolpidem despite being prescribed to take one. Respondent doesn't appear to have talked to the
24 Patient but responded that she should not take more than one tab.

25 26. On April 14, 2015, Respondent saw the Patient at which time she was already on
26 alprazolam (Xanax, benzodiazepine), zolpidem (Ambien, z-drug), fluoxetine (Prozac,

27
28 ¹ The patient is referred to anonymously to preserve her privacy. Her identity will be disclosed in discovery.

1 antidepressant), and quetiapine (Seroquel, an antipsychotic). She demonstrated many symptoms
2 of mental illness including "depressed mood, sadness, decreased interest or pleasure,
3 psychomotor retardation, decreased energy / fatigue, feeling hopeless, tearfulness and anhedonia
4 ... excessive worry or anxiety, difficulty controlling the worry, restlessness, feeling keyed up or
5 on edge, easily fatigued, difficulty concentrating, mind going blank, irritability, muscle tension,
6 sleep disturbance and panic." The mental status exam mentions that she is tearful and has normal
7 thought content and appearance but makes no other comment of her mood and affect. Her
8 diagnoses include recurrent major depressive disorder (MDD), persistent insomnia, generalized
9 anxiety disorder (GAD), and post-traumatic stress disorder (PTSD). The treatment plan included
10 starting temazepam (Restoril, a benzodiazepine) 15-30 mg per night as needed for insomnia,
11 increasing fluoxetine, tapering off quetiapine, and continuing alprazolam 0.5 mg twice a day as
12 needed for anxiety.

13 27. On April 15, 2015, the Patient called and reported that her psychotropic medications
14 for insomnia were ineffective. She indicated using four caps of temazepam 15 mg during the call
15 despite being prescribed to take 1 or 2. Respondent doesn't appear to have talked to the Patient
16 but responded that she could try hydroxyzine and prescribed the medication.

17 28. On April 17, 2015, the Patient called and reported that her psychotropic medications
18 for insomnia, in particular Vistaril, were ineffective. She asked to return on quetiapine and
19 zolpidem. Respondent doesn't appear to have talked to the Patient but responded that she could
20 obtain a refill of quetiapine and zolpidem.

21 29. On April 30, 2015, the Patient called and reported having run out of psychotropics.
22 The physician on-call noted that the Patient was not taking her medication as prescribed and only
23 gave her a five-day supply of medication.

24 30. On May 12, 2015, Respondent again saw the Patient. She continued to demonstrate
25 "excessive worry or anxiety, difficulty controlling the worry, restlessness, feeling keyed up or on
26 edge, easily fatigued, difficulty concentrating, muscle tension, sleep disturbance and panic" but
27 also reported "overall condition as improving on the current psychotropic drug regimen and
28 without any major side effect." The mental status exam is succinct and within normal limits

1 "Alert, oriented x 4, normal dress, behavior, mood, affect, speech and thought content. No
2 suicidal ideation, homicidal ideation or psychotic symptoms." Her diagnoses were unchanged.
3 The treatment plan included starting trazodone (antidepressant often used for insomnia) 50-
4 100mg per night for insomnia, zolpidem 5mg per night as needed for insomnia, and hydroxyzine
5 (non-benzodiazepine anxiolytic) 25-50mg per night as needed for insomnia, increasing
6 fluoxetine, and continuing alprazolam, and quetiapine (which was apparently not tapered off).
7 There is no mention of temazepam.

8 31. On July 23, 2015, Respondent again saw the Patient. She was documented with
9 "depressed mood, sadness, decreased interest or pleasure, feeling worthless, psychomotor
10 retardation, decreased concentration, decreased energy/ fatigue, feeling hopeless, tearfulness and
11 anhedonia" but also reported "overall condition as improving on the current psychotropic drug
12 regimen and without any major side effect." The mental status exam is succinct, stating within
13 normal limits, and unchanged from May 12, 2015. Her diagnoses no longer included insomnia.
14 The treatment plan included starting bupropion (Wellbutrin, an antidepressant), and continuing
15 alprazolam, zolpidem, and fluoxetine. There is no mention of trazodone (antidepressant),
16 quetiapine, and hydroxyzine.

17 32. On August 10, 2015, the Patient called asking about her antidepressant regimen.
18 During the call, she indicated using three caps of bupropion despite being prescribed to take two.
19 The physician on-call "OK'd" her use of antidepressants.

20 33. On September 2, 2015, Respondent again saw the Patient. She indicated "difficulty
21 controlling the worry, restlessness, difficulty concentrating, muscle tension, sleep disturbance and
22 panic" but also reported being "stable on the current psychotropic drug regimen and without any
23 major side effects." The mental status exam stated that the Patient was within normal limits and
24 that she was tearful. Her diagnosis only included PTSD. The treatment plan included restarting
25 hydroxyzine, continuing zolpidem, alprazolam, bupropion, and fluoxetine.

26 34. On September 22, 2015, the Patient called and reported having run out of scheduled
27 psychotropics, zolpidem and alprazolam early stating, "Says out of town and left medication
28 there." Respondent approved the refill.

1 35. On November 19, 2015, Respondent again saw the Patient. He documented
2 "depressed mood, sadness, decreased interest or pleasure, feeling worthless, decreased sleep,
3 psychomotor retardation, decreased energy / fatigue, feeling hopeless, tearfulness and anhedonia"
4 and "overall condition as unchanged on the current psychotropic drug regimen and without any
5 major side effects." The mental status exam mentions "mood is 'depressed', affect is constricted."
6 Her diagnoses included recurrent MDD, GAD, and PTSD. The treatment plan included starting
7 imipramine (tricyclic antidepressant), increasing bupropion, and continuing alprazolam and
8 fluoxetine. There is no mention of hydroxyzine and zolpidem.

9 36. From November 19, 2015, to March 23, 2017, the documentation for the Patient
10 makes no mention of any doctor-patient visit.

11 37. On November 25, 2015, the Patient called and reported that her psychotropic
12 medications for insomnia, in particular imipramine, were ineffective. During the call, she
13 indicated using five imipramine caps despite being prescribed to take 1 or 2. Respondent doesn't
14 appear to have talked to the Patient but responded by prescribing mirtazapine.

15 38. On January 8, 2016, the Patient called and reported that her psychotropic medications
16 for insomnia, in particular mirtazapine, were ineffective. During the call, she indicated using three
17 capsules of mirtazapine despite being prescribed to take only one-half capsule. Respondent
18 doesn't appear to have talked to the Patient but responded by prescribing amitriptyline.

19 39. On January 14, 2016, the Patient called and reported that her psychotropic
20 medications for insomnia, in particular amitriptyline, were ineffective. During the call, she
21 indicated using three caps of amitriptyline despite being prescribed to take 1 or 2. Respondent
22 doesn't appear to have talked to the Patient but responded by prescribing quetiapine. There is no
23 indication that Respondent discussed quetiapine's metabolic side effects despite her being
24 engaged in regular clinical visits regarding her weight.

25 40. On January 19, 2016, the Patient called and reported that her psychotropic
26 medications for insomnia were ineffective. She did not answer when called back by nursing.
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1 41. On January 23, 2016, the pharmacy called reporting that the Patient was asking for a
2 quetiapine refill. She indicated using five tabs of quetiapine despite being prescribed to take 1 or
3 2. Respondent approved the refill.

4 42. On February 24, 2016, the Patient called and reported having run out of scheduled
5 psychotropic, alprazolam early stating, "I keep my medications next to a trash can." Respondent
6 approved the refill.

7 43. On February 29, 2016, the Patient called and reported that her psychotropic
8 medications for insomnia were ineffective in particular quetiapine. During the call, she indicated
9 using four tabs of quetiapine despite being prescribed to take 1 or 2. Respondent doesn't appear to
10 have talked to the Patient but responded by prescribing the increased dose.

11 44. On March 18, 2016, the Patient called and reported that her psychotropic medications
12 for insomnia, in particular quetiapine, were ineffective. During the call, she indicated using three
13 tabs of quetiapine despite being prescribed to take 1. Respondent doesn't appear to have talked to
14 the Patient but responded by prescribing the increased dose.

15 45. On March 23, 2016, the Patient called and reported having run out of alprazolam
16 early. She did not answer when called back by nursing.

17 46. On June 6, 2016, the Patient called and reported that her psychotropic medications for
18 insomnia were ineffective. She specifically asked for a medication similar to zolpidem, a
19 scheduled drug. Respondent doesn't appear to have talked to the Patient but responded by
20 prescribing temazepam, a scheduled medication.

21 47. On June 16, 2016, the Patient called and reported having run out of scheduled
22 psychotropic, alprazolam early and indicated using four tabs despite being prescribed to take 2.
23 Respondent approved the refill.

24 48. On June 30, 2016, the Patient called asking for an early refill of temazepam and for
25 Respondent to comment on her eligibility for bariatric surgery. The Patient called again to follow-
26 up on her bariatric surgery clearance on July 5 and 18, 2016.

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1 49. On July 20, 2016, the Patient called asking for an early refill of temazepam and
2 quetiapine. During the call, she indicated using three tabs of quetiapine despite being prescribed
3 to take 1. Respondent approved the refill.

4 50. On August 1, 2016, the Patient called asking for an early refill of alprazolam. During
5 the call, she indicated using four tabs when prescribed to take 2. Respondent approved the refill.

6 51. On August 10, 2016, the Patient called asking for an early refill of temazepam.
7 During the call, she indicated using three caps of temazepam despite being prescribed to take 1 or
8 2. Respondent doesn't appear to have talked to the Patient but responded by prescribing the
9 increased dose.

10 52. On September 8, 2016, and again on October 7, 2016, and November 17, 2016, the
11 Patient called asking for temazepam refills. On October 7, 2016, the nurse noted that the Patient
12 has not been seen in person since November 19, 2015, and has no upcoming appointments with
13 Respondent.

14 53. On December 21, 2016, the Patient called and reported that her psychotropic
15 medication quetiapine was too expensive. Respondent doesn't appear to have talked to the Patient
16 but responded by prescribing imipramine.

17 54. On January 4, 2017, the Patient called asking for an early refill of alprazolam. During
18 the call, she indicated using three tabs when prescribed to take 2. She also indicated taking four
19 tabs of imipramine when prescribed to take 1 or 2. After some back and forth, and pointing to the
20 early nature of the refill, Respondent approved it.

21 55. On February 6, 2017, the Patient called asking for an early refill of alprazolam,
22 temazepam, and quetiapine because "patient went out of the country and customs did not give
23 back her medications." Of note, she did not ask for refills of fluoxetine and imipramine, which
24 are less known as medications of abuse. The physician on-call approved the refills.

25 56. On March 23, 2017, Respondent saw the Patient once more. She was documented as
26 expressing "excessive worry or anxiety, difficulty controlling the worry, restlessness and sleep
27 disturbance" but also reported being "stable on the current psychotropic drug regimen and without
28 any major side effects." The mental status exam once more stated within normal limits and "Alert,

1 oriented x 4, normal dress, behavior, mood, affect, speech and thought content. No suicidal
2 ideation, homicidal ideation or psychotic symptoms." Her diagnoses included the addition of
3 insomnia. The treatment plan included increasing temazepam to 60 mg per night for sleep, and
4 continuing alprazolam, quetiapine, and fluoxetine. There is no mention of bupropion or
5 imipramine.

6 57. On April 25, 2017, the Patient called asking for an early refill of quetiapine. During
7 the call, she indicated using three tabs when prescribed to take 2. Respondent doesn't appear to
8 have talked to the Patient but responded by prescribing the increased dose.

9 58. On May 17, 2017, the Patient called asking for an early refill of alprazolam.
10 Respondent approved the refill.

11 59. On July 27, 2017, a nurse spoke with the Patient's son who indicated believing that
12 his mother was "overmedicated either due to too much medication being prescribed or the Patient
13 is confused with and not keeping track of how much she is taking daily ... gives a hot wheel car to
14 my brother and says it's the remote control for the fan ... She looks like she drunk often ... she
15 will lose an entire day from being passed out." Respondent responded by asking nursing to tell
16 the Patient to reduce her dose of temazepam and alprazolam, but he did not see her for another
17 two months, until October 3, 2017.

18 60. On October 3, 2017, Respondent again saw the Patient. He documented "excessive
19 worry or anxiety, difficulty controlling the worry, feeling keyed up or on edge and difficulty
20 concentrating" but also reported "stable on the current psychotropic drug regimen and without
21 any major side effects." The mental status exam is succinct, within normal limits, and unchanged
22 from March 23, 2017. Her diagnoses included insomnia, recurrent MDD, and GAD. The
23 treatment plan included starting nortriptyline (tricyclic antidepressant), decreasing temazepam to
24 30 mg per night for sleep, continuing alprazolam, quetiapine, and fluoxetine.

25 **FIRST CAUSE FOR DISCIPLINARY ACTION**

26 (Gross Negligence)
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1 71. His failure to document the clinical evidence for treatment represents a departure
2 from the standard of care.

3 72. His failure to adequately document the risks of benzodiazepines represents a
4 departure from the standard of care.

5 73. His failure to adequately document a patient discussion regarding alternative
6 treatment for insomnia represents a departure from the standard of care.

7 74. His use of a very elevated dose of temazepam for many months without visits and in
8 the context of the prescription of other central nervous system (CNS) depressants represents a
9 departure from the standard of care.

10 75. His simultaneous prescription of multiple CNS depressants including five in addition
11 to hydrocodone in May 2015 represents a departure from the standard of care.

12 76. Respondent's prescription of CNS depressants in addition to the patient being on a
13 very elevated dose of an opiate represents a departure from the standard of care.

14 **THIRD CAUSE FOR DISCIPLINARY ACTION**

15 (Failure to Maintain Adequate and Accurate Records)

16 77. In the treatment of Patient 1, the Respondent is subject to discipline because he failed
17 to maintain adequate and accurate records of patient care, in violation of Business and Professions
18 Code section 2266, as follows.

19 78. Respondent's documentation of the clinical evidence for treatment of the Patient was
20 insufficient and inadequate.

21 79. Respondent failed to document significant signs and indications of excessive
22 prescribing.

23 80. Respondent's documentation of the risks of benzodiazepines is insufficient and
24 inadequate.

25 81. Respondent's documentation of a patient discussion regarding alternative treatment
26 for insomnia is insufficient and inadequate.

27 **PRAYER**

28

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

3 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 53519,
4 issued to Syed Tahir Rizvi, M.D.;


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

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

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

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DATED: **OCT 23 2020**



WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

LA2020602948