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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. 27201 Tourney Road, Suite 110 Santa Clarita, CA 91355 Physician's and Surgeon's Certificate C 53519, Respondent.	Case No. 800-2017-037985 **ACCUSATION**

PARTIES

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

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

JURISDICTION

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

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

5. Section 2227 of the Code states:

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

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

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

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

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

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

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

6. Section 2234 of the Code, states:

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

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

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

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend 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.

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

DRUGS INVOLVED

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

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

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

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

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

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

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

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

16. Nortriptyline is a tricyclic antidepressant.

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

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

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

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

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

FACTUAL ALLEGATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

40. On January 19, 2016, the Patient called and reported that her psychotropic medications for insomnia were ineffective. She did not answer when called back by nursing.

41. On January 23, 2016, the pharmacy called reporting that the Patient was asking for a quetiapine refill. She indicated using five tabs of quetiapine despite being prescribed to take 1 or 2. Respondent approved the refill.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FIRST CAUSE FOR DISCIPLINARY ACTION

(Gross Negligence)

61. In the care of Patient 1, Respondent is subject to discipline because he committed extreme departures from the standard of care, in violation of Business and Professions Code section 2234, subdivision (b), as follows:

62. Respondent failed to acknowledge, or to document, significant signs and indications of excessive prescribing. On numerous occasions, the Patient indicated she was taking scheduled medications in a manner not prescribed.

63. Despite prescribing significant scheduled medications to the Patient and the initiation of an antipsychotic, there were only infrequent and insufficient face-to-face visits.

64. Respondent failed to document the Patient's substance use disorder and her continued requests for scheduled medication and early refills of scheduled medication.

65. Respondent failed to refer the Patient to a chemical dependency program.

66. Respondent continued prescribing to the Patient outside of visits and without regular visits.

67. Respondent routinely prescribed powerful medications without routine visits or documentation of a discussion with the Patient of the risks, benefits, and alternatives to such medication.

68. Respondent's prescription of Prazosin (a drug which lowers blood pressure) to the Patient who already had very low blood pressure.

69. Despite the Patient's history, Respondent failed or refused to utilize CURES reports and drug screens. A CURES report would have indicated that the patient was also getting scheduled medications, zolpidem and phentermine, from non-Kaiser providers while being prescribed alprazolam, temazepam, and hydrocodone at Kaiser.

SECOND CAUSE FOR DISCIPLINARY ACTION

(Repeated Negligent Acts)

70. In the care of Patient 1, the Respondent is subject to discipline because he committed repeated negligent acts, in violation of Business and Professions Code section 2234, subdivision (c), as follows:

71. His failure to document the clinical evidence for treatment represents a departure from the standard of care.

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

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

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

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

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

THIRD CAUSE FOR DISCIPLINARY ACTION

(Failure to Maintain Adequate and Accurate Records)

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

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

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

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

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

PRAYER

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

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

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

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

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

DATED: OCT 23 2020

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

Complainant

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