COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs	:	**Docket No.:** 1022-49-11
vs.	:	**File No.:** **10-49-01140**
Gurmeet S. Multani, M.D. Respondent	:	

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and **Gurmeet S. Multani, M.D.** ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Medicine ("Board") pursuant to the Medical Practice Act, Act of December 20, 1985, P.L. 457, No. 112, ("Act"), 63 P.S. §§ 422.1 to 422.53 and the Medical Care Availability and Reduction of Error (MCARE) Act, Act of March 20, 2002, P.L. 154, No. 13, 40 P.S. §§1303.101-1303.910, 63 P.S. §§ 422.1 - 422.53 & 40 P.S. §§ 1303.101-1303.910, *as amended*; and/or the Act of July 2, 1993, P.L. 345, No. 48 ("ACT 48"), 63 P.S. §§ 2201-2207, *as amended.*

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania, License No. MD038711E, which was originally issued on December 4, 1987, and which expired on December 31, 1990.

STIPULATED FACTS

3. The Respondent admits that the following allegations are true:

a. Respondent's license may be continually reactivated, renewed, or reinstated upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last known office address, as on file with the Commission is: 399 East Highland Avenue, Suite 319, San Bernardino, CA 92404.

c. On or about December 10, 2008, the Medical Board of California filed an Accusation against Respondent, alleging Respondent was subject to disciplinary action under Section 726 of California's Business and Professional Code ("Code"), in that Respondent committed acts of sexual abuse, misconduct, or relations with a patient, client, or customer, Sections 2227 and 2234 of the Code, in that Respondent committed gross negligence in his care and treatment of a patient, failee to maintain adequate and accurate records, violated a California statute or regulation that regulates dangerous drugs or controlled substances, engaged in repeated negligent acts in care and treatment of a patient, and engaged in conduct which breaches the rules or ethical code of the medical profession and which demonstrates an unfitness to practice medicine.

d. A true and correct copy of the Medical Board of California's Accusation is attached and incorporated as **Exhibit A.**

e. On or about June 9, 2010, the Medical Board of California filed a First Amended Accusation against Respondent alleging Respondent was subject to disciplinary action under Section 726 of California's Business and Professional

Code ("Code"), in that Respondent committed acts of sexual abuse, misconduct, or relations with a patient, client, or customer, Sections 2227 and 2234 of the Code, in that Respondent committed gross negligence in his care and treatment of a patient, engaged in repeated negligent acts in care and treatment of a patient, committed acts of dishonesty or corruption substantially related to the qualifications, functions, and duties of a physician or surgeon, knowingly made or signed a certificate or other document directly or indirectly related to the practice of medicine which falsely represented the existence or nonexistence of a state of facts, altered medical records, with fraudulent intent, failed to maintain adequate and accurate records, violated a California statute or regulation that regulates dangerous drugs or controlled substances, and engaged in conduct which breaches the rules or ethical code of the medical profession and which demonstrates an unfitness to practice medicine.

f. A true and correct copy of the Medical Board of California's First Amended Accusation is attached and incorporated as **Exhibit B**.

g. On or about June 9, 2010, the Medical Board of California entered into a Stipulated Surrender of License and Order with Respondent, in which Respondent surrendered his license to the Medical Board of California.

h. A true and correct copy of the Medical Board of California's Stipulated Surrender of License and Order is attached and incorporated as **Exhibit C**.

i. On or about September 9, 2010, the Medical Board of California entered a Decision which adopted the June 9. 2010 Stipulated Surrender of License and Order.

j. A true and correct copy of the Medical Board of California's Decision is attached and incorporated as **Exhibit D.**

ALLEGED VIOLATIONS

4. The Commonwealth alleges that the Board is authorized to suspend, revoke, or otherwise restrict Respondent's license under 41(4) and 42 of the Act, 63 P.S. §§ 422.41(4) and 422.42; or impose a civil penalty under Sections 39(b) and 42(a)(7) of the Act, 63 P.S. §§ 422.39(b) and 422.42(a)(7), and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4) and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), in that Respondent's license was disciplined by the proper licensing authority of another state.

PROPOSED ORDER

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. The Board finds that it is authorized to suspend, revoke, or otherwise restrict Respondent's license under 41(4) and 42 of the Act, 63 P.S. §§ 422.41(4) and 422.42; or impose a civil penalty under Sections 39(b) and 42(a)(7) of the Act, 63 P.S. §§ 422.39(b) and 422.42(a)(7), and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4) and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), in that Respondent's license was disciplined by the proper licensing authority of another state.

PERMANENT VOLUNARY SURRENDER

b. In consideration for not imposing other disciplinary sanctions (which could include the revocation of Respondent's license to practice as a medical physician and surgeon), the Parties propose, and the Board hereby accepts, the **PERMANENT VOLUNTARY SURRENDER** of Respondent's license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania, along with any other licenses, registrations, certificates, approvals, authorizations, or permits (hereinafter referred to collectively as "authorizations to practice the profession") issued by the Board to Respondent at the time this Consent Agreement is adopted by the Board. Respondent acknowledges that with the permanent voluntary surrender of his authorizations to practice the profession, Respondent is surrendering any and all property rights he may have in those authorizations to practice the profession and will no longer be eligible to renew those authorizations to practice the profession. As further stated consideration for the Commonwealth not seeking other disciplinary sanctions against Respondent, Respondent agrees to:

(1) cease practicing as a medical physician and surgeon in the Commonwealth on and after the effective date of this Consent Agreement, and shall not indicate any ability to practice the profession in the Commonwealth in any manner whatsoever in the future,

(2) unless otherwise specified in this agreement, Respondent agrees to not apply, at any time in the future, for the reactivation, reinstatement, reissuance, or the

issuance of any authorization to practice issued by the Board and further directs that the board should not consider, and may deny without hearing, any application for an authorization to practice filed with the Board,

(3) not work as an unlicensed assistant to any person holding an authorization from the Board to practice the profession,

(4) not possess a controlling interest in any organization requiring an authorization from the Board to practice the profession,

(5) not possess a controlling interest in any organization whose employees require an authorization from the Board to practice the profession when conducting the business of the organization,

c. For purposes of this paragraph, the term 'controlling interest' shall include being an owner, officer, director, partner, or associate, as well as owning any quantity of outstanding corporate stock sufficient to control or direct the actions of the firm.

d. Respondent shall, within ten (10) days of adoption of this Consent Agreement and Order, surrender Respondent's biennial renewal certificate and wallet card (or notarized affidavit of their loss or destruction) by mailing them to:

Sean P. Quinlan
Prosecuting Attorney
Bureau of Professional and Occupational Affairs
P.O. Box 2649

Harrisburg, PA 17105-2649

or by delivering them in person at:

Bureau of Professional and Occupational Affairs
One Penn Center
2601 North 3rd St.
Harrisburg, Pennsylvania

e. This Order constitutes disciplinary action by the Board and shall be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

f. This case shall be deemed settled and discontinued upon the Board issuing an Order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEDINGS

6. Respondent agrees that if Respondent is charged with a violation of an Act enforced by this Board in the future, this Consent Agreement and Order shall be admitted into evidence without objection in that proceeding.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

7. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and to the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

8. Respondent acknowledges that he is aware that he has the right to consult with, and/or be represented by, private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. Respondent had an opportunity to consult with Attorney Erin L. Muellenberg, regarding this Consent Agreement.

WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS

9. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. Respondent specifically agrees that if the Board rejects this agreement, it may assume that the facts and averments as alleged in this Consent Agreement are true and correct for the limited purpose of recommending a sanction, based on those assumed facts, that would be acceptable to the Board before hearing the case. In the event that the Board does assume the facts and averments as alleged in this Consent Agreement are true for purposes of making a recommendation as to an acceptable sanction, such action shall not constitute commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Respondent expressly waives any constitutional rights and issues related to alleged commingling, bias, or violation of due process rights to have an unbiased and impartial adjudicator in any subsequent hearing. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may not be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

NO MODIFICATION OF ORDER

10. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

AGREEMENT NOT BINDING ON OTHER PARTIES

11. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues the stipulated Order.

EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT

12. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

ENTIRE AGREEMENT

13. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

AGREEMENT DOES NOT PREVENT ADDITIONAL DISCIPLINE BASED ON OTHER COMPLAINTS

14. Nothing in this Order shall preclude the Prosecution Division for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement;

VERIFICATION OF FACTS AND STATEMENTS

15. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

Sean P. Quinlan,
Prosecuting Attorney
Department of State

DATED: 7/14/11

Gurmeet S. Multani, M.D.
Respondent

DATED: 6/20/2011

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 14 2009
BY

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

In the Matter of the Accusation Against: GURMEET SINGH MULTANI, M.D. 1880 E. Washington Street Colton, CA 92324 Physician's and Surgeon's Certificate No. A-48279 Respondent.	Case No. 09-2007-188108 ACCUSATION

Complainant alleges:

PARTIES

1. Barbara Johnston (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about May 29, 1990, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate Number A-48279 to Gurmeet Singh Multani, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2010, unless renewed.

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EXHIBIT
A

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 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 division, may, in accordance with the provisions of this chapter:

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

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

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

"(4) Be publicly reprimanded by the division.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the division 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 division 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."

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

"The Division of Medical Quality[1] 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:

"....

"(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.

"...".

6. 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."

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[1] California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Cal. Bus. & Prof. Code, §§2000, *et. seq.*) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

7. Section 726 of the Code states:

"The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division, under any initiative act referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3.

"This section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship."

8. Section 2238 of the Code states:

"A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct."

9. Section 4170 of the Code states, in pertinent part:

"(a) No prescriber shall dispense drugs or dangerous devices to patients in his or her office or place of practice unless all of the following conditions are met:

"...

"(4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging requirements of good pharmaceutical practice, including the use of childproof containers.

"..."

10. Section 4076 of the Code states, in pertinent part:

"(a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

"(1) . . . [E]ither the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

"(2) The directions for the use of the drug.

"(3) The name of the patient or patients.

"(4) The name of the prescriber. . . .

"(5) The date of issue.

"(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

"(7) The strength of the drug or drugs dispensed.

"(8) The quantity of the drug or drugs dispensed.

"(9) The expiration date of the effectiveness of the drug dispensed.

"(10) The condition for which the drug was prescribed if requested by the patient and the condition is indicated on the prescription.

"(11)(A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

"(i) Prescriptions dispensed by a veterinarian.

"(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

"(iii) Dispensed medications for which no physical description exists in any commercially available database.

"(B) This paragraph applies to outpatient pharmacies only.

"(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

"(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

"...".

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

FIRST CAUSE FOR DISCIPLINE

(Sexual Abuse, Misconduct, or Relations)

12. Respondent is subject to disciplinary action under section 726 of the Code, in that he has committed acts of sexual abuse, misconduct, or relations with a patient, client, or customer, as more particularly alleged hereinafter:

Patient L.E.

(a) Respondent's records indicate respondent began providing psychiatric treatment to Patient L.E. from on or about July 28, 2006 to on or about March 2, 2007. Respondent also treated Patient L.E.'s son from on or about December 1, 2005 to on or about October 22, 2007, and he treated Patient L.E.'s daughter in May and June of 2007. Respondent's records indicate he was treating Patient L.E. for a diagnosis of Major Depressive Disorder.

(b) According to Patient L.E., she went to respondent for psychiatric treatment to help her depression and for sexual trauma. Patient L.E. told respondent in the course of her treatment that she had engaged in prostitution.

(c) During an appointment for Patient L.E.'s son, respondent asked Patient L.E. if she had a boyfriend, and Patient L.E. respondent that she had no boyfriend. Respondent then began to flirt with Patient L.E.

(d) At a subsequent appointment for Patient L.E.'s son, Patient L.E. complained of back pain, and respondent offered to treat the pain by providing Patient L.E. a

massage. Respondent performed a massage on Patient L.E. that included touching described by the Patient L.E. as "very indecent." At the end of that same appointment, respondent hugged and kissed Patient L.E. on the lips in front of her son. Respondent also gave Patient L.E. his personal phone number so she could call him "for any reason."

(e) Respondent subsequently asked Patient L.E. out to dinner, and she agreed. Respondent and Patient L.E. had drinks and ate dinner together at the Claim Jumper restaurant in San Bernardino, and then they immediately went to respondent's medical office and had sexual intercourse. Patient L.E. reported that she had sexual intercourse with respondent "many other times" at his medical office. Patient L.E. further reported that respondent paid her various amounts of money for sex, including one occasion in which he paid her $2,000 for sex.

(f) During their sexual relationship, respondent gave Patient L.E. a green Ford Taurus to drive for a period of time, and later gave her a white Ford F-150 or F-250 truck to use after Patient L.E. moved from Riverside.

(g) Respondent had sex with Patient L.E. on numerous occasions at Patient L.E.'s apartment. Respondent never wore a condom during any of their sexual encounters.

(h) Patient L.E. reported that respondent told her that he was divorced or separated. Respondent admitted to Patient L.E. that he was in fact married, however, after Patient L.E. received a phone call from a woman who claimed to be respondent's wife. Respondent explained to Patient L.E. that he could not separate from his wife because of his culture.

Patient J.R.

(i) Respondent's records indicate he provided psychiatric treatment to Patient J.R. from on or about April 4, 2007 to on or about October 23, 2007. Patient J.R. presented for treatment for opiate dependence and withdrawal from codeine. Patient J.R. told respondent at her initial appointment that she was addicted to Vicodin (hydrocodone), codeine, and tramadol. Patient J.R. also admitted to previous psychiatric history of episodes of depression and rapid mood swings. Respondent diagnosed Patient J.R. with Opioid Dependence and with a rule out diagnosis of Bipolar Disorder Depressed. Respondent prescribed Patient J.R. Suboxone as part of her detox treatment plan.

(j) On or about September 20, 2007, Patient J.R. presented to respondent's office by appointment. Patient J.R. reported less frequent withdrawal symptoms, but expressed concerns about her weight. Respondent prescribed Adipex P[2] 37.5 mg 1/2 tablet per day to curb her appetite.

(k) On or about October 23, 2007, Patient J.R. presented to respondent's office by appointment. Respondent inquired about the amount of weight Patient J.R. had lost with the Apidex P narcotic, and Patient J.R. responded that she had lost seven pounds but complained that the Apidex P was making her hyper. Respondent told her to continue to take the Apidex P in 1/2 tablets. Respondent then asked Patient J.R. to stand up so he could check her weight loss progress. Respondent then raised Patient J.R.'s skirt, exposing her legs and thighs, and began rubbing the inside of her bare thighs with his ungloved hands and pinched her legs and thighs. Respondent then again pinched the patient's legs and thighs using a tool. Patient J.R. felt uncomfortable, and told respondent that her excess fat was in her hip area and not in her legs. Respondent then unzipped her skirt and observed her hips. Respondent then pulled Patient J.R.'s skirt down and instructed her to put her legs together. Respondent put his hand in between Patient J.R.'s legs as she closed them together. Respondent then instructed Patient J.R. to spread her legs quickly, and he then extended his fingers and began working his way up the inside of her legs. Respondent culminated the exam of the legs by touching Patient J.R.'s vagina through her underwear, which caused Patient J.R. to back away and explain that she was ticklish.

(l) While respondent performed the examination described in subparagraph (k), above, he made comments to Patient J.R. about being sexy. At the conclusion of the appointment, Patient J.R. put her hand out to shake respondent's hand but respondent instead hugged her. While hugging Patient J.R., respondent moved his hands down her waist and pulled her even more closely to him. Patient J.R. was of the opinion that respondent's touching of her was not consistent with her treatment, but rather believed that respondent was touching her for his own sexual gratification. Patient J.R. reported the incident to the police later that same day.

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[2] Apidex P, generic name phentermine, is a Schedule IV controlled substance which is sympathomimetic with pharmacological activity similar to amphetamines.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence)

13. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he has committed gross negligence in his care and treatment of patients L.E. and J.R., as more particularly alleged hereinafter:

Patient L.E.

(a) Paragraph 12, subparagraphs (a)-(h), above, are hereby incorporated by reference as if fully set forth herein.

(b) Respondent was grossly negligent in his care and treatment of Patient L.E. in that:

(1) Respondent did not maintain proper boundaries with his psychiatric patient, and

(2) Respondent engaged in sexual contact or sexual relations with his psychiatric patient.

Patient J.R.

(c) Paragraph 12, subparagraphs (i)-(l), above, are hereby incorporated by reference as if fully set forth herein.

(d) Respondent's prescription of Apidex P (phentermine) to Patient J.R. was contraindicated, given:

(1) The patient's 10-year history of opiate dependence,

(2) Respondent treatment of Patient J.R. for opiate dependence with Buprenorphine at the time he prescribed Apidex P,

(3) Apidex P's addictive potential,

(4) Patient J.R.'s complaint that the Apidex P was causing her hyperactivity,

(5) The lack of documentation to support a diagnosis of obesity,

(6) Patient J.R.'s ongoing complaint of rapid mood changes, and

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(7) The lack of informed consent regarding the potential negative side effects of the narcotic Apidex P, including agitation, nervousness, increased blood pressure, or precipitate a manic episode.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

14. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he has failed to maintain adequate and accurate records, as alleged more particularly hereinafter:

(a) Paragraph 12, subparagraphs (i)-(l), above, are hereby incorporated by reference as if fully set forth herein.

(b) Respondent failed to document the amount of Suboxone prescribed to Patient J.R. on July 20, 2007.

(c) Respondent did not document any diagnosis of obesity of Patient J.R. or any basis for such a diagnosis, to justify a prescription of Apidex P (phentermine).

(d) Respondent did not document the physical examination of Patient J.R.'s legs and thighs performed on or about October 23, 2007, the reasons for such examination, or the results of such examination.

(e) Respondent did not document the number of phentermine tablets he directly dispensed to Patient J.R. during the September 20, 2007 and October 23, 2007 visits.

FOURTH CAUSE FOR DISCIPLINE

(Violation of Statute Regulating Drugs)

15. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2238, of the Code, in that he has violated a state statute or regulation that regulates dangerous drugs or controlled substances, as alleged more particularly hereinafter:

(a) Respondent directly dispensed phentermine to Patient J.R. on or about October 23, 2007. The bottle containing the phentermine included a label that read, "AP, pze – P" and "37.5m 1 GM." The bottle's label did not include any other information.

(b) Respondent violated Section 4170 of the Code in that he dispensed a controlled substance or dangerous drug that did not meet the labeling requirements specified by Section 4076 of the Code. Respondent failed to include the following required information:

(1) The manufacturer's trade name of the drug or the generic name and the name of the manufacturer,

(2) The directions for the use of the drug,

(3) The name of the patient,

(4) The name of the prescriber,

(5) The date of issue,

(6) The quantity of the drug or drugs dispensed,

(7) The expiration date of the effectiveness of the drug dispensed,

(8) The condition for which the drug was prescribed, or

(9) A physical description of the dispensed medication.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

16. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he has engaged in repeated negligent acts in his care and treatment of patients L.E. and J.R. as more particularly alleged hereinafter:

(a) Paragraphs 12, 13, 14, and 15, above, are hereby incorporated by reference as if fully set forth herein.

(b) Patient J.R.'s blood pressure was measured at an elevated 129/93 during her initial visit with respondent on or about April 4, 2007. Respondent did not measure Patient J.R.'s blood pressure again prior to prescribing or dispensing Apidex P (phentermine), a substance which is known to elevate blood pressure.

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FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

17. Respondent is further subject to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged hereinafter: Paragraphs 12, 13, 14, 15, and 16, above, are hereby incorporated by reference as if fully set forth herein.

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 A-48279, issued to respondent Gurmeet Singh Multani, M.D;

2. Revoking, suspending or denying approval of respondent Gurmeet Singh Multani, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering respondent Gurmeet Singh Multani, M.D. to pay the Medical Board of California, if placed on probation, the costs of probation monitoring;

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

DATED: December 10, 2009

BARBARA JOHNSTON
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

FILED
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BY [illegible] ANALYST

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

In the Matter of the First Amended Accusation Against: GURMEET SINGH MULTANI, M.D. 1880 E. Washington Street Colton, CA 92324 Physician's and Surgeon's Certificate No. A-48279, Respondent.	Case No. 09-2007-188108 OAH Case No. 201030665 FIRST AMENDED ACCUSATION

Complainant alleges:

PARTIES

1. Linda K. Whitney (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about May 29, 1990, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate Number A-48279 to Gurmeet Singh Multani, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2012, unless renewed.

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EXHIBIT
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JURISDICTION

3. This First Amended 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 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 division, may, in accordance with the provisions of this chapter:

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

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

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

"(4) Be publicly reprimanded by the division.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the division 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 division 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."

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

"The Division of Medical Quality[1] 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:

"....

"(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.

"...

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

"...".

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[1] California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Bus. & Prof. Code, §§2000, *et. seq.*) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

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

7. Section 2238 of the Code states:

"A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct."

8. Section 2261 of the Code states:

"Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct."

9. Section 2262 of the Code states:

"Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

"In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars ($500) for a violation of this section."

10. 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."

11. Section 4170 of the Code states, in pertinent part:

"(a) No prescriber shall dispense drugs or dangerous devices to patient in his or her office or place of practice unless all of the following conditions are met:

"....

"(4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging requirements of good pharmaceutical practice, including the use of childproof containers.

"..."

12. Section 4076 of the Code states, in pertinent part:

"(a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

"(1) . . . [E]ither the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

"(2) The directions for the use of the drug.

"(3) The name of the patient or patients.

"(4) The name of the prescriber.... .

"(5) The date of issue.

"(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

"(7) The strength of the drug or drugs dispensed.

"(8) The quantity of the drug or drugs dispensed.

"(9) The expiration date of the effectiveness of the drug dispensed.

"(10) The condition for which the drug was prescribed if requested by the patient and the condition is indicated on the prescription.

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"(11)(A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

"(i) Prescriptions dispensed by a veterinarian.

"(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

"(iii) Dispensed medications for which no physical description exists in any commercially available database.

"(B) This paragraph applies to outpatient pharmacies only.

"(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

"(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

"...".

13. Section 726 of the Code states:

"The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division, under any initiative act referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3.

"This section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship."

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FIRST CAUSE FOR DISCIPLINE

(Sexual Abuse, Misconduct, or Relations)

14. Respondent is subject to disciplinary action under section 726 of the Code, in that he has committed acts of sexual abuse, misconduct, or relations with a patient, client, or customer, as more particularly alleged hereinafter:

Patient L.E.

(a) Respondent's records indicate respondent began providing psychiatric treatment to patient L.E. from on or about July 28, 2006 to on or about March 2, 2007. Respondent also treated patient L.E.'s son from on or about December 1, 2005 to on or about October 22, 2007, and he treated patient L.E.'s daughter in May and June of 2007. Respondent's records indicate he was treating patient L.E. for a diagnosis of Major Depressive Disorder.

(b) According to patient L.E., she went to respondent for psychiatric treatment to help her depression and for sexual trauma. Patient L.E. told respondent in the course of her treatment that she had engaged in prostitution in her past.

(c) During an appointment for patient L.E.'s son, respondent asked patient L.E. if she had a boyfriend, and patient L.E. respondent that she had no boyfriend. Respondent then began to flirt with patient L.E.

(d) At a subsequent appointment for patient L.E.'s son, patient L.E. complained of back pain, and respondent offered to treat the pain by providing patient L.E. a massage. Respondent performed a massage on patient L.E. that included touching described by the patient L.E. as "very indecent." At the end of that same appointment, respondent hugged and kissed patient L.E. on the lips in front of her son. Respondent also gave Patient L.E. his personal phone number so she could call him "for any reason."

(e) Respondent subsequently asked patient L.E. out to dinner, and she agreed. Respondent and patient L.E. had drinks and dinner together at the Claim Jumper restaurant in San Bernardino, and then immediately went to respondent's medical office and had sexual intercourse. Patient L.E. reported that she had sexual intercourse with

respondent "many other times" at his medical office. Patient L.E. further reported that respondent paid her various amounts of money for sex, including one occasion in which he paid her $2,000 for sex.

(f) During their sexual relationship, respondent gave patient L.E. a green Ford Taurus to drive, and later gave her a white Ford F-150 or F-250 truck to use after Patient L.E. moved from Riverside.

(g) Respondent had sex with patient L.E. on numerous occasions at her apartment. Respondent never wore a condom during any of their sexual encounters.

(h) Patient L.E. reported that respondent told her that he was divorced or separated. However, after patient L.E. received a phone call from a woman who claimed to be respondent's wife, respondent then admitted to patient L.E. that he was in fact married. Respondent explained to patient L.E. that he could not separate from his wife because of his culture.

Patient J.R.

(i) Respondent's records indicate he provided psychiatric treatment to patient J.R. from on or about April 4, 2007 to on or about October 23, 2007. Patient J.R. presented for treatment for opiate dependence and withdrawal from codeine. Patient J.R. told respondent at her initial appointment that she was addicted to Vicodin (hydrocodone), codeine, and tramadol. Patient J.R. also admitted to previous psychiatric history of episodes of depression and rapid mood swings. Respondent diagnosed patient J.R. with opioid dependence and with a rule out diagnosis of Bipolar Disorder Depressed. Respondent prescribed patient J.R. Suboxone as part of her detox treatment plan.

(j) On or about September 20, 2007, patient J.R. presented to respondent's office. Patient J.R. reported less frequent withdrawal symptoms, but increased weight. Respondent prescribed Adipex P[2] 37.5 mg 1/2 tablet per day to curb her appetite.

[2] Apidex P, generic name phentermine, is a Schedule IV controlled substance that is sympathomimetic with pharmacological activity similar to amphetamines.

(k) On or about October 23, 2007, patient J.R. presented to respondent's office by appointment. Respondent inquired about the amount of weight patient J.R. had lost with the Apidex P narcotic, and patient J.R. responded that she had lost seven pounds but complained that the Apidex P was making her hyperactive. Respondent told her to continue to take the Apidex P in 1/2 tablets. Respondent then asked patient J.R. to stand up so he could check her weight loss progress. Respondent then raised patient J.R.'s skirt, exposing her legs and thighs, and began rubbing the inside of her bare thighs with his ungloved hands and pinched her legs and thighs. Respondent then again pinched the patient's legs and thighs using a tool. Patient J.R. felt uncomfortable, and told respondent that her excess fat was in her hip area and not in her legs. Respondent then unzipped her skirt and observed her hips. Respondent then pulled patient J.R.'s skirt down and instructed her to put her legs together. Respondent put his hand in between patient J.R.'s legs as she closed them together. Respondent then instructed patient J.R. to spread her legs quickly, and he then extended his fingers and began working his way up the inside of her legs. Respondent culminated the exam of the legs by touching patient J.R.'s vagina through her underwear, which caused patient J.R. to back away and explain that she was ticklish.

(l) While respondent performed the examination described in subparagraph (k), above, he made comments to patient J.R. about being sexy. At the conclusion of the appointment, patient J.R. put her hand out to shake respondent's hand but respondent instead hugged her. While hugging patient J.R., respondent moved his hands down her waist and pulled her even more closely to him. Patient J.R. was of the opinion that respondent's touching of her was not consistent with her treatment, but rather believed that respondent was touching her for his own sexual gratification. Patient J.R. reported the incident to the police later that same day.

Patient A.H.

(m) Respondent's records indicate he treated patient A.H. from September 2005, to October 2007. Respondent also treated patient A.H.'s husband, patient C.H.,

from August 2004 to March 2007. Respondent's treatment of patient A.H. and C.H. included, among other things, counseling for marital difficulties that the couple was having. The psychiatric counseling sessions to patients A.H. and C.H were conducted individually rather than jointly as a couple.

(n) During office visits with patient A.H., respondent had a practice of kissing patient A.H. on the cheek when the patient A.H. left the office. In or about January 2007, respondent told patient A.H. that he loved her and that she was beautiful, and gave her two silk pillowcases that he said he purchased during a trip to China.

(o) In or about February 2007, respondent called patient A.H. and asked her to meet him at the San Bernardino Hilton hotel for lunch. The two met for lunch at the Hilton, and after lunch respondent kissed patient A.H. on the mouth.

(p) Between approximately February 2007 and February 2008, patient A.H. and respondent met at various places to have sexual intercourse. These places included a hotel in Ontario and a house owned by respondent in Redlands. Respondent bought pre-paid cellular phones so they could communicate with each other without patient C.H. knowing. Patient C.H. learned of the sexual relationship between his wife and respondent in or about March 2008 after he employed a private investigator to investigate his wife's activities.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence)

15. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he has committed gross negligence in his care and treatment of patients L.E., J.R., A.H, C.H., and D.S., as more particularly alleged hereinafter:

Patient L.E.

(a) Paragraph 14, subparagraphs (a)-(h), above, are hereby incorporated by reference as if fully set forth herein.

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(b) Respondent committed gross negligence in his care and treatment of patient L.E. that included, but is not limited to, the following:

(1) Respondent failed to maintain proper boundaries with patient L.E., and

(2) Respondent engaged in sexual contact or sexual relations with patient L.E.

Patient J.R.

(c) Paragraph 14, subparagraphs (i)-(l), above, are hereby incorporated by reference as if fully set forth herein.

(d) Respondent committed gross negligence in his care and treatment of patient J.R. which included, but is not limited to, the following:

(1) Respondent's prescription of Apidex P (phentermine) to patient J.R. was contraindicated, given:

(A) The patient's 10-year history of opiate dependence;

(B) Respondent treatment of patient J.R. for opiate dependence with Buprenorphine at the time he prescribed Apidex P;

(C) Apidex P's addictive potential;

(D) Patient J.R.'s complaint that the Apidex P was causing her hyperactivity,

(E) The lack of documentation to support a diagnosis of obesity;

(F) Patient J.R.'s ongoing complaint of rapid mood changes; and

(G) The lack of informed consent regarding the potential negative side effects of the narcotic Apidex P, including agitation, nervousness, increased blood pressure, or precipitate a manic episode.

(2) Respondent engaged in the touching of patient J.R.'s vagina without a medical indication.

Patient A.H.

(e) Paragraph 14, subparagraphs (m)-(p), above, are hereby incorporated by reference as if fully set forth herein.

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(f) Respondent committed gross negligence in his care and treatment of patient A.H., which included, but is not limited to, the following:

(1) Respondent failed to maintain proper boundaries with patient A.H.; and

(2) Respondent engaged in sexual contact or sexual relations with patient A.H.

Patient C.H.

(g) Paragraph 14, subparagraphs (m)-(p), above, are hereby incorporated by reference as if fully set forth herein.

(h) Respondent committed gross negligence in his care and treatment of patient C.H., which included, but is not limited to, the following: Respondent provided psychiatric counseling, including marital counseling, to patient C.H. while simultaneously maintaining a sexual relationship with patient C.H.'s wife, unbeknownst to patient C.H.

Patient D.S.

(i) Respondent saw patient D.S. only one time, on or about November 19, 2009. Patient D.S.'s primary care doctor, Dr. H.G., referred patient D.S. to respondent for treatment of depression. Patient D.S. told respondent that she was being treated by a pain management specialist, Dr. B.L., and was being prescribed Oxycontin for pain. Respondent prescribed Fentanyl patch 50 mcg/hr, a Schedule II controlled substance, to patient D.S. Respondent further directly dispensed 15 patches of Fentanyl 50 mcg/hr to patient D.S., which respondent obtained from another patient and removed the labeling from the package.

(j) Respondent was grossly negligent in his care and treatment of patient D.S., which included, but is not limited to, the following:

(1) Respondent prescribed and directly dispensed Fentanyl 50 mcg/hr to patient D.S. without documenting the history of other pain medications that she had tried prior to his prescribing Fentanyl;

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(2) Respondent prescribed and directly dispensed Fentanyl 50 mcg/hr to patient D.S. without consulting with the patient's primary care doctor or her pain management specialist, or reviewing those other treating physicians' records;

(3) Respondent prescribed and directly dispensed Fentanyl 50 mcg/hr without documenting an informed consent concerning the higher dosage of Fentanyl patch than the Oxycontin 30 mg per day the patient was then receiving;

(4) Respondent did not document the current dosage of Oxycontin the patient was prescribed; and

(5) Respondent dispensed a package of Fentanyl patches to patient D.S. that he obtained from another patient after removing the labeling from the package.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

16. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code in that he has committed repeated negligent acts in his care and treatment of patients L.E., J.R., A.H, C.H., and D.S, as more particularly alleged hereinafter:

(a) Paragraphs 14 and 15, above, are hereby incorporated by reference as if fully set forth herein.

(b) Patient J.R.'s blood pressure was measured at an elevated 129/93 during her initial visit with respondent on or about April 4, 2007. Respondent did not measure Patient J.R.'s blood pressure again prior to prescribing or dispensing Apidex P (phentermine), a substance known to elevate blood pressure.

FOURTH CAUSE FOR DISCIPLINE

(Dishonesty or Corruption)

17. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (a), of the Code in that he has committed acts of dishonesty or corruption substantially related to the qualifications, functions, and duties of a

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physician and surgeon, as more particularly alleged hereinafter: Paragraphs 14 and 15, above, and paragraph 18, below, are hereby incorporated by reference as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Knowingly Making or Signing False Documents)

18. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2261, of the Code, in that knowingly made or signed a certificate or other document directly or indirectly related to the practice of medicine which falsely represented the existence or nonexistence of a state of facts, as more particularly alleged hereinafter:

Patient C.H.

(a) Paragraph 14, subparagraphs (m)-(p), above, are hereby incorporated by reference as if fully set forth herein.

(b) On or about October 3, 2009, Board Senior Investigator Natalie Zellmer mailed to respondent a request for a complete set of the medical records of patient C.H., along with an authorization for release of medical records signed by patient C.H. On or about October 19, 2009, the Board received from respondent the patient records for patient C.H. along with a Certification of Records signed personally by respondent under penalty of perjury.

(c) On or about March 8, 2007, patient C.H. requested that respondent's office mail a copy of a complete set of his medical records to his new psychologist, Dr. U.S. On or about March 15, 2010, the Board received a certified copy of records for patient C.H. from Dr. U.S.'s office, which included the records received by Dr. U.S. from respondent's office.

(d) A comparison of the records provided to the Board by respondent, and certified as true by respondent, to the records provided by respondent to Dr. U.S. in or about March 2007 demonstrates significant discrepancies, including, but not limited to, the following:

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(1) The records provided to Dr. U.S. are hand written by respondent, except for the initial typed psychiatric evaluation report dated August 3, 2004, while the chart notes provided to the Board by respondent are typed and signed by respondent;

(2) The initial psychiatric report dated August 3, 2004, provided by respondent to the Board documents under the heading "Past Psychiatric History" that patient C.H. had been depressed for the previous several years and was on medication for such depression. In the version of the same report that respondent provided to Dr. U.S., however, respondent wrote under the heading, "Past Psychiatric History" that "Patient denies any past psychiatric problems or difficultics" and included no documentation of a history of depression or medication for treatment of depression.

(3) The initial psychiatric report dated August 3, 2004, provided by respondent to the Board documents under the heading "Substance Abuse History" that patient C.H. "has history of substance abuse in the past and has been smoking a pack a day at the present time. He has history of amphetamine abuse before and also of marijuana abuse but denies any at the present time." In the version of the same report that respondent provided to Dr. U.S., however, respondent wrote, "Patient has no history of substance abuse in the past or at the present time."

(4) The initial psychiatric report dated August 3, 2004, provided by respondent to the Board documents under the heading "Family History" that patient C.H. has been in marital counseling to address difficulties in his relationship with his wife, and further documents strained relationships with the rest of the family. The version of the same report that respondent provided to Dr. U.S., however, states under the same heading, "No significant family history noted at this time. Patient denies any crisis in the family at this time."

(5) The initial psychiatric report dated August 3, 2004, provided by respondent to the Board documents under the hearing "Medical History" that patient C.H. "has been having chronic back problems and has been on pain medication and he is not willing to share what he is taking at this time." The version of the same report that

respondent provided to Dr. U.S., however, states under the same heading, "No history of back pain or any recent fractures."

(6) In progress notes between August 3, 2004 and March 8, 2007 in the version of patient C.H.'s chart that respondent provided to the Board, respondent repeatedly documented marital problems and marital counseling as well as problems with drug abuse by patient C.H. In the version of the progress notes that respondent provided to Dr. U.S. for the same period, however, there is no reference to marital problems or drug abuse by patient C.H.

(7) In the version of patient C.H.'s records that respondent provided to the Board, he diagnosed patient C.H. with "Polysubstance Abuse" in chart notes dated August 9, 2005; September 8, 2005; October 12, 2005; January 13, 2006; June 23, 2006; September 25, 2006; November 13, 2006; January 10, 2007; and March 8, 2007. In the version of patient C.H.'s records that respondent provided to Dr. U.S., however, he never made a diagnosis of polysubstance abuse regarding patient C.H.

(8) In the version of patient C.H.'s chart notes dated January 10, 2007, and March 8, 2007, that respondent provided to the Board, respondent documented that patient C.H. complained of financial problems and that on January 10, 2007, that patient C.H. asked respondent for a loan. The version of the chart notes that respondent C.H. provided to Dr. U.S., however, contain no such documentation of financial problems or a request for a loan by the patient to respondent.

(9) The version of patient C.H.'s chart provided by respondent to the Board includes a report for a session on March 8, 2007, for patient C.H. Patient C.H. denies attending a session on that date, and there is no chart note for March 8, 2007, in the version of the patient's records provided by respondent to Dr. U.S. Further, respondent's billing records do not substantiate that a treatment session took place on March 8, 2007.

Patient L.M.

(e) Respondent prescribed medications to patient L.M., a drug addict, between at least May 2007 and October 2009. Respondent's prescriptions to patient L.M.

included, but were not limited to, the following: Suboxone 8 mg, a Schedule III controlled substance from the opioid class; Vyvanse 70 mg, a Schedule II controlled substance from the amphetamine class; and diazepam 10 mg, a Schedule IV controlled substance from the benzodiazepine class.

(f) On or about December 27, 2009, patient L.M. died at the age of 27 years due to liver necrosis resulting from acetaminophen toxicity. Found among patient L.M.'s belongs after her death was a prescription handwritten and signed by respondent for Restoril (tamazepam), a Schedule IV controlled substance from the benzodiazapam class, dated July 23, 2007. The July 23, 2007 prescription was written for D.M., patient L.M.'s mother. Patient L.M.'s birth date was originally written on the prescription blank, and then was crossed out and replaced with the birth date of D.M. Respondent wrote at least four additional prescriptions for controlled substances in the name of D.M. between April 19, 2008 and June 19, 2009. However, D.M. was never a patient of respondent, has never met or spoken to respondent, and did not know about these prescriptions written in her name prior to her daughter's death.

(g) Respondent additionally wrote at least 2 prescriptions and at least one refill for controlled substances in the name of S.M., patient L.M.'s father, between July 7, 2008, and November 9, 2008. However, S.M. was never a patient of respondent, has never met or spoken to respondent, and did not know about these prescriptions written in his name prior to his daughter's death.

SIXTH CAUSE FOR DISCIPLINE

(Altering or Modifying Medical Records)

19. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2262, of the Code, in that he altered or modified medical records, with fraudulent intent, as more particularly alleged hereinafter: Paragraph 18, above, is hereby incorporated by reference as if fully set forth herein.

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SEVENTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

20. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he has failed to maintain adequate and accurate records, as alleged more particularly hereinafter:

(a) Paragraphs 14 through 19, above, are hereby incorporated by reference as if fully set forth herein.

(b) Respondent failed to document the amount of Suboxone prescribed to patient J.R. on July 20, 2007.

(c) Respondent did not document any diagnosis of obesity of patient J.R. or any basis for such a diagnosis, to justify a prescription of Apidex P (phentermine).

(d) Respondent did not document the physical examination of patient J.R.'s legs and thighs performed on or about October 23, 2007, the reasons for such examination, or the results of such examination.

(e) Respondent did not document the number of phentermine tablets he directly dispensed to patient J.R. during the September 20, 2007, and October 23, 2007, visits.

EIGHTH CAUSE FOR DISCIPLINE

(Violation of Statute or Regulation Regulating Drugs)

21. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2238, in that he violated federal statutes or regulations, or statutes or regulations of the State of California, regulating dangerous drugs or controlled substances, as more particularly alleged hereinafter:

Patient J.R.

(a) Respondent directly dispensed phentermine to patient J.R. on or about October 23, 2007. The bottle containing the phentermine included a label that read, "AP, pzé – P" and "37.5m 1 GM." The bottle's label did not include any other information.

(b) Respondent violated Section 4170 of the Code in that he dispensed a controlled substance or dangerous drug to patient J.R. that did not meet the labeling requirements specified by Section 4076 of the Code. Respondent failed to include the following required information:

(1) The manufacturer's trade name of the drug or the generic name and the name of the manufacturer,

(2) The directions for the use of the drug,

(3) The name of the patient,

(4) The name of the prescriber,

(5) The date of issue,

(6) The quantity of the drug or drugs dispensed,

(7) The expiration date of the effectiveness of the drug dispensed,

(8) The condition for which the drug was prescribed, or

(9) A physical description of the dispensed medication.

Patient D.S.

(c) Paragraph 15, subpargraphs (i) and (j), above, are hereby incorporated by reference as if fully set forth herein.

(d) Respondent dispensed a package of 15 patches of Fentanyl 50 meg/hr to patient D.S., after receiving the medication from a different patient and removing the labeling for that medication, in violation of Section 4076 of the Code.

Patient L.M.

(e) Paragraph 18, subparagraphs (e)-(h), above, are hereby incorporated by reference as if fully set forth herein.

(f) Respondent issued prescriptions for controlled substances to patient L.M., an addict, using the false name of patient L.M.'s mother, D.M., in violation of the California Controlled Substances Act (Health and Safety Code, section 11157 [unlawful to issue prescription that is false or fictitious in any respect], Health and Safety Code, section 11174 [unlawful to prescribe controlled substances under false name or address].

(g) . Respondent issued prescriptions for controlled substances to patient L.M., an addict, using the false name of patient L.M.'s father, S.M., in violation of the California Controlled Substances Act (Health and Safety Code, section 11157 [Unlawful to issue prescription that is false or fictitious in any respect], Health and Safety Code section 11174 [Unlawful to prescribe controlled substances under false name or address].

NINTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

22. Respondent is further subject to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged hereinafter:

(a) Paragraphs 14 through 21, above, are hereby incorporated by reference as if fully set forth herein.

(b) During an interview with the Board on or about February 16, 2010, respondent stated he had a practice of discouraging his psychiatric patients from discarding their unused medications, but requests that his patients instead give their unused medications to him. Respondent then puts the medications in a bin, and once every four to six weeks, gives the second-hand medications to "a lady" who purportedly gives those medications to unknown individuals in Mexico.

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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 A-48279, issued to respondent Gurmeet Singh Multani, M.D;

2. Revoking, suspending or denying approval of respondent Gurmeet Singh Multani, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering respondent Gurmeet Singh Multani, M.D. to pay the Medical Board of California, if placed on probation, the costs of probation monitoring:

4. Ordering respondent to pay a civil penalty of $500 for each violation of section 2262 of the Code; and

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

DATED: 02/09/10

LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

EDMUND G. BROWN JR.
Attorney General of California
THOMAS S. LAZAR
Supervising Deputy Attorney General
MICHAEL S. COCHRANE
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110 West "A" Street, Suite 1100
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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: GURMEET SINGH MULTANI, M.D. 1880 E. Washington Street Colton, CA 92324 Physician's and Surgeon's Certificate No. A48279, Respondent.	Case No. 09-2007-188108 OAH No. 2010030665 **STIPULATED SURRENDER OF LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties in this proceeding that the following matters are true:

PARTIES

1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of California. She brought this action solely in her official capacity and is represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Michael S. Cochrane, Deputy Attorney General.

2. Gurmeet Singh Multani, M.D., (Respondent) is represented in this proceeding by attorney Erin L. Muellenberg, Esq., whose address is 215 North "D" Street, Suite 303, San Bernardino, CA 92401.

EXHIBIT
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3. On or about May 29, 1990, the Medical Board of California issued Physician's and Surgeon's Certificate No. A48279 to respondent. Respondent's Physician's and Surgeon's Certificate No. A48279 was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 09-2007-188108 and will expire on April 30, 2012, unless renewed.

JURISDICTION

4. On December 10, 2009, Accusation No. 09-2007-188108 was filed against respondent. A true and correct copy of this Accusation and all other statutorily required documents were properly served on respondent on December 10, 2009. Respondent timely filed his Notice of Defense contesting the Accusation.

5. On June 8, 2010, First Amended Accusation No. 09-2007-188108 was filed against respondent, a true and correct copy of which is attached hereto as Attachment "A" and incorporated by reference as if fully set forth herein. On June 9, 2010, respondent was served with a true and correct copy of First Amended Accusation No. 09-2007-188108, together with a true and correct copy of the "Supplemental Statement to Respondent," by personal service at the Office of Administrative Hearings, 1350 Front Street, San Diego, California, 92101.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 09-2007-188108. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation No. 09-2007-188108; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

CULPABILITY

9. Respondent agrees that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 09-2007-188108, a true and correct copy of which is attached hereto as Exhibit "A," and that he has thereby subjected his Physician's and Surgeon's Certificate No. A48279 to disciplinary action.

9. Respondent understands and agrees that if he ever applies for licensure or petitions for reinstatement in the State of California, the Board will treat it as a new application for licensure. Respondent understands and agrees that he must comply with all the laws, regulations and procedures for licensure in effect at the time of the application is filed, and all of the charges and allegations contained in First Amended Accusation No. 09-2007-188108 shall be deemed true, correct and fully admitted by respondent when the Board determines whether to grant or deny the application or petition.

10. Respondent understands that by signing this Stipulated Surrender of License and Disciplinary Order he is enabling the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate No. A48279, without further notice to or opportunity to be heard by respondent.

CONTINGENCY

11. This Stipulated Surrender of License and Disciplinary Order shall be subject to approval of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this stipulation after receiving it. By signing this stipulation, respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

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12. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Board, in its discretion, does not approve and adopt his Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should the Board reject this Stipulated Surrender of License and Disciplinary Order for any reason, respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion, and consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

13. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

14. The parties agree that facsimile copies of this Stipulated Surrender of License and Disciplinary Order, including facsimile signatures of the parties, may be used in lieu of original documents and signatures and, further, that facsimile copies and signatures shall have the same force and effect as originals.

15. If this Stipulated Surrender of License and Disciplinary Order is adopted by the Board as its Decision and Order, the effective date of the Decision and Order shall be October 1, 2010.

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16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice to or opportunity to be heard by respondent, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A48279, issued to respondent Gurmeet Singh Multani, M.D., is surrendered and accepted by the Medical Board of California, effective October 1, 2010.

1. The surrender of respondent's Physician's and Surgeon's Certificate No. A48279 and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against respondent. This stipulation constitutes a record of the discipline and shall become a part of respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board both his wall and pocket license certificate on or before the effective date of the Decision and Order.

4. If respondent ever applies for licensure or petitions for reinstatement of his license in the State of California, the Board shall treat it as a new application for licensure. Respondent must comply with all the laws, regulations and procedures for licensure in effect at the time the application or petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 09-2007-188108 shall be deemed to be true, correct and fully admitted by respondent when the Board determines whether to grant or deny the application or petition.

5. Should respondent ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 09-2007-188108 shall be deemed to be true, correct, and fully admitted by respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Erin L. Muellenberg, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A48279 I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 06-09-2010

GURMEET SINGH MULTANI, M.D.
Respondent

I have read and fully discussed with Respondent Gurmeet Singh Multani, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 6/9/10

ERIN L. MUELLENBERG, ESQ.
Attorney for Respondent

ENDORSEMENT

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

Dated: 06/09/10

Respectfully submitted,

EDMUND G. BROWN JR.
Attorney General of California
THOMAS S. LAZAR
Supervising Deputy Attorney General

MICHAEL S. COCHRANE
Deputy Attorney General
Attorneys for Complainant

SD2009804904
Stipulation.rtf

Exhibit A

First Amended Accusation No. 09-2007-188108

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 9 2010
BY: ANALYST

EDMUND G. BROWN JR.
Attorney General of California
THOMAS S. LAZAR
Supervising Deputy Attorney General
MICHAEL S. COCHRANE
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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: GURMEET SINGH MULTANI, M.D. 1880 E. Washington Street Colton, CA 92324 Physician's and Surgeon's Certificate No. A-48279, Respondent.	Case No. 09-2007-188108 OAH Case No. 201030665 FIRST AMENDED ACCUSATION

Complainant alleges:

PARTIES

1. Linda K. Whitney (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about May 29, 1990, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate Number A-48279 to Gurmeet Singh Multani, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2012, unless renewed.

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JURISDICTION

3. This First Amended 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 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 division, may, in accordance with the provisions of this chapter:

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

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

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

"(4) Be publicly reprimanded by the division.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the division 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 division 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."

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

"The Division of Medical Quality[1] 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:

"....

"(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.

"...

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

"...".

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[1] California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Bus. & Prof. Code, §§2000, *et. seq.*) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

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

7. Section 2238 of the Code states:

"A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct."

8. Section 2261 of the Code states:

"Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct."

9. Section 2262 of the Code states:

"Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

"In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars ($500) for a violation of this section."

10. 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."

11. Section 4170 of the Code states, in pertinent part:

"(a) No prescriber shall dispense drugs or dangerous devices to patient in his or her office or place of practice unless all of the following conditions are met:

"....

"(4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging requirements of good pharmaceutical practice, including the use of childproof containers.

"..."

12. Section 4076 of the Code states, in pertinent part:

"(a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

"(1) . . . [E]ither the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

"(2) The directions for the use of the drug.

"(3) The name of the patient or patients.

"(4) The name of the prescriber....

"(5) The date of issue.

"(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

"(7) The strength of the drug or drugs dispensed.

"(8) The quantity of the drug or drugs dispensed.

"(9) The expiration date of the effectiveness of the drug dispensed.

"(10) The condition for which the drug was prescribed if requested by the patient and the condition is indicated on the prescription.

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"(11)(A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

"(i) Prescriptions dispensed by a veterinarian.

"(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

"(iii) Dispensed medications for which no physical description exists in any commercially available database.

"(B) This paragraph applies to outpatient pharmacies only.

"(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

"(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

"...".

13. Section 726 of the Code states:

"The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division, under any initiative act referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3.

"This section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship."

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FIRST CAUSE FOR DISCIPLINE

(Sexual Abuse, Misconduct, or Relations)

14. Respondent is subject to disciplinary action under section 726 of the Code, in that he has committed acts of sexual abuse, misconduct, or relations with a patient, client, or customer, as more particularly alleged hereinafter:

Patient L.E.

(a) Respondent's records indicate respondent began providing psychiatric treatment to patient L.E. from on or about July 28, 2006 to on or about March 2, 2007. Respondent also treated patient L.E.'s son from on or about December 1, 2005 to on or about October 22, 2007, and he treated patient L.E.'s daughter in May and June of 2007. Respondent's records indicate he was treating patient L.E. for a diagnosis of Major Depressive Disorder.

(b) According to patient L.E., she went to respondent for psychiatric treatment to help her depression and for sexual trauma. Patient L.E. told respondent in the course of her treatment that she had engaged in prostitution in her past.

(c) During an appointment for patient L.E.'s son, respondent asked patient L.E. if she had a boyfriend, and patient L.E. respondent that she had no boyfriend. Respondent then began to flirt with patient L.E.

(d) At a subsequent appointment for patient L.E.'s son, patient L.E. complained of back pain, and respondent offered to treat the pain by providing patient L.E. a massage. Respondent performed a massage on patient L.E. that included touching described by the patient L.E. as "very indecent." At the end of that same appointment, respondent hugged and kissed patient L.E. on the lips in front of her son. Respondent also gave Patient L.E. his personal phone number so she could call him "for any reason."

(e) Respondent subsequently asked patient L.E. out to dinner, and she agreed. Respondent and patient L.E. had drinks and dinner together at the Claim Jumper restaurant in San Bernardino, and then immediately went to respondent's medical office and had sexual intercourse. Patient L.E. reported that she had sexual intercourse with

respondent "many other times" at his medical office. Patient L.E. further reported that respondent paid her various amounts of money for sex, including one occasion in which he paid her $2,000 for sex.

(f) During their sexual relationship, respondent gave patient L.E. a green Ford Taurus to drive, and later gave her a white Ford F-150 or F-250 truck to use after Patient L.E. moved from Riverside.

(g) Respondent had sex with patient L.E. on numerous occasions at her apartment. Respondent never wore a condom during any of their sexual encounters.

(h) Patient L.E. reported that respondent told her that he was divorced or separated. However, after patient L.E. received a phone call from a woman who claimed to be respondent's wife, respondent then admitted to patient L.E. that he was in fact married. Respondent explained to patient L.E. that he could not separate from his wife because of his culture.

Patient J.R.

(i) Respondent's records indicate he provided psychiatric treatment to patient J.R. from on or about April 4, 2007 to on or about October 23, 2007. Patient J.R. presented for treatment for opiate dependence and withdrawal from codeine. Patient J.R. told respondent at her initial appointment that she was addicted to Vicodin (hydrocodone), codeine, and tramadol. Patient J.R. also admitted to previous psychiatric history of episodes of depression and rapid mood swings. Respondent diagnosed patient J.R. with opioid dependence and with a rule out diagnosis of Bipolar Disorder Depressed. Respondent prescribed patient J.R. Suboxone as part of her detox treatment plan.

(j) On or about September 20, 2007, patient J.R. presented to respondent's office. Patient J.R. reported less frequent withdrawal symptoms, but increased weight. Respondent prescribed Adipex P[2] 37.5 mg 1/2 tablet per day to curb her appetite.

[2] Apidex P, generic name phentermine, is a Schedule IV controlled substance that is sympathomimetic with pharmacological activity similar to amphetamines.

(k) On or about October 23, 2007, patient J.R. presented to respondent's office by appointment. Respondent inquired about the amount of weight patient J.R. had lost with the Apidex P narcotic, and patient J.R. responded that she had lost seven pounds but complained that the Apidex P was making her hyperactive. Respondent told her to continue to take the Apidex P in 1/2 tablets. Respondent then asked patient J.R. to stand up so he could check her weight loss progress. Respondent then raised patient J.R.'s skirt, exposing her legs and thighs, and began rubbing the inside of her bare thighs with his ungloved hands and pinched her legs and thighs. Respondent then again pinched the patient's legs and thighs using a tool. Patient J.R. felt uncomfortable, and told respondent that her excess fat was in her hip area and not in her legs. Respondent then unzipped her skirt and observed her hips. Respondent then pulled patient J.R.'s skirt down and instructed her to put her legs together. Respondent put his hand in between patient J.R.'s legs as she closed them together. Respondent then instructed patient J.R. to spread her legs quickly, and he then extended his fingers and began working his way up the inside of her legs. Respondent culminated the exam of the legs by touching patient J.R.'s vagina through her underwear, which caused patient J.R. to back away and explain that she was ticklish.

(l) While respondent performed the examination described in subparagraph (k), above, he made comments to patient J.R. about being sexy. At the conclusion of the appointment, patient J.R. put her hand out to shake respondent's hand but respondent instead hugged her. While hugging patient J.R., respondent moved his hands down her waist and pulled her even more closely to him. Patient J.R. was of the opinion that respondent's touching of her was not consistent with her treatment, but rather believed that respondent was touching her for his own sexual gratification. Patient J.R. reported the incident to the police later that same day.

Patient A.H.

(m) Respondent's records indicate he treated patient A.H. from September 2005, to October 2007. Respondent also treated patient A.H.'s husband, patient C.H.,

from August 2004 to March 2007. Respondent's treatment of patient A.H. and C.H. included, among other things, counseling for marital difficulties that the couple was having. The psychiatric counseling sessions to patients A.H. and C.H were conducted individually rather than jointly as a couple.

(n) During office visits with patient A.H., respondent had a practice of kissing patient A.H. on the cheek when the patient A.H. left the office. In or about January 2007, respondent told patient A.H. that he loved her and that she was beautiful, and gave her two silk pillowcases that he said he purchased during a trip to China.

(o) In or about February 2007, respondent called patient A.H. and asked her to meet him at the San Bernardino Hilton hotel for lunch. The two met for lunch at the Hilton, and after lunch respondent kissed patient A.H. on the mouth.

(p) Between approximately February 2007 and February 2008, patient A.H. and respondent met at various places to have sexual intercourse. These places included a hotel in Ontario and a house owned by respondent in Redlands. Respondent bought pre-paid cellular phones so they could communicate with each other without patient C.H. knowing. Patient C.H. learned of the sexual relationship between his wife and respondent in or about March 2008 after he employed a private investigator to investigate his wife's activities.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence)

15. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he has committed gross negligence in his care and treatment of patients L.E., J.R., A.H, C.H., and D.S., as more particularly alleged hereinafter:

Patient L.E.

(a) Paragraph 14, subparagraphs (a)-(h), above, are hereby incorporated by reference as if fully set forth herein.

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(b) Respondent committed gross negligence in his care and treatment of patient L.E. that included, but is not limited to, the following:

(1) Respondent failed to maintain proper boundaries with patient L.E., and

(2) Respondent engaged in sexual contact or sexual relations with patient L.E.

Patient J.R.

(c) Paragraph 14, subparagraphs (i)-(l), above, are hereby incorporated by reference as if fully set forth herein.

(d) Respondent committed gross negligence in his care and treatment of patient J.R. which included, but is not limited to, the following:

(1) Respondent's prescription of Apidex P (phentermine) to patient J.R. was contraindicated, given:

(A) The patient's 10-year history of opiate dependence;

(B) Respondent treatment of patient J.R. for opiate dependence with Buprenorphine at the time he prescribed Apidex P;

(C) Apidex P's addictive potential;

(D) Patient J.R.'s complaint that the Apidex P was causing her hyperactivity,

(E) The lack of documentation to support a diagnosis of obesity;

(F) Patient J.R.'s ongoing complaint of rapid mood changes; and

(G) The lack of informed consent regarding the potential negative side effects of the narcotic Apidex P, including agitation, nervousness, increased blood pressure, or precipitate a manic episode.

(2) Respondent engaged in the touching of patient J.R.'s vagina without a medical indication.

Patient A.H.

(e) Paragraph 14, subparagraphs (m)-(p), above, are hereby incorporated by reference as if fully set forth herein.

///

(f) Respondent committed gross negligence in his care and treatment of patient A.H., which included, but is not limited to, the following:

(1) Respondent failed to maintain proper boundaries with patient A.H.; and

(2) Respondent engaged in sexual contact or sexual relations with patient A.H.

Patient C.H.

(g) Paragraph 14, subparagraphs (m)-(p), above, are hereby incorporated by reference as if fully set forth herein.

(h) Respondent committed gross negligence in his care and treatment of patient C.H., which included, but is not limited to, the following: Respondent provided psychiatric counseling, including marital counseling, to patient C.H. while simultaneously maintaining a sexual relationship with patient C.H.'s wife, unbeknownst to patient C.H.

Patient D.S.

(i) Respondent saw patient D.S. only one time, on or about November 19, 2009. Patient D.S.'s primary care doctor, Dr. H.G., referred patient D.S. to respondent for treatment of depression. Patient D.S. told respondent that she was being treated by a pain management specialist, Dr. B.L., and was being prescribed Oxycontin for pain. Respondent prescribed Fentanyl patch 50 mcg/hr, a Schedule II controlled substance, to patient D.S. Respondent further directly dispensed 15 patches of Fentanyl 50 mcg/hr to patient D.S., which respondent obtained from another patient and removed the labeling from the package.

(j) Respondent was grossly negligent in his care and treatment of patient D.S., which included, but is not limited to, the following:

(1) Respondent prescribed and directly dispensed Fentanyl 50 mcg/hr to patient D.S. without documenting the history of other pain medications that she had tried prior to his prescribing Fentanyl;

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(2) Respondent prescribed and directly dispensed Fentanyl 50 mcg/hr to patient D.S. without consulting with the patient's primary care doctor or her pain management specialist, or reviewing those other treating physicians' records;

(3) Respondent prescribed and directly dispensed Fentanyl 50 mcg/hr without documenting an informed consent concerning the higher dosage of Fentanyl patch than the Oxycontin 30 mg per day the patient was then receiving;

(4) Respondent did not document the current dosage of Oxycontin the patient was prescribed; and

(5) Respondent dispensed a package of Fentanyl patches to patient D.S. that he obtained from another patient after removing the labeling from the package.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

16. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code in that he has committed repeated negligent acts in his care and treatment of patients L.E., J.R., A.H, C.H., and D.S, as more particularly alleged hereinafter:

(a) Paragraphs 14 and 15, above, are hereby incorporated by reference as if fully set forth herein.

(b) Patient J.R.'s blood pressure was measured at an elevated 129/93 during her initial visit with respondent on or about April 4, 2007. Respondent did not measure Patient J.R.'s blood pressure again prior to prescribing or dispensing Apidex P (phentermine), a substance known to elevate blood pressure.

FOURTH CAUSE FOR DISCIPLINE

(Dishonesty or Corruption)

17. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (e), of the Code in that he has committed acts of dishonesty or corruption substantially related to the qualifications, functions, and duties of a

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physician and surgeon, as more particularly alleged hereinafter: Paragraphs 14 and 15, above, and paragraph 18, below, are hereby incorporated by reference as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Knowingly Making or Signing False Documents)

18. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2261, of the Code, in that knowingly made or signed a certificate or other document directly or indirectly related to the practice of medicine which falsely represented the existence or nonexistence of a state of facts, as more particularly alleged hereinafter:

Patient C.H.

(a) Paragraph 14, subparagraphs (m)-(p), above, are hereby incorporated by reference as if fully set forth herein.

(b) On or about October 3, 2009, Board Senior Investigator Natalie Zellmer mailed to respondent a request for a complete set of the medical records of patient C.H., along with an authorization for release of medical records signed by patient C.H. On or about October 19, 2009, the Board received from respondent the patient records for patient C.H. along with a Certification of Records signed personally by respondent under penalty of perjury.

(c) On or about March 8, 2007, patient C.H. requested that respondent's office mail a copy of a complete set of his medical records to his new psychologist, Dr. U.S. On or about March 15, 2010, the Board received a certified copy of records for patient C.H. from Dr. U.S.'s office, which included the records received by Dr. U.S. from respondent's office.

(d) A comparison of the records provided to the Board by respondent, and certified as true by respondent, to the records provided by respondent to Dr. U.S. in or about March 2007 demonstrates significant discrepancies, including, but not limited to, the following:

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(1) The records provided to Dr. U.S. are hand written by respondent, except for the initial typed psychiatric evaluation report dated August 3, 2004, while the chart notes provided to the Board by respondent are typed and signed by respondent;

(2) The initial psychiatric report dated August 3, 2004, provided by respondent to the Board documents under the heading "Past Psychiatric History" that patient C.H. had been depressed for the previous several years and was on medication for such depression. In the version of the same report that respondent provided to Dr. U.S., however, respondent wrote under the heading, "Past Psychiatric History" that "Patient denies any past psychiatric problems or difficulties" and included no documentation of a history of depression or medication for treatment of depression.

(3) The initial psychiatric report dated August 3, 2004, provided by respondent to the Board documents under the heading "Substance Abuse History" that patient C.H. "has history of substance abuse in the past and has been smoking a pack a day at the present time. He has history of amphetamine abuse before and also of marijuana abuse but denies any at the present time." In the version of the same report that respondent provided to Dr. U.S., however, respondent wrote, "Patient has no history of substance abuse in the past or at the present time."

(4) The initial psychiatric report dated August 3, 2004, provided by respondent to the Board documents under the heading "Family History" that patient C.H. has been in marital counseling to address difficulties in his relationship with his wife, and further documents strained relationships with the rest of the family. The version of the same report that respondent provided to Dr. U.S., however, states under the same heading, "No significant family history noted at this time. Patient denies any crisis in the family at this time."

(5) The initial psychiatric report dated August 3, 2004, provided by respondent to the Board documents under the hearing "Medical History" that patient C.H. "has been having chronic back problems and has been on pain medication and he is not willing to share what he is taking at this time." The version of the same report that

respondent provided to Dr. U.S., however, states under the same heading, "No history of back pain or any recent fractures."

(6) In progress notes between August 3, 2004 and March 8, 2007 in the version of patient C.H.'s chart that respondent provided to the Board, respondent repeatedly documented marital problems and marital counseling as well as problems with drug abuse by patient C.H. In the version of the progress notes that respondent provided to Dr. U.S. for the same period, however, there is no reference to marital problems or drug abuse by patient C.H.

(7) In the version of patient C.H.'s records that respondent provided to the Board, he diagnosed patient C.H. with "Polysubstance Abuse" in chart notes dated August 9, 2005; September 8, 2005; October 12, 2005; January 13, 2006; June 23, 2006; September 25, 2006; November 13, 2006; January 10, 2007; and March 8, 2007. In the version of patient C.H.'s records that respondent provided to Dr. U.S., however, he never made a diagnosis of polysubstance abuse regarding patient C.H.

(8) In the version of patient C.H.'s chart notes dated January 10, 2007, and March 8, 2007, that respondent provided to the Board, respondent documented that patient C.H. complained of financial problems and that on January 10, 2007, that patient C.H. asked respondent for a loan. The version of the chart notes that respondent C.H. provided to Dr. U.S., however, contain no such documentation of financial problems or a request for a loan by the patient to respondent.

(9) The version of patient C.H.'s chart provided by respondent to the Board includes a report for a session on March 8, 2007, for patient C.H. Patient C.H. denies attending a session on that date, and there is no chart note for March 8, 2007, in the version of the patient's records provided by respondent to Dr. U.S. Further, respondent's billing records do not substantiate that a treatment session took place on March 8, 2007.

Patient L.M.

(e) Respondent prescribed medications to patient L.M., a drug addict, between at least May 2007 and October 2009. Respondent's prescriptions to patient L.M.

included, but were not limited to, the following: Suboxone 8 mg, a Schedule III controlled substance from the opioid class; Vyvanse 70 mg, a Schedule II controlled substance from the amphetamine class; and diazepam 10 mg, a Schedule IV controlled substance from the benzodiazepine class.

(f) On or about December 27, 2009, patient L.M. died at the age of 27 years due to liver necrosis resulting from acetaminophen toxicity. Found among patient L.M.'s belongs after her death was a prescription handwritten and signed by respondent for Restoril (tamazepam), a Schedule IV controlled substance from the benzodiazapam class, dated July 23, 2007. The July 23, 2007 prescription was written for D.M., patient L.M.'s mother. Patient L.M.'s birth date was originally written on the prescription blank, and then was crossed out and replaced with the birth date of D.M. Respondent wrote at least four additional prescriptions for controlled substances in the name of D.M. between April 19, 2008 and June 19, 2009. However, D.M. was never a patient of respondent, has never met or spoken to respondent, and did not know about these prescriptions written in her name prior to her daughter's death.

(g) Respondent additionally wrote at least 2 prescriptions and at least one refill for controlled substances in the name of S.M., patient L.M.'s father, between July 7, 2008, and November 9, 2008. However, S.M. was never a patient of respondent, has never met or spoken to respondent, and did not know about these prescriptions written in his name prior to his daughter's death.

SIXTH CAUSE FOR DISCIPLINE

(Altering or Modifying Medical Records)

19. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2262, of the Code, in that he altered or modified medical records, with fraudulent intent, as more particularly alleged hereinafter: Paragraph 18, above, is hereby incorporated by reference as if fully set forth herein.

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SEVENTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

20. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he has failed to maintain adequate and accurate records, as alleged more particularly hereinafter:

(a) Paragraphs 14 through 19, above, are hereby incorporated by reference as if fully set forth herein.

(b) Respondent failed to document the amount of Suboxone prescribed to patient J.R. on July 20, 2007.

(c) Respondent did not document any diagnosis of obesity of patient J.R. or any basis for such a diagnosis, to justify a prescription of Apidex P (phentermine).

(d) Respondent did not document the physical examination of patient J.R.'s legs and thighs performed on or about October 23, 2007, the reasons for such examination, or the results of such examination.

(e) Respondent did not document the number of phentermine tablets he directly dispensed to patient J.R. during the September 20, 2007, and October 23, 2007, visits.

EIGHTH CAUSE FOR DISCIPLINE

(Violation of Statute or Regulation Regulating Drugs)

21. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2238, in that he violated federal statutes or regulations, or statutes or regulations of the State of California, regulating dangerous drugs or controlled substances, as more particularly alleged hereinafter:

Patient J.R.

(a) Respondent directly dispensed phentermine to patient J.R. on or about October 23, 2007. The bottle containing the phentermine included a label that read, "AP, pze – P" and "37.5m 1 GM." The bottle's label did not include any other information.

(b) Respondent violated Section 4170 of the Code in that he dispensed a controlled substance or dangerous drug to patient J.R. that did not meet the labeling requirements specified by Section 4076 of the Code. Respondent failed to include the following required information:

(1) The manufacturer's trade name of the drug or the generic name and the name of the manufacturer,

(2) The directions for the use of the drug,

(3) The name of the patient,

(4) The name of the prescriber,

(5) The date of issue,

(6) The quantity of the drug or drugs dispensed,

(7) The expiration date of the effectiveness of the drug dispensed,

(8) The condition for which the drug was prescribed, or

(9) A physical description of the dispensed medication.

Patient D.S.

(c) Paragraph 15, subpargraphs (i) and (j), above, are hereby incorporated by reference as if fully set forth herein.

(d) Respondent dispensed a package of 15 patches of Fentanyl 50 mcg/hr to patient D.S., after receiving the medication from a different patient and removing the labeling for that medication, in violation of Section 4076 of the Code.

Patient L.M.

(e) Paragraph 18, subparagraphs (e)-(h), above, are hereby incorporated by reference as if fully set forth herein.

(f) Respondent issued prescriptions for controlled substances to patient L.M., an addict, using the false name of patient L.M.'s mother, D.M., in violation of the California Controlled Substances Act (Health and Safety Code, section 11157 [unlawful to issue prescription that is false or fictitious in any respect], Health and Safety Code, section 11174 [unlawful to prescribe controlled substances under false name or address].

(g) Respondent issued prescriptions for controlled substances to patient L.M., an addict, using the false name of patient L.M.'s father, S.M., in violation of the California Controlled Substances Act (Health and Safety Code, section 11157 [Unlawful to issue prescription that is false or fictitious in any respect], Health and Safety Code section 11174 [Unlawful to prescribe controlled substances under false name or address].

NINTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

22. Respondent is further subject to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged hereinafter:

(a) Paragraphs 14 through 21, above, are hereby incorporated by reference as if fully set forth herein.

(b) During an interview with the Board on or about February 16, 2010, respondent stated he had a practice of discouraging his psychiatric patients from discarding their unused medications, but requests that his patients instead give their unused medications to him. Respondent then puts the medications in a bin, and once every four to six weeks, gives the second-hand medications to "a lady" who purportedly gives those medications to unknown individuals in Mexico.

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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 A-48279, issued to respondent Gurmeet Singh Multani, M.D;

2. Revoking, suspending or denying approval of respondent Gurmeet Singh Multani, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering respondent Gurmeet Singh Multani, M.D. to pay the Medical Board of California, if placed on probation, the costs of probation monitoring:

4. Ordering respondent to pay a civil penalty of $500 for each violation of section 2262 of the Code; and

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

DATED: 06/09/10

LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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

In the Matter of the First Amended Accusation Against:	)	
Gurmeet Singh Multani, M.D.	)	Case No. 09-2007-188108
Physician's and Surgeon's Certificate No. A-48279	)	
Respondent	)	

DECISION

The attached Stipulated Surrender of License and 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 October 1, 2010

IT IS SO ORDERED September 9, 2010.

MEDICAL BOARD OF CALIFORNIA

By: _____
Linda K. Whitney
Executive Director

EXHIBIT
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs	:	Docket No.:	-49-11
—vs.	:	File No.:	10-49-01140
Gurmeet S. Multani, M.D. Respondent	:		

ORDER

AND NOW, this 23rd day of August 2011, the **STATE BOARD OF MEDICINE** ("Board") adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Katie True
Commissioner

BY ORDER:
STATE BOARD OF MEDICINE

Carol E. Rose, M.D.
Chairperson

For the Commonwealth:

Sean P. Quinlan, Esquire
2601 North Third Street
P. O. Box 2649
Harrisburg, PA 17105-2649

For the Respondent:
Date of mailing: 08/25/11

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6711/MasterGeneralSet122710