

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CINDY M. LOPEZ
Deputy Attorney General
4 State Bar No. 119988
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6494
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *Nov. 3 20 17*
BY *[Signature]* ANALYST

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

11 In the Matter of the Accusation Against:

Case No. 800-2014-009602

12 **Harinder Grewal, M.D.**
13 **24275 Jefferson Ave.**
14 **Murrieta, CA 92562**

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 32070,**

Respondent.

18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs (Board).

23 2. On or about March 23, 1978, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 32070 to Harinder Grewal, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on September 30, 2019, unless renewed.

27 **JURISDICTION**

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

1 laws. All section references are to the Business and Professions Code unless otherwise indicated.

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

6 5. Section 2234 of the Code, states:

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

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

12 “(b) Gross negligence.

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

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

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

23 “(d) Incompetence.

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

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

27 “(g) The practice of medicine from this state into another state or country without meeting
28 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not

1 apply to this subdivision. This subdivision shall become operative upon the implementation of the
2 proposed registration program described in Section 2052.5.

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

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

9 **FIRST CAUSE FOR DISCIPLINE**

10 **(Gross Negligence)**

11 7. Respondent Harinder Grewal, M.D. is subject to disciplinary action under section
12 2234, subdivision (b), in that she was grossly negligent in her care and treatment of two patients.
13 The circumstances are as follows:

14 **FACTUAL ALLEGATIONS:**

15 A. Patient K.B., a 48 year-old female, saw Respondent for issues with panic attacks,
16 major depression, and anxiety from about February 2012 through June 2016. K.B. had been
17 using Ativan for years. She had been treated for atrial fibrillation (abnormal heart rhythm).
18 There was no documentation that Respondent spoke with her cardiologist.

19 B. During K.B.'s treatment, Respondent prescribed citalopram (Celexa) which is an anti
20 depressant used to treat major depression. It was 20-40 milligrams, which is rather aggressive
21 given the patient's age and weight of 170 pounds. Respondent discussed the risks for torsades de
22 pointes (a specific type of abnormal heart rhythm that can lead to sudden cardiac death).
23 Respondent did not consider switching from Celexa to another drug which would lower the risk
24 of torsades de pointes.

25 C. K.B. was dependent on lorazepam (Ativan), which is a benzodiazepine, used for
26 treating anxiety. However, this is not a good medication for the long term control of anxiety
27 since its effect is limited to 6 hours. Prescribing Ativan to a patient who uses alcohol can lead to
28 an incapacitating condition.

1 D. Patient N.B. was treated from May 2011 through December 2012 with a diagnosis of
2 schizoaffective disorder. This patient was unresponsive to many psychiatric medications and had
3 visits to an inpatient psychiatric hospital. The record is devoid of lab tests. Patient N.B. was
4 prescribed lithium, but there was no attempt to obtain lithium levels, kidney function tests, blood
5 counts, or liver testing.

6 GROSS NEGLIGENCE

7 E. Respondent was grossly negligent in her treatment of patient K.B.'s anxiety in light of
8 concurrent medical problems as follows: (1) The standard of care in treating a middle-aged
9 psychiatric patient is to be aware of thyroid functions; Respondent failed to perform thyroid
10 function tests. (2) Since she had a history of using alcohol, the standard of care required
11 Respondent to perform liver function tests and toxicology tests, which she failed to do. (3)
12 Respondent's prescribing of Celexa and Lorazepam was dangerous because of the risk of
13 torsades. Respondent failed to document any discussion of attempts to switch to safer
14 medications.

15 F. Respondent was grossly negligent in her treatment of patient N.B. in light of her
16 concurrent medical issues as follows: (1) Respondent failed to obtain lithium levels, kidney
17 function tests or toxicology tests for substances of abuse. (2) Despite the fact that the patient's
18 weight was an issue and motive for changing medications, Respondent failed to obtain complete
19 blood counts, liver testing, urine analysis, thyroid function tests, HbA1c tests for diabetes and
20 lipid (cholesterol) levels.

21 SECOND CAUSE FOR DISCIPLINE

22 **(Repeated Negligent Acts)**

23 8. Respondent Harinder Grewal, M.D. is subject to disciplinary action under section
24 2234, subdivision (c) in that Respondent was negligent in her care and treatment of three patients.
25 The circumstances are as follows:

26 FACTUAL ALLEGATIONS:

27 A. Complainant incorporates by reference the allegations contained in paragraphs 7.A.
28 through 7.D. above as if fully set forth herein.

1 B. Respondent saw patient C.B. from September 2012 to August 2014 for attention
2 deficit hyperactivity disorder (ADHD). Initially she prescribed Ritalin and then switched to
3 Adderall. Patient C.B. was also treated for depression with Celexa. There were no thyroid tests to
4 rule out hyper or hypothyroid conditions which can mimic ADHD.

5 C. Respondent did not verify whether this patient had any substance abuse issues, which
6 would be an absolute contraindication for prescribing stimulants. Respondent relied on the
7 subjective reports of the patient. Respondent should have also used objective means to confirm a
8 diagnosis, such as lab tests, and she should have confirmed medication adherence with lab tests
9 and pill counts.

10 REPEATED NEGLIGENT ACTS

11 D. Respondent was negligent when she failed to verify the appropriate use of stimulant
12 medication in patient C.B. whom she treated for ADHD.

13 E. Respondent was negligent in her treatment of patient K.B.'s anxiety in light of
14 concurrent medical problems as follows: (1) The standard of care in treating a middle-aged
15 psychiatric patient is to be aware of thyroid functions; Respondent failed to perform thyroid
16 function tests. (2) Since she had a history of using alcohol, the standard of care required
17 Respondent to perform liver function tests and toxicology tests, which she failed to do. (3)
18 Respondent's prescribing of Celexa and Lorazepam was dangerous because of the risk of
19 torsades. Respondent failed to document any discussion of attempts to switch to safer
20 medications.

21 F. Respondent was negligent in her treatment of patient N.B. in light of her concurrent
22 medical issues as follows: (1) Respondent failed to obtain lithium levels, kidney function tests or
23 toxicology tests for substances of abuse. (2) Despite the fact that the patient's weight was an
24 issue and motive for changing medications, Respondent failed to obtain complete blood counts,
25 liver testing, urine analysis, thyroid function tests, HbA1c tests for diabetes and lipid (cholesterol)
26 levels.

27 G. Respondent was negligent when she failed to maintain adequate and accurate records
28 of the medical services she provided to patients K.B. and N.B.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Inadequate Record Keeping)**

3 9. Respondent Harinder Grewal, M.D. is subject to disciplinary action under section
4 2266 for failing to maintain adequate and accurate medical records. The circumstances are as
5 follows:

6 A. Complainant incorporates by reference the allegations contained in paragraphs 7.A.
7 through 7.D. above as if fully set forth herein.

8 B. Respondent failed to keep adequate and accurate records in the cases of patients K.B.
9 and N.B.

10 **PRAYER**

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

13 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 32070,
14 issued to Harinder Grewal, M.D.;

15 2. Revoking, suspending or denying approval of Harinder Grewal, M.D.'s authority to
16 supervise physician assistants and advanced practice nurses;

17 3. Ordering Harinder Grewal, M.D., if placed on probation, to pay the Board the costs of
18 probation monitoring; and

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

20
21 DATED: November 3, 2017


22 KIMBERLY KIRCHMEYER
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant

28
LA2017605956
62589393.docx