

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

**In the Matter of the First Amended
Accusation Against:**

Prakashchandra Chhotabhai Patel, M.D.

Case No. 800-2019-052747

**Physician's & Surgeon's
Certificate No. A 32995**

Respondent.

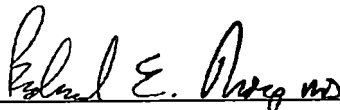
DECISION

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 22, 2024.

IT IS SO ORDERED: April 22, 2024.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
4 State Bar Number 147250
California Department of Justice
5 300 South Spring Street, Suite 1702
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7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation Against:

Case No. 800-2019-052747

13 **PRAKASHCHANDRA CHHOTABHAI PATEL, M.D.**

OAH No. 2023080725

14 **395 N. San Jacinto St., Suite B**
15 **Hemet, CA 92543**

**STIPULATED SETTLEMENT
AND DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate Number A 32995**

17 Respondent.

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

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
23 California (Board). His predecessor brought this action solely in his official capacity and
24 Complainant is represented in this matter by Rob Bonta, Attorney General of the State of
25 California, by Colleen M. McGurrin, Deputy Attorney General.

26 2. Prakashchandra Chhotabhai Patel, M.D. (Respondent) is represented in this
27 proceeding by attorney Raymond J. McMahon of Doyle Schafer McMahon, LLP, located at 5440
28 Trabuco Road, Irvine, CA 92620.

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in First Amended
3 Accusation No. 800-2019-052747, if proven at a hearing, constitute cause for imposing discipline
4 upon his Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 with respect to the charges and allegations in First Amended Accusation No. 800-2019-052747, a
7 true and correct copy of which is attached hereto as Exhibit A, hereby gives up his right to contest
8 those charges, and has thereby subjected his Physician's and Surgeon's Certificate Number A
9 32995 to disciplinary action.

10 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
11 discipline and agrees to be bound by the Board's imposition of discipline as set forth in the
12 Disciplinary Order below.

13 CONTINGENCY

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

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

27 14. In consideration of the foregoing admissions and stipulations, the parties agree that
28 the Board may, without further notice or opportunity to be heard by the Respondent, issue and

1 enter the following Disciplinary Order:

2 **DISCIPLINARY ORDER**

3 A. **PUBLIC REPRIMAND**

4 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate Number A 32995
5 issued to Respondent, PRAKASHCHANDRA CHHOTABHAI PATEL, M.D., shall be and is
6 hereby Publicly Reprimanded pursuant to Business and Professions Code section 2227,
7 subdivision (a)(4). This Public Reprimand is issued in connection with Respondent's care and
8 treatment of Patient 1 as set forth in First Amended Accusation No. 800-2019-052747, as follows
9 and on the following terms and conditions:

10 On or about October 2018 through June 2019, in caring for Patient 1, you failed to
11 personally review the patient's CURES report in a patient that had an opioid addiction and failed
12 to adequately document its review and results, or place a copy of the report reviewed in the
13 patient's records, and failed to perform and document random urine drug screenings of the patient
14 while treating him for an opioid addiction in violation of Business and Professions Code sections
15 2234 and 2266.

16 B. **EDUCATION COURSES.** Within 60 calendar days of the effective date of this
17 Decision, Respondent shall submit to the Board or its designee for its prior approval educational
18 program(s) or course(s) which shall not be less than 20 hours for this public reprimand. The
19 educational program(s) or course(s) shall be in the areas of addictionology and treating patients
20 with opioid abuse/or addiction or a history of opioid addiction/or abuse. These courses are aimed
21 at correcting any areas of deficient practice or knowledge and shall be Category I certified. The
22 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
23 the 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 45
26 hours of CME of which 20 hours were in satisfaction of this condition.

27 C. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the
28 effective date of this Decision, Respondent shall enroll in a course in prescribing practices

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

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

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

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

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

1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its
3 designee not later than 15 calendar days after successfully completing the course, or not later than
4 15 calendar days after the effective date of the Decision, whichever is later.

5 E. **INVESTIGATION/ENFORCEMENT COST RECOVERY.** Respondent is
6 hereby ordered to reimburse the Board its costs of enforcement of this action, including, but not
7 limited to, amended accusations, communications with witnesses and experts, legal reviews, and
8 other related matters, as applicable, in the amount of \$22,334 (twenty-two thousand three
9 hundred thirty-four dollars and no cents). Costs shall be payable to the Medical Board of
10 California. Failure to pay such costs shall be considered a violation of this public reprimand.

11 Payment must be made in full within 30 calendar days of the effective date of the Order, or
12 by a payment plan approved by the Medical Board of California. Any and all requests for a
13 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
14 the payment plan shall be considered a violation of this order.

15 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
16 repay enforcement costs, including expert review and consultation costs (if applicable).

17 F. **VIOLATION OF PUBLIC REPRIMAND.** Failure to fully comply with any
18 term or condition of this public reprimand is a violation of this stipulation. If Respondent violates
19 the provisions of this stipulation in any respect, the Board, after giving Respondent notice and the
20 opportunity to be heard, may take further disciplinary charges against Respondent. If an
21 Accusation or an Interim Suspension Order is filed against Respondent during the public
22 reprimand, the Board shall have continuing jurisdiction until the matter is final, and the period of
23 this public reprimand shall be extended until the matter is final.

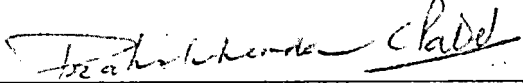
24 G. **LICENSE SURRENDER.** Following the effective date of this Decision, if
25 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
26 the terms and conditions of this public reprimand, Respondent may request to surrender his
27 license. The Board reserves the right to evaluate Respondent's request and to exercise its
28 discretion in determining whether or not to grant the request, or to take any other action deemed

1 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,
2 Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the
3 Board or its designee and Respondent shall no longer practice medicine. Respondent will no
4 longer be subject to the terms and conditions of this public reprimand. If Respondent re-applies
5 for a medical license, the application shall be treated as a petition for reinstatement of a revoked
6 certificate.

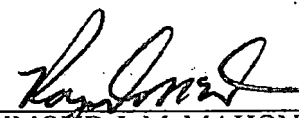
7 H. **FUTURE ADMISSIONS CLAUSE.** If Respondent should ever apply or
8 reapply for a new license or certification, or petition for reinstatement of a license, by any other
9 health care licensing action agency in the State of California, the charges and allegations
10 contained in First Amended Accusation No. 800-2019-052747 shall be deemed to be true, correct,
11 and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
12 seeking to deny or restrict license.

13 **ACCEPTANCE**

14 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
15 discussed it with my attorney, Raymond McMahon. I understand the stipulation and the effect it
16 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
17 Disciplinary Order freely, voluntarily, knowingly, and intelligently, and agree to be bound by the
18 Decision and Order of the Medical Board of California.

19
20 DATED: 2/26/24 
21 PRAKASHCHANDRA CHHOTABHAI PATEL,
22 M.D.
23 Respondent

24 I have read and fully discussed with Respondent Prakashchandra Chhotabhai Patel, M.D.
25 the terms and conditions and other matters contained in the above Stipulated Settlement and
26 Disciplinary Order. I approve its form and content.

27 DATED: March 1, 2024 
28 RAYMOND J. McMAHON
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: March 1, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Colleen M. McGurrin

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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

12 In the Matter of the First Amended Accusation Against:	Case No. 800-2019-052747
13 PRAKASHCHANDRA CHHOTABHAI PATEL,	FIRST AMENDED
14 M.D.	ACCUSATION
15 395 N. San Jacinto St., Ste. B	
16 Hemet, CA 92543	
17 Physician's and Surgeon's Certificate No. A 32995,	
18 Respondent.	

19 **PARTIES**

20 1. William Prasifka ("Complainant") brings this First Amended Accusation solely in his
21 official capacity as the Executive Director of the Medical Board of California, Department of
22 Consumer Affairs ("Board").

23 2. On October 11, 1978, the Board issued Physician's and Surgeon's Certificate Number
24 A 32995 to Prakashchandra Chhotabhai Patel, M.D. ("Respondent"). That certificate was in full
25 force and effect at all times relevant to the charges brought herein and will expire on July 31,
26 2022, unless renewed.

27 **JURISDICTION**

28 3. This First Amended Accusation is brought before the Board, under the authority of

1 the following laws. All section references are to the Business and Professions Code ("Code")
2 unless otherwise indicated.

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

7 **STATUTORY PROVISIONS**

8 5. Section 2234 of the Code (effective from January 1, 2014, to December 31, 2019)
9 states:

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

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

15 (b) Gross negligence.

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

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

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

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

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

4 6. Section 2266 of the Code (effective from February 21, 1996, to the Present) states:
5 The failure of a physician and surgeon to maintain adequate and accurate records relating to the
6 provision of services to their patients constitutes unprofessional conduct.

7 7. Health and Safety Code section 11165.4 (effective from October 2, 2018, to
8 December 31, 2019) states:

9 (a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer,
10 or furnish a controlled substance shall consult the CURES database to review a
11 patient's controlled substance history before prescribing a Schedule II, Schedule III,
12 or Schedule IV controlled substance to the patient for the first time and at least once
13 every four months thereafter if the substance remains part of the treatment of the
14 patient.

15 (ii) If a health care practitioner authorized to prescribe, order, administer, or
16 furnish a controlled substance is not required, pursuant to an exemption described in
17 subdivision (c), to consult the CURES database the first time he or she prescribes,
18 orders, administers, or furnishes a controlled substance to a patient, he or she shall
19 consult the CURES database to review the patient's controlled substance history
20 before subsequently prescribing a Schedule II, Schedule III, or Schedule IV
21 controlled substance to the patient and at least once every four months thereafter if
22 the substance remains part of the treatment of the patient.

23 (B) For purposes of this paragraph, "first time" means the initial occurrence in
24 which a health care practitioner, in his or her role as a health care practitioner, intends
25 to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV
26 controlled substance to a patient and has not previously prescribed a controlled
27 substance to the patient.

28 (2) A health care practitioner shall obtain a patient's controlled substance
history from the CURES database no earlier than 24 hours, or the previous business
day, before he or she prescribes, orders, administers, or furnishes a Schedule II,
Schedule III, or Schedule IV controlled substance to the patient.

(b) The duty to consult the CURES database, as described in subdivision (a),
does not apply to veterinarians or pharmacists.

(c) The duty to consult the CURES database, as described in subdivision (a),
does not apply to a health care practitioner in any of the following circumstances:

(1) If a health care practitioner prescribes, orders, or furnishes a controlled
substance to be administered to a patient while the patient is admitted to any of the
following facilities or during an emergency transfer between any of the following
facilities for use while on facility premises:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section
1200) of Division 2.

1 (B) An outpatient setting, as described in Chapter 1.3 (commencing with
Section 1248) of Division 2.

2 (C) A health facility, as described in Chapter 2 (commencing with Section
3 1250) of Division 2.

4 (D) A county medical facility, as described in Chapter 2.5 (commencing with
Section 1440) of Division 2.

5 (2) If a health care practitioner prescribes, orders, administers, or furnishes a
6 controlled substance in the emergency department of a general acute care hospital and
7 the quantity of the controlled substance does not exceed a nonrefillable seven-day
supply of the controlled substance to be used in accordance with the directions for
use.

8 (3) If a health care practitioner prescribes, orders, administers, or furnishes a
9 controlled substance to a patient as part of the patient's treatment for a surgical
10 procedure and the quantity of the controlled substance does not exceed a nonrefillable
five-day supply of the controlled substance to be used in accordance with the
directions for use, in any of the following facilities:

11 (A) A licensed clinic, as described in Chapter 1 (commencing with Section
12 1200) of Division 2.

13 (B) An outpatient setting, as described in Chapter 1.3 (commencing with
Section 1248) of Division 2.

14 (C) A health facility, as described in Chapter 2 (commencing with Section
15 1250) of Division 2.

16 (D) A county medical facility, as described in Chapter 2.5 (commencing with
Section 1440) of Division 2.

17 (E) A place of practice, as defined in Section 1658 of the Business and
18 Professions Code.

19 (4) If a health care practitioner prescribes, orders, administers, or furnishes a
20 controlled substance to a patient currently receiving hospice care, as defined in
Section 1339.40.

21 (5)(A) If all of the following circumstances are satisfied:

22 (i) It is not reasonably possible for a health care practitioner to access the
information in the CURES database in a timely manner.

23 (ii) Another health care practitioner or designee authorized to access the
24 CURES database is not reasonably available.

25 (iii) The quantity of controlled substance prescribed, ordered, administered, or
26 furnished does not exceed a nonrefillable five-day supply of the controlled substance
to be used in accordance with the directions for use and no refill of the controlled
substance is allowed.

27 (B) A health care practitioner who does not consult the CURES database under
28 subparagraph (A) shall document the reason he or she did not consult the database in
the patient's medical record.

1 (6) If the CURES database is not operational, as determined by the department,
2 or when it cannot be accessed by a health care practitioner because of a temporary
3 technological or electrical failure. A health care practitioner shall, without undue
4 delay, seek to correct any cause of the temporary technological or electrical failure
5 that is reasonably within his or her control.

6 (7) If the CURES database cannot be accessed because of technological
7 limitations that are not reasonably within the control of a health care practitioner.

8 (8) If consultation of the CURES database would, as determined by the health
9 care practitioner, result in a patient's inability to obtain a prescription in a timely
10 manner and thereby adversely impact the patient's medical condition, provided that
11 the quantity of the controlled substance does not exceed a nonrefillable five-day
12 supply if the controlled substance were used in accordance with the directions for use.

13 (d)(1) A health care practitioner who fails to consult the CURES database, as
14 described in subdivision (a), shall be referred to the appropriate state professional
15 licensing board solely for administrative sanctions, as deemed appropriate by that
16 board.

17 (2) This section does not create a private cause of action against a health care
18 practitioner. This section does not limit a health care practitioner's liability for the
19 negligent failure to diagnose or treat a patient.

20 (e) This section is not operative until six months after the Department of Justice
21 certifies that the CURES database is ready for statewide use and that the department
22 has adequate staff, which, at a minimum, shall be consistent with the appropriation
23 authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016
24 (Chapter 23 of the Statutes of 2016), user support, and education. The department
25 shall notify the Secretary of State and the office of the Legislative Counsel of the date
26 of that certification.

27 (f) All applicable state and federal privacy laws govern the duties required by
28 this section.

(g) The provisions of this section are severable. If any provision of this section
or its application is held invalid, that invalidity shall not affect other provisions or
applications that can be given effect without the invalid provision or application.

COST RECOVERY

8. Effective on January 1, 2022, section 125.3 of the Code was amended to provide as
follows:

(a) Except as otherwise provided by law, in any order issued in resolution of a
disciplinary proceeding before any board within the department or before the
Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
administrative law judge may direct a licensee found to have committed a violation or
violations of the licensing act to pay a sum not to exceed the reasonable costs of the
investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order
may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual

1 costs are not available, signed by the entity bringing the proceeding or its designated
2 representative shall be prima facie evidence of reasonable costs of investigation and
3 prosecution of the case. The costs shall include the amount of investigative and
4 enforcement costs up to the date of the hearing, including, but not limited to, charges
5 imposed by the Attorney General.

6 (d) The administrative law judge shall make a proposed finding of the amount of
7 reasonable costs of investigation and prosecution of the case when requested pursuant
8 to subdivision (a). The finding of the administrative law judge with regard to costs
9 shall not be reviewable by the board to increase the cost award. The board may
10 reduce or eliminate the cost award, or remand to the administrative law judge if the
11 proposed decision fails to make a finding on costs requested pursuant to subdivision
12 (a).

13 (e) If an order for recovery of costs is made and timely payment is not made as
14 directed in the board's decision, the board may enforce the order for repayment in any
15 appropriate court. This right of enforcement shall be in addition to any other rights
16 the board may have as to any licensee to pay costs.

17 (f) In any action for recovery of costs, proof of the board's decision shall be
18 conclusive proof of the validity of the order of payment and the terms for payment.

19 (g) (1) Except as provided in paragraph (2), the board shall not renew or
20 reinstate the license of any licensee who has failed to pay all of the costs ordered
21 under this section.

22 (2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally
23 renew or reinstate for a maximum of one year the license of any licensee who
24 demonstrates financial hardship and who enters into a formal agreement with the
25 board to reimburse the board within that one-year period for the unpaid costs.

26 (h) All costs recovered under this section shall be considered a reimbursement for
27 costs incurred and shall be deposited in the fund of the board recovering the costs to
28 be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the
costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that
board's licensing act provides for recovery of costs in an administrative disciplinary
proceeding.¹

DEFINITIONS

9. **Buprenorphine** (Subutex) is an opioid medication. It is used for the long-term
"medication-assisted treatment" of opioid use disorder or opioid addiction. **Buprenorphine and
naloxone** (Suboxone) are also used to treat opiate addiction. Naloxone blocks the effects of

¹ Effective January 1, 2022, subdivision (k) of Section 125.3, which exempted physicians
and surgeons from paying recovery of the costs of investigation and prosecution by the Board,
was repealed.

1 opioid medication, including pain relief or feelings of well-being that can lead to opioid abuse.
2 Buprenorphine and all products containing buprenorphine are Schedule III controlled substances,
3 as defined by section 1308.13, subdivision (e)(2)(i) of the Code of Federal Regulations.
4 Buprenorphine is a Schedule V controlled substance, as defined by California Health and Safety
5 Code section 11058, subdivision (d). Buprenorphine is a dangerous drug as defined in Code
6 section 4022.

7 10. **Hydrocodone/acetaminophen** (Norco, Lortab, Vicodin) is an opioid pain
8 medication. It is a Schedule II controlled substance, as defined by section 1308.12, subdivision
9 (b)(1)(vi), of Title 21 of the Code of Federal Regulations and California Health and Safety Code
10 section 11055, subdivision (b)(1)(I). It is a dangerous drug as defined in Code Section 4022.

11 FIRST CAUSE FOR DISCIPLINE

12 (Gross Negligence)

13
14 11. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),
15 and Health and Safety Code section 11165.4, subdivision (a), in that he was grossly negligent in
16 the care and treatment of Patient 1.² The circumstances are as follows:

17 Patient 1

18 12. From approximately October 5, 2018, to approximately June 6, 2019, Respondent
19 provided psychiatric care and treatment to Patient 1, a then fifty-four-year-old male patient.
20 During that time period, Respondent treated Patient 1 for opioid use disorder.

21 13. Patient 1 had a history of back pain as a result of being involved in a car accident in
22 approximately 2006. He took Norco 10 mg, up to six tablets daily, for approximately ten years,
23 for his pain. This was followed by at least two years of buprenorphine maintenance. At one time,
24 in approximately 2015, his buprenorphine was discontinued and he experienced severe
25 withdrawal symptoms and depression with suicidal thoughts. On or about September 18, 2018,
26 Patient 1's primary care physician performed laboratory testing on Patient 1. The test results
27 showed Patient 1 was positive only for buprenorphine.

28 ² The name of the patient is omitted in order to protect his right of privacy.

1 14. When Patient 1 began treating Respondent, Respondent continued buprenorphine
2 treatment. However, starting on February 13, 2019, Respondent discussed his recommendation
3 of tapering and stopping the buprenorphine with Patient 1 on several occasions. The taper began
4 on March 14, 2019, when Patient 1 began reducing his buprenorphine treatment from 45 tabs to
5 40 tabs per month. The taper continued on April 8, 2019, and again on May 8, 2019. Patient 1
6 was taking 35 tabs instead of 45 tabs. On the final visit, June 6, 2019, Respondent reduced the
7 number of buprenorphine tabs to 30. Patient 1 did not return to see Respondent for care and
8 treatment after that date.

9 15. Patient 1's prescription records reflect the following buprenorphine prescriptions
10 from Respondent.

11 A. On or about October 5, 2018; November 2, 2018; December 18, 2018; January 18,
12 2019; February 13, 2019; and March 14, 2019, Respondent prescribed buprenorphine, 8 mg,
13 45 tabs, 30 day supply.

14 B. On or about April 8, 2019; and May 8, 2019, Respondent prescribed buprenorphine,
15 8 mg, 35 tabs, 28 day supply.

16 C. On or about June 6, 2019, Respondent prescribed buprenorphine, 8 mg, 30 tabs, 30
17 day supply.

18 16. During the time that he treated Patient 1, Respondent failed to order laboratory tests
19 for Patient 1, failed to review Controlled Substance Utilization Review and Evaluation System
20 ("CURES") reports for Patient 1 or document that he reviewed CURES reports for Patient 1,
21 and failed to maintain adequate and accurate medical records concerning the care and treatment
22 that he provided to Patient 1.

23 17. Respondent committed the following extreme departures from the standard of care
24 with respect to his care and treatment of Patient 1:

25 A. Respondent committed an extreme departure from the standard of care by tapering
26 and stopping buprenorphine in a patient with a documented long history of opioid use disorder.
27 Respondent incorrectly tapered to discontinue buprenorphine maintenance treatment for opioid
28 addiction, although Patient 1 was stable. This risked Patient 1 restarting Norco, or other opioids.

1 There is no evidence that Patient 1 was abusing buprenorphine. When a patient is on
2 buprenorphine, the patient is unlikely to use potentially lethal opiates.

3 B. Respondent committed an extreme departure from the standard of care by failing to
4 order any laboratory tests in his treatment of a patient with opioid use disorder. He failed to order
5 drug toxicology screens and liver and serology tests to: (1) determine whether the prescribed
6 medication was being diverted, given, or sold to other people; (2) learn of and recognize
7 concurrent or comorbid medical or physical conditions and medications, e.g., liver function tests,
8 hepatitis screening and HIV testing; and (3) learn of concurrent use of other substances of abuse.
9 The failure to order laboratory testing risked missed diagnosis of serious medical conditions and
10 substance abuse. The testing was especially important since Respondent was tapering down
11 Patient 1's dose of buprenorphine, risking that Patient 1 may restart opioids or abuse other
12 substances.

13 C. Respondent committed an extreme departure from the standard of care by failing to
14 review the information in CURES reports for Patient 1, whom Respondent was treating for an
15 opioid use disorder and prescribing a controlled substance. To meet the standard of care, the
16 Respondent was required to review the reports themselves and to document that he reviewed the
17 CURES reports. A staff member or other proxy cannot review CURES on a physician's behalf.
18 Respondent's failure to review CURES reports for Patient 1 risked harm to Patient 1 for
19 overdose, as Respondent was unaware if the patient was obtaining narcotics from other providers.

20 D. Respondent committed an extreme departure from the standard of care by failing to
21 maintain adequate and accurate medical records. Respondent's documentation was deficient,
22 risking his patient's life. The main diagnosis documented in the patient's medical records is
23 undated and unsigned. There is no documentation in the clinical record supporting the quantity
24 and dose of buprenorphine that Patient 1 received from his prior physician. It is unclear how
25 Respondent arrived at the starting dose of 4 mg three times a day. Respondent's notes for the
26 patient do not reveal the duration of each session. In the "mental status" section, the notes fail to
27 mention potential suicide or homicide risks.

28 E. By failing to record a pill count or if the patient had a left-over supply of

1 buprenorphine. Overdosing is common in opioid users. Because of the risk of overdosing and
2 diversion, it is significant that there is no pill count documented. Keeping an accurate and
3 frequent pill count is part of the treatment of opioid use.

4 F. During an interview with an investigator for the Board, Respondent speculated that
5 Patient 1 was "abusing" medications. However, he failed to document in the clinical record that
6 he was taking precautions to rule that out in order to prevent any suspected abuse. Documenting
7 a pill count, urine toxicology screening results, and periodic review of CURES reports would
8 have addressed any issue of suspected abuse. Although Respondent relied on the negative drug
9 screen from the prior treating physician from almost a month earlier, Respondent never dated and
10 initialed when he reviewed the lab report. It is also unknown if or when he looked at any of the
11 prior physician's medical records for Patient 1.

12 G. Respondent committed an extreme departure from the standard of care by prescribing
13 Subutex instead of Suboxone, which is safer. Because Subutex does not contain naloxone, while
14 Suboxone contains both buprenorphine and naloxone, Subutex is considered more dangerous.
15 Subutex can be injected intravenously and abused. The addition of the opioid blocker naloxone
16 to a partial opioid agonist, buprenorphine, prevents Suboxone from producing a high when
17 inappropriately injected. When Suboxone is taken as prescribed, by mouth, naloxone is not
18 absorbed and does not prevent Suboxone from being effective as an opioid blocker.

19 H. Respondent prescribed the more dangerous Subutex rather than safer Suboxone even
20 though he believed, without proof, that Patient 1 was abusing buprenorphine. The standard of care
21 in opioid abuse treatment is to use Suboxone, not Subutex. Occasionally Subutex is prescribed to
22 a pregnant woman (to decrease the risk of exposure of the fetus to naloxone) or to individuals
23 allergic to naloxone. Respondent did not prescribe or offer Suboxone to Patient 1. There was no
24 discussion noted in the patient's medical records why Respondent prescribed Subutex in lieu of
25 Suboxone. Since Respondent believed Patient 1 was abusing Subutex, he should have switched
26 Patient 1 to Suboxone.

27 18. Respondent's acts and/or omissions as set forth in paragraphs 12 through 17,
28 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute

1 grossly negligent acts under Code section 2234, subdivision (b). Therefore, cause for discipline
2 exists.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts)**

5 19. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),
6 and Health and Safety Code section 11165.4, subdivision (a), in that he committed repeated
7 negligent acts with respect to his care and treatment of Patient 1. The circumstances are as
8 follows:

9 20. The facts and allegations as set forth in paragraphs 12 through 17, above, are
10 incorporated by reference and re-alleged as if fully set forth herein.

11 21. Respondent's acts and/or omissions as set forth in paragraphs 12 through 17,
12 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
13 repeated negligent acts under Code section 2234, subdivision (c). Therefore, cause for discipline
14 exists.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Incompetence)**

17 22. Respondent is subject to disciplinary action under Code section 2234, subdivision (d),
18 in that he demonstrated a lack of knowledge in his care and treatment of Patient 1. The
19 circumstances are as follows:

20 23. The facts and allegations as set forth in paragraphs 12 through 17, above, are
21 incorporated by reference and re-alleged as if fully set forth herein.

22 24. During his treatment of Patient 1, Respondent demonstrated a lack of knowledge as to
23 the safe, current medical standards currently employed by addiction specialists for
24 the treatment of opioid use disorder.

25 25. Respondent's acts and/or omissions as set forth in paragraphs 12 through 17, and 24,
26 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
27 incompetence under Code section 2234, subdivision (d). Therefore, cause for discipline exists.

28 //

1 **FOURTH CAUSE FOR DISCIPLINE**

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

3 26. Respondent is subject to disciplinary action under Code section 2266 in that he failed
4 to maintain adequate and accurate medical records with respect to the care and treatment that he
5 provided to Patient 1. The circumstances are as follows:

6 27. The facts and allegations as set forth in paragraphs 12 through 17, above, are
7 incorporated by reference and re-alleged as if fully set forth herein.

8 28. Respondent's acts and/or omissions as set forth in paragraphs 12 through 17,
9 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute a
10 failure to maintain adequate and accurate medical records under Code section 2266. Therefore,
11 cause for discipline exists.

12 **FIFTH CAUSE FOR DISCIPLINE**

13 **(Unprofessional Conduct)**

14 29. Respondent is subject to disciplinary action under Code section 2234 and Health and
15 Safety Code section 11165.4, subdivision (a), in that he engaged in unprofessional conduct with
16 respect to his care and treatment of Patient 1. The circumstances are as follows:

17 30. The facts and allegations as set forth in paragraphs 11 through 28, above, are
18 incorporated by reference and re-alleged as if fully set forth herein.

19 31. Respondent's acts and/or omissions as set forth in paragraphs 12 through 28,
20 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
21 unprofessional conduct under Code section 2234. Therefore, cause for discipline exists.

22 **DISCIPLINARY CONSIDERATIONS**

23 32. To determine the degree of discipline, if any, to be imposed on Respondent,
24 Complainant alleges that, on February 21, 2020, in a prior disciplinary matter entitled *In the*
25 *Matter of the First Amended Accusation Against Prakashchandra Patel, M.D.*, Case No. 800-
26 2016-020370, Respondent was publicly reprimanded in connection with his violations of the
27 Medical Practice Act, as set forth in First Amended Accusation No. 800-2016-020370, as
28 follows: "In or about 2012 through 2017, Dr. Patel failed to adequately follow up on the prior

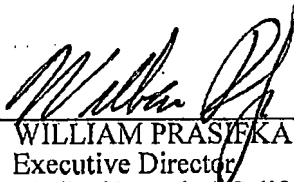
1 treatment received by three of his patients, who were also under the care of their primary care
2 physicians.”

3 **PRAYER**

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

- 6 1. Revoking or suspending Physician’s and Surgeon’s Certificate Number A 32995,
7 issued to Respondent Prakashchandra Chhotabhai Patel, M.D.;
- 8 2. Revoking, suspending, or denying approval of Respondent Prakashchandra Chhotabhai
9 Patel, M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 10 3. Ordering Respondent Prakashchandra Chhotabhai Patel, M.D. to pay the Board
11 reasonable costs of investigation and prosecution incurred after January 1, 2022;
- 12 4. Ordering Respondent Prakashchandra Chhotabhai Patel, M.D., if placed on probation,
13 to pay the Board the costs of probation monitoring; and
- 14 5. Taking such other and further action as deemed necessary and proper.

15
16 DATED: MAR 02 2022



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

Complainant

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