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

13 In the Matter of the Accusation Against:

Case No. 800-2021-074777

14 **Arian S. Mowlavi, M.D.**  
15 **32406 South Coast Highway**  
**Laguna Beach, CA 92651**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 85870,**

18 Respondent.

19  
20 **PARTIES**

21 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as  
22 the Executive Director of the Medical Board of California, Department of Consumer Affairs  
23 (Board).

24 2. On or about February 4, 2004, the Board issued Physician's and Surgeon's Certificate  
25 No. A 85870 to Arian S. Mowlavi, M.D. (Respondent). The Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on February 29, 2024, unless renewed.

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**JURISDICTION**

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

5       4.    Section 2220 of the Code states:

6            Except as otherwise provided by law, the board may take action against all  
7 persons guilty of violating this chapter. . .

8       5.    Section 2227 of the Code states:

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

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

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

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

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

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

24            . . .

25       6.    Section 2234 of the Code states:

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

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

(b) Gross negligence.

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

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(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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

...

7. 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.

8. 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.

...

9. 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.

10. Section 2216.3 of the Code states:

(a) An outpatient setting accredited pursuant to Section 1248.1 of the Health and Safety Code shall report an adverse event to the board no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of individually identifiable patient information shall be consistent with applicable law.

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1 (b) For the purposes of this section, "adverse event" includes any of the  
2 following:

3 (1) Surgical or other invasive procedures, including the following:

4 ...

5 (F) Transfer of a patient to a hospital or emergency center for medical treatment  
6 for a period exceeding 24 hours following a scheduled procedure outside of a general  
7 acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and  
8 Safety Code.

8 ...

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

13 **COST RECOVERY**

14 12. Section 125.3 of the Code states:

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

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

23 (c) A certified copy of the actual costs, or a good faith estimate of costs where  
24 actual costs are not available, signed by the entity bringing the proceeding or its  
25 designated representative shall be prima facie evidence of reasonable costs of  
26 investigation and prosecution of the case. The costs shall include the amount of  
27 investigative and enforcement costs up to the date of the hearing, including, but not  
28 limited to, charges imposed by the Attorney General.

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

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

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

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

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

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

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

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

## 23 **FIRST CAUSE FOR DISCIPLINE**

### 24 **(Gross Negligence)**

25 13. Respondent Arian S. Mowlavi, M.D. has subjected his Physician's and Surgeon's  
26 Certificate No. A 85870 to disciplinary action under sections 2227 and 2234, as defined by  
27 section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and  
28 treatment of Patient A,<sup>1</sup> as more particularly alleged hereinafter:

14. At all times relevant to the allegations herein, Respondent was a plastic surgeon who  
performed surgery at an outpatient center located in Laguna Beach, California. The outpatient  
surgery center's accrediting agency was QUAD A, a global accreditation organization for  
healthcare facilities.

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<sup>1</sup> References to "Patient A" and "Patient B" herein are used to protect patient privacy.

1           **Patient A**

2           15. On or about November 20, 2020, Patient A had an in-person consultation with  
3 Respondent. According to the Consultation Note, Patient A's past surgical history included a  
4 tummy tuck and liposuction with Respondent in 2016. Patient A's past surgical history also  
5 included a breast reduction in 2000, but no history of breast implants. Patient A had no history of  
6 asthma or hay fever. Respondent noted that Patient A was referred for management of skin  
7 redundancy and adiposity over the lateral thighs, abdomen, flanks, back, arms, and axilla. In his  
8 Assessment and Plan, Respondent noted that Patient A would benefit from a lateral thigh tuck;  
9 high-definition VASER<sup>®</sup> liposuction of the abdomen, flanks, middle and upper back, arms, axilla,  
10 and left medial thigh; and skin tightening of the flanks, middle and upper back, axilla, and left  
11 medial thigh with a radiofrequency device. Respondent noted that benefits, risks, and alternatives  
12 were discussed with Patient A, her questions were answered, and she was consented and  
13 scheduled for surgery.

14           16. The same day, on or about November 20, 2020, Respondent wrote multiple  
15 prescriptions for Patient A, including Valium 5 mg qhs for three nights on November 24, 25, and  
16 26; Norco 5/325 mg (#20), one to two tablets every four to six hours as needed post-operatively  
17 for pain; Zithromax Z-Pak (azithromycin) antibiotics for one day prior to surgery and four days  
18 post-surgery; Medrol Dosepak<sup>2</sup> for six days post-surgery; Accolate<sup>3</sup> 20mg (#120) bid for two  
19 months; and hydrochlorothiazide<sup>4</sup> 25 mg (#30) qd starting one week after surgery and continuing  
20 for 30 days total. Additional medication orders included a Scopolamine patch and Zofran for  
21 prevention of post-operative nausea and vomiting, and Colace for stool softening. On or about  
22 November 25, 2020, Respondent wrote another prescription for Norco 5/325 mg (#30), one to  
23 two tablets every four to six hours as needed.

24 \_\_\_\_\_  
25           <sup>2</sup> Medrol Dosepak is a corticosteroid medication used to treat inflammation (swelling),  
among other conditions.

26           <sup>3</sup> Accolate (zafirlukast) is a leukotriene inhibitor used for the treatment of asthma and  
27 allergies. Off-label usage of Accolate includes treatment of capsular contracture associated with  
breast implants.

28           <sup>4</sup> Hydrochlorothiazide is a thiazide diuretic (water pill) used to help reduce the amount of  
water in the body by increasing the flow of urine.

1           17. On or about November 25, 2020, Patient A underwent surgery with Respondent.  
2 According to the Operative Note, the surgery included high-definition VASER® liposuction of  
3 the abdomen, flanks, middle and upper back, arms, axilla, medial thighs; lateral thigh tuck; and  
4 skin tightening of the flanks, middle and upper back, axilla, and left medial thigh. Under general  
5 anesthesia, a total of 4050 ml of tumescent fluid was infiltrated in multiple areas of the body, with  
6 3850 ml of lipoaspirate extracted. Respondent noted the amount of fat transferred to the buttocks  
7 and lateral thigh, however, a buttocks and thigh fat transfer was not mentioned in any pre-  
8 operative note, post-operative note, or in the list of procedures performed in the Operative Note.  
9 No complications were noted and, following the surgery, Patient A was discharged to a nearby  
10 post-operative care center.

11           18. On or about November 27, 2020, Patient A had her first massage treatment at  
12 Respondent's office. The therapist noted "red areas on the torso" and applied hydrocortisone on  
13 the areas. The therapist's notes did not state that Respondent saw Patient A.

14           19. The next day, on or about November 28, 2020, Patient A had her second massage  
15 treatment. The therapist noted that the areas of the torso had faded, but she applied  
16 hydrocortisone, as well as a Xeroform gauze, to the areas "to be on the safe side." The therapist's  
17 notes did not state that Respondent saw Patient A.

18           20. On or about December 1, 2020, during Patient A's third massage treatment at  
19 Respondent's office, the therapist's notes stated that Respondent saw Patient A, however,  
20 Respondent did not prepare a corresponding note of the visit.

21           21. On or about December 3, 2020, Patient A had her fourth massage treatment at  
22 Respondent's office. The therapist noted that the right drain had fallen out the other day and she  
23 removed the left drain. The therapist further noted that everything was "looking good" and  
24 Patient A was "healing fast." The therapist's notes did not state that Respondent saw Patient A.

25           22. According to Patient A, during this massage visit on or about December 3, 2020,  
26 Patient A told the therapist about her ongoing concerns regarding the bad odor and dark  
27 discoloration of the abdominal skin, as well as pain in the area of one of the drains. The therapist

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1 proceeded to contact Respondent by phone. Utilizing "FaceTime," Respondent looked at Patient  
2 A's abdomen and stated that it was fine.

3 23. Patient A's chart included a typewritten Postoperative Note dated December 3, 2020,  
4 which was signed by Respondent. Notwithstanding that Respondent saw Patient A through  
5 "FaceTime" and not in-person, Respondent documented multiple objective findings, including  
6 Patient A's vitals, afebrile status, and the appearance and condition of her flanks/back, buttocks,  
7 medial thighs, and abdomen. Respondent further documented "no signs of infection" in the  
8 flanks/back and abdomen areas.

9 24. During Respondent's subject interview with the Board, which took place on or about  
10 May 30, 2023, Respondent was asked about the December 3, 2020, encounter with Patient A.  
11 Respondent stated that he remembered the visit clearly and Patient A was "doing well" and  
12 "progressing quicker than most patients do." Respondent described Patient A as "happy" and  
13 "excited on the way out," and stated twice that she "high-fived me."

14 25. After Patient A's stay at the post-operative care center, Patient A returned home in  
15 the care of her parents. On or about December 4, 2020, Patient A became increasingly somnolent  
16 with nausea and vomiting. Patient A's condition worsened the following day.

17 26. On or about December 5, 2020, Patient A was brought to the emergency department  
18 by ambulance after she became unarousable at home. EMS personnel found Patient A lying  
19 down with a decreased level of consciousness, slurred speech, and right-sided weakness. Upon  
20 arrival at the hospital, Patient A was noted to be in septic shock, with incipient respiratory, renal,  
21 and liver failure. She was intubated, resuscitated with IV fluids, and placed on broad-spectrum  
22 IV antibiotics. Patient A subsequently underwent emergent surgery to debride the necrotic skin  
23 and subcutaneous tissue from her abdomen, and a wound VAC dressing was placed over the open  
24 area. According to the operative report, the surgery involved a "thorough debridement of the  
25 entire abdominal tissue because the fat was completely necrotic under most of this and the skin  
26 was definitely necrotic as well or impending necrosis."

27 27. The same day, on or about December 5, 2020, an emergency room physician spoke  
28 with Respondent by phone about Patient A's admission. The call took place at approximately



1 1:49 p.m. By the time of their call, a “CODE SEPSIS” had been activated at approximately 12:54  
2 p.m., and the emergency room physician had already consulted with the critical care intensivist, a  
3 hospitalist, and an on-call general surgeon, and had updated Patient A’s father about her critical  
4 condition. In addition, the surgeon who performed Patient A’s initial debridement surgery also  
5 spoke with Respondent. Their discussion took place before the procedure, and the surgeon’s  
6 purpose for speaking with Respondent was to explain “what we are doing.” Despite learning of  
7 Patient A’s hospitalization on or about December 5, 2020, Respondent never reported this event  
8 to the Board.

9 28. The next day, on or about December 6, 2020, Patient A underwent a second surgery  
10 to debride additional necrotic skin and subcutaneous tissue. Cultures of the necrotic tissue  
11 revealed a polymicrobial infection with *Strep anginosus*, *Staphylococcus*, *Enterococcus*, and  
12 *Bacteroides*.

13 29. On or about December 6, 2020, due to her extensive injuries and need for definitive  
14 care, Patient A was transferred to a regional burn center, where she was hospitalized until on or  
15 about January 18, 2021. Patient A remained intubated for approximately seven days after  
16 admission and underwent multiple additional surgical procedures for further debridement, wound  
17 vac placement, dressing changes, and skin grafting.

18 30. On or about October 26, 2021, during the Board’s investigation, its investigators  
19 made a medical records request to Respondent for “ALL” treatment dates during which he  
20 provided care and treatment to Patient A. The request was accompanied by Patient A’s signed  
21 authorization for the release of her medical records. On or about November 17, 2021, the Board’s  
22 investigators received Patient A’s certified medical records from Respondent. Despite Patient  
23 A’s prior surgeries with Respondent in or around 2016, Respondent only provided the medical  
24 records relating to Patient A’s 2020 surgery.

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1 31. Respondent committed gross negligence in his care and treatment of Patient A, which  
2 included, but was not limited to, the following:

3 A. Respondent performed VASER® liposuction on Patient A in an unsafe  
4 manner causing injury to the skin of the abdomen and creating a full-thickness burn  
5 that ultimately became infected and resulted in septic shock.

6 B. Respondent created a false postoperative note dated December 3, 2020,  
7 purporting to represent an in-patient visit that never occurred.

8 C. Respondent failed to provide complete medical records in response to the  
9 Board's authorized request for all of Patient A's medical records.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Repeated Negligent Acts)**

12 32. Respondent Arian S. Mowlavi, M.D. has subjected his Physician's and Surgeon's  
13 Certificate No. A 85870 to disciplinary action under sections 2227 and 2234, as defined by  
14 section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care  
15 and treatment of Patients A and B, as more particularly alleged hereinafter:

16 **Patient A**

17 33. Paragraphs 15 through 30, above, are hereby incorporated by reference and re-  
18 alleged as if fully set forth herein.

19 34. Respondent committed repeated negligent acts in his care and treatment of Patient A,  
20 which included, but were not limited to, the following:

21 A. Respondent performed VASER® liposuction on Patient A in an unsafe  
22 manner causing injury to the skin of the abdomen and creating a full-thickness burn  
23 that ultimately became infected and resulted in septic shock.

24 B. Respondent created a false postoperative note dated December 3, 2020,  
25 purporting to represent an in-patient visit that never occurred.

26 C. Respondent failed to provide complete medical records in response to the  
27 Board's authorized request for all of Patient A's medical records.

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1 D. Respondent failed to report Patient A's hospitalization to the Board upon  
2 learning about the hospitalization as required by Business and Professions Code  
3 section 2216.3.

4 E. Respondent failed to report Patient A's hospitalization to QUAD A, the  
5 outpatient surgery center's accrediting agency.

6 F. Respondent prescribed Accolate to Patient A without indication.

7 G. Respondent prescribed Medrol DosePak to Patient A without indication.

8 H. Respondent prescribed hydrochlorothiazide to Patient A without  
9 indication.

10 I. Respondent prescribed hydrochlorothiazide to Patient A for a 30-day  
11 period without advising Patient A about potassium supplementation and monitoring  
12 of potassium levels and blood pressure.

13 **Patient B**

14 35. On or about September 25, 2020, Patient B, who lived out-of-state, had a virtual  
15 consultation with Respondent. Respondent prepared a Consultation Note, but he did not  
16 document that the consultation took place virtually. According to Respondent's notes, Patient B  
17 expressed an interest in improving her breasts, abdomen, back, thighs, and arms. Respondent  
18 noted Patient B's prior surgical history, which included a tummy tuck with muscle plication,  
19 rhinoplasty, chin augmentation, and breast augmentation with revision and lift. Capsular  
20 contracture of the implants was not noted. Respondent's Assessment and Plan included high-  
21 definition VASER<sup>®</sup> liposuction of the upper, middle, and lower back, abdomen, flanks, arms, and  
22 medial thighs; skin tightening of the medial thighs, upper, middle, and lower back, flanks, and  
23 arms with a radiofrequency device; fat grafting to the buttocks and lateral hips; and bilateral  
24 breast revision with lower pole reduction and exchange of implants for a larger size. Respondent  
25 noted that Patient B had a "healthy" past medical history and that her medications included  
26 Xanax.<sup>5</sup> Notwithstanding that the consultation took place virtually, Respondent noted that a

27 <sup>5</sup> Xanax (alprazolam) is a Schedule IV controlled substance pursuant to Health and Safety  
28 Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions  
Code section 4022.

1 physical exam was conducted. Respondent described auscultating the patient's heart, lungs, and  
2 abdomen. Respondent noted that the patient had a regular heart rate and rhythm with no  
3 murmurs, clear lungs, and a soft abdomen with positive bowel sounds present.

4 36. On or about October 27, 2020, Respondent called in several medication orders to  
5 Patient B's local pharmacy. The medication orders were for Accolate 20 mg (#120) bid for two  
6 months; Keflex<sup>6</sup> 500 mg (#48) tid starting two days prior to surgery and continuing for two weeks  
7 post-surgery; and hydrochlorothiazide 25 mg (#30) qd starting one week after surgery and  
8 continuing for 30 days total. Additional medication orders included a Scopolamine patch, Zofran,  
9 Colace, and Hibiclens antiseptic wash for bathing prior to surgery.

10 37. On or about November 2, 2020, Respondent also called in a medication order for  
11 Singulair<sup>7</sup> 10 mg (#60) qd for two months post-surgery.

12 38. On or about November 2, 2020, Respondent received a pre-operative evaluation and  
13 consultation report from Patient B's local family practitioner. The evaluation and consultation  
14 took place on or about October 30, 2020, in preparation for Patient B's upcoming surgery with  
15 Respondent. The report listed Patient B's active problems, which included anxiety, recurring  
16 major depression, and panic attacks. Hypertension was not listed. The report also noted Patient  
17 B's current medications, including alprazolam 0.5 mg qhs as needed.

18 39. On or about November 9, 2020, the day before her scheduled surgery with  
19 Respondent, Patient B had an in-person consultation with Respondent. Respondent again noted  
20 that Patient B had a healthy past medical history and that her medications included Xanax. As  
21 part of the physical exam, Respondent noted that Patient B's breasts demonstrated "bottoming  
22 out," with the left side worse than the right and the left nipple higher than the right. Capsular  
23 contracture of the implants was not noted. Respondent repeated his assessment and plan from the  
24 September 25, 2020, consultation, but added that "[p]atient was offered breast lift revision as an  
25 alternative but wishes to proceed with the lower pole revision only." Lastly, Respondent noted

26 <sup>6</sup> Keflex (cephalexin) is a cephalosporin antibiotic prescribed to treat bacterial infections.

27 <sup>7</sup> Like Accolate, Singulair (montelukast) is a leukotriene inhibitor used for the treatment  
28 of asthma and allergies. Off-label usage of Singulair includes treatment of capsular contracture  
associated with breast implants.

1 that benefits, risks, and alternatives were discussed with Patient B, her questions were answered,  
2 and she was consented and scheduled for surgery.

3 40. The same day, on or about November 9, 2020, Patient B completed multiple forms  
4 and consent documents, including an Allergan Corporation consent form entitled, "Acceptance of  
5 Risk and Surgery Consent." The form required multiple initials and a signature from both the  
6 surgeon and patient. Although Patient B initialed and signed the form, Respondent did not.

7 41. On or about November 9, 2020, Respondent wrote a prescription for Patient B for  
8 Percocet<sup>8</sup> 5/325 mg (#30), one to two tablets every four to six hours as needed postoperatively for  
9 pain, as well as Valium 5 mg qhs for three nights on November 9, 10, and 11. On or about  
10 November 11, 2020, and November 16, 2020, respectively, Respondent wrote additional  
11 prescriptions for Patient B for Percocet 5/325 mg (#30) and Percocet 5/325 mg (#20), one to two  
12 tablets every four to six hours as needed for pain. Respondent did not discuss alternative pain  
13 control agents with Patient B.

14 42. On or about November 10, 2020, Patient B underwent surgery with Respondent.  
15 According to the Operative Note, the surgery was under general anesthesia, a total of 4550 ml of  
16 tumescent fluid was infiltrated in multiple areas of the body, and a total of 4620 ml of lipoaspirate  
17 was extracted using VASER<sup>®</sup> liposuction. The Operative Note did not document the VASER<sup>®</sup>  
18 machine settings, the times VASER<sup>®</sup> was used in each treatment area, or the tumescent fluid  
19 formulation. The left buttock and left lateral hip were infiltrated with 600 ml of fat, while the  
20 right buttock and right lateral hip were infiltrated with 500 ml of fat. The surgery also involved  
21 skin tightening of multiple areas using a radiofrequency device, removal of abdominoplasty  
22 scarring and excess pubic skin, and breast revision. During the breast revision surgery, the lower  
23 breast capsule and implants were removed, medial capsulectomies were performed, and new  
24 implants were placed. Antibiotic irrigation was performed. No complications were noted and,  
25 following the surgery, Patient B was discharged to a nearby post-operative care center.

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27 <sup>8</sup> Percocet (oxycodone) is a Schedule II controlled substance pursuant to Health and  
28 Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and  
Professions Code section 4022.

1           43. On or about November 11, 2020, Patient B had her first massage treatment at  
2 Respondent's office. She was noted to be experiencing high levels of anxiety, which recurred on  
3 or about November 15, 2020. According to the therapist's notes, on or about November 12, 2020,  
4 Patient B had a panic attack on the evening of November 11 and went to the emergency room.

5           44. On or about November 12, 2020, Respondent saw Patient B during the massage visit,  
6 which the therapist noted. Respondent prepared a corresponding handwritten note, located  
7 immediately after the therapist's notes. Respondent noted that Patient B's primary care physician  
8 had contacted him regarding her history of panic attacks. Respondent further noted that he urged  
9 Patient B to take her panic attack medication regularly because panic attacks were detrimental to  
10 good healing. During Patient B's stay at the care center, however, Respondent did not prescribe  
11 alprazolam to Patient B, nor did he confirm with Patient B or document that she had her home  
12 alprazolam prescription with her at the care center and was taking the medication.

13           45. On or about November 18, 2020, during a subsequent massage treatment, Patient B  
14 was noted to be feeling "a little dizzy" after starting her "water pill[.]" The same day,  
15 Respondent saw Patient B, which the therapist noted. However, Respondent did not prepare a  
16 corresponding note. No vital signs were noted. Respondent did not perform any assessment of  
17 Patient B's blood pressure, nor did he suggest discontinuing hydrochlorothiazide or advise Patient  
18 B about potassium supplementation and monitoring potassium levels and blood pressure.

19           46. On or about December 11, 2020, after Patient B returned home, Patient B had her last  
20 visit with Respondent, which took place virtually. On or about January 25, 2021, Respondent  
21 terminated his physician-patient relationship with Patient B.

22           47. Respondent committed repeated negligent acts in his care and treatment of Patient B,  
23 which included, but were not limited to, the following:

24           A. In his initial Consultation Note dated September 25, 2020, Respondent  
25 included details of a physical examination which could not have occurred during a  
26 virtual visit, and he failed to note that the visit took place virtually.

27           B. Respondent prescribed oral antibiotics, Keflex, to Patient B on an  
28 extended basis without indication.

1 C. Respondent prescribed hydrochlorothiazide to Patient B without  
2 indication.

3 D. Respondent prescribed hydrochlorothiazide to Patient B for a 30-day  
4 period without advising Patient B about potassium supplementation and monitoring  
5 of potassium levels and blood pressure.

6 E. Respondent prescribed Accolate to Patient B without indication.

7 F. Respondent prescribed Accolate to Patient B without informing Patient B  
8 of its off-label use.

9 G. Respondent prescribed a second leukotriene inhibitor, Singulair, to  
10 Patient B without indication.

11 H. Respondent prescribed Singulair to Patient B without informing Patient B  
12 of its off-label use.

13 I. Respondent prescribed two leukotriene inhibitors, Accolate and Singulair,  
14 to Patient B simultaneously.

15 J. Respondent excessively prescribed Percocet to Patient B and failed to  
16 suggest alternative pain control agents.

17 K. Despite performing liposuction on Patient B, Respondent failed to  
18 document the formulation of the tumescent fluid used during the surgery as required  
19 by California Code of Regulations, title 16, section 1356.6.

20 L. Despite utilizing VASER<sup>®</sup> liposuction during Patient B's surgery,  
21 Respondent failed to document the settings on the VASER<sup>®</sup> machine or the times  
22 VASER<sup>®</sup> was used in each treatment area.

23 M. Respondent failed to initial and sign the Allergan Corporation consent  
24 form entitled, "Acceptance of Risk and Surgery Consent."

25 N. Respondent failed to ensure that Patient B continued to take alprazolam in  
26 the post-operative period.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Creating False Medical Record)**

3 48. Respondent Arian S. Mowlavi, M.D. has subjected his Physician's and Surgeon's  
4 Certificate No. A 85870 to disciplinary action under sections 2227, 2262, and 2234, subdivision  
5 (a), of the Code, in that he knowingly created a false medical record in his care and treatment of  
6 Patient A, as more particularly alleged in paragraphs 21 through 24, above, which are hereby  
7 incorporated by reference and realleged as if fully set forth herein.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 **(False Representations)**

10 49. Respondent Arian S. Mowlavi, M.D. has subjected his Physician's and Surgeon's  
11 Certificate No. A 85870 to disciplinary action under sections 2227, 2261, and 2234, subdivision  
12 (a), of the Code, in that he knowingly made a document related to the practice of medicine which  
13 falsely represents the existence or nonexistence of a state of facts in his care and treatment of  
14 Patient A, as more particularly alleged in paragraphs 21 through 24, above, which are hereby  
15 incorporated by reference and realleged as if fully set forth herein.

16 **FIFTH CAUSE FOR DISCIPLINE**

17 **(Dishonesty or Corruption)**

18 50. Respondent Arian S. Mowlavi, M.D. has subjected his Physician's and Surgeon's  
19 Certificate No. A 85870 to disciplinary action under sections 2227 and 2234, subdivision (e), of  
20 the Code, in that he engaged in an act or acts involving dishonesty that are substantially related to  
21 the qualifications, functions, or duties of a physician and surgeon in his care and treatment of  
22 Patient A, as more particularly alleged in paragraphs 21 through 24, above, which are hereby  
23 incorporated by reference and realleged as if fully set forth herein.

24 **SIXTH CAUSE FOR DISCIPLINE**

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

26 51. Respondent Arian S. Mowlavi, M.D. has subjected his Physician's and Surgeon's  
27 Certificate No. A 85870 to disciplinary action under sections 2227 and 2234, as defined by  
28 section 2266, of the Code, in that he failed to maintain adequate and accurate records regarding



1 his care and treatment of Patients A and B, as more particularly alleged in paragraphs 15 through  
2 30 and paragraphs 35 through 46, above, which are hereby incorporated by reference and  
3 realleged as if fully set forth herein.

4 **SEVENTH CAUSE FOR DISCIPLINE**

5 **(Failure to Timely Report Adverse Event)**

6 52. Respondent Arian S. Mowlavi, M.D. has subjected his Physician's and Surgeon's  
7 Certificate No. A 85870 to disciplinary action under sections 2227 and 2234, subdivision (a), as  
8 defined by section 2216.3, subdivisions (a) and (b), of the Code, in that Respondent failed to  
9 timely report an adverse event relating to Patient A to the Board after detecting the adverse event,  
10 as more particularly alleged in paragraphs 26 through 27, above, which are hereby incorporated  
11 by reference and realleged as if fully set forth herein.

12 **EIGHTH CAUSE FOR DISCIPLINE**

13 **(General Unprofessional Conduct)**

14 53. Respondent Arian S. Mowlavi, M.D. has subjected his Physician's and Surgeon's  
15 Certificate No. A 85870 to disciplinary action under sections 2227 and 2234 of the Code, in that  
16 he has engaged in conduct which breaches the rules or ethical code of the medical profession, or  
17 conduct which is unbecoming to a member in good standing of the medical profession, and which  
18 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 13  
19 through 52, above, which are hereby incorporated by reference and realleged as if fully set forth  
20 herein.

21 **DISCIPLINARY CONSIDERATIONS**

22 54. To determine the degree of discipline, if any, to be imposed on Respondent,  
23 Complainant alleges that, on or about October 7, 2022, in a prior disciplinary action before the  
24 Medical Board of California, titled *In the Matter of the First Amended Accusation Against Arian*  
25 *S. Mowlavi, M.D.*, Case No. 800-2018-048259, Respondent's Physician's and Surgeon's  
26 Certificate No. A 85870 was revoked, the revocation was stayed, and the Physician's and  
27 Surgeon's Certificate was suspended for ninety (90) days and placed on probation for ten (10)  
28 years, subject to various terms and conditions, as a result of Respondent's alleged misconduct in

1 allowing his surgical techs to perform liposuction surgery on a patient. That decision is now final  
2 and is incorporated by reference as if fully set forth herein.

3 **PRAYER**

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

6 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 85870, issued  
7 to Respondent Arian S. Mowlavi, M.D.;

8 2. Revoking, suspending or denying approval of Respondent Arian S. Mowlavi, M.D.'s  
9 authority to supervise physician assistants and advanced practice nurses;

10 3. Ordering Respondent Arian S. Mowlavi, M.D., to pay the Board the costs of the  
11 investigation and enforcement of this case, and if placed on probation, the costs of probation  
12 monitoring; and

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

14  
15 DATED: JAN 25 2024

JENNA JONGI FOR  
REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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