

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **BALBIR C. SHARMA, M.D.**

4 Holder of License No. 14499
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-18-1202A

**INTERIM CONSENT AGREEMENT
FOR PRACTICE RESTRICTION**

7 **INTERIM CONSENT AGREEMENT**

8 Balbir C. Sharma, M.D. ("Respondent") elects to permanently waive any right to a
9 hearing and appeal with respect to this Interim Consent Agreement for Practice Restriction
10 and consents to the entry of this Order by the Arizona Medical Board ("Board").

11 **INTERIM FINDINGS OF FACT**

12 1. The Board is the duly constituted authority for the regulation and control of
13 the practice of allopathic medicine in the State of Arizona.

14 2. Respondent is the holder of License No. 14499 for the practice of allopathic
15 medicine in the State of Arizona.

16 3. The Board initiated case number MD-18-1202A after receiving a complaint
17 regarding Respondent's care and treatment of a 57 year-old male patient ("RA") who was
18 seen in Respondent's private office-based practice in Tempe, alleging inappropriate
19 prescribing and medication management; failure to properly examine patient; and failure to
20 maintain adequate records.

21 4. In addition to his private practice, Respondent also practices at Arizona State
22 Hospital, which utilizes a team approach to the practice of medicine.

23 5. RA was an established patient of Respondent's office with a history of opioid
24 dependence and anxiety disorder, for which Respondent prescribed RA Suboxone
25 8mg/2mg daily and Lexapro 20mg daily. Beginning with RA's September 15, 2015 visit

1 through November 28, 2018 Respondent documented telephonic encounters with RA, and
2 continued to prescribe him Suboxone.

3 6. BD was a 40 year-old female who was an established patient of
4 Respondent's office. BD had a past medical history of opioid dependence, anxiety,
5 depression, and attention deficit disorder ("ADD") for which Respondent' prescribed BD
6 medications including lorazepam 0.5mg daily, Suboxone 2/0.5mg 2 films daily, and
7 Adderall 20mg three times daily.

8 7. SN was a 53 year-old female who was an established patient of
9 Respondent's office. SN had a past medical history of anxiety, depression, and ADD for
10 which Respondent prescribed medications including clonazepam 1mg three times daily,
11 Adderall 20mg three times daily, and trazodone 300mg daily.

12 8. EB was a 28 year-old male who was an established patient of Respondent's
13 office. Respondent prescribed EB medications including Suboxone 8/2 mg twice daily.

14 9. Patient Doe was a 64 year-old female patient who was a member of
15 Respondent's immediate family. Patient Doe had a past medical history of depression,
16 diabetes type 2, left sided hemiplegia status-post stroke, and dysthymic disorder.
17 Respondent prescribed Patient Doe medications including Depakote ER 500mg twice
18 daily, phenytoin 50mg daily, Baclofen 10mg three times daily, Celexa 40mg daily,
19 Remeron 30mg at night, and Vimpat.

20 10. A Medical Consultant ("MC") reviewed Respondent's care and treatment and
21 identified deviations from the standard of care including prescribing Suboxone to patient
22 RA without appropriate medical management, and to Patient EB without adequate clinical
23 rationale. The MC additionally identified deviations in that Respondent prescribed
24 controlled substances over an extended period of time to an immediate family member,
25 and by prescribing a combination of Suboxone, benzodiazepines and Adderall to patient

1 PD without clinical rationale. Lastly, the MC opined that Respondent deviated from the
2 standard of care by providing early refills without adequate justification to patients BD, SN,
3 and EB.

4 11. There was potential for patient harm to all patients in that the patients were
5 at unreasonable risk of adverse interactions from the controlled substances prescribed by
6 Respondent.

7 12. The aforementioned information was presented to the investigative staff, the
8 medical consultant and the lead Board member. All reviewed the information and concur
9 that the interim consent agreement to restrict Respondent's practice is appropriate.

10 13. The investigation into this matter is pending and will be forwarded to the
11 Board promptly upon completion for review and action.

12 **INTERIM CONCLUSIONS OF LAW**

13 1. The Board possesses jurisdiction over the subject matter hereof and over
14 Respondent.

15 2. Pursuant to A.R.S. § 32-1405(C)(25) the Executive Director has authority to
16 enter into a consent agreement when there is evidence of danger to the public health and
17 safety.

18 3. Pursuant to A.A.C. R4-16-504, the Executive Director may enter into an
19 interim consent agreement when there is evidence that a restriction is needed to mitigate
20 imminent danger to the public's health and safety. Investigative staff, the Board's medical
21 consultant and the lead Board member have reviewed the case and concur that an interim
22 consent agreement is appropriate.

23 **INTERIM ORDER**

24 IT IS HEREBY ORDERED THAT:

25 1. Respondent is prohibited from engaging in private and/or solo practice of

1 medicine in the State of Arizona as set forth in A.R.S. § 32-1401(22) until the outcome of a
2 formal hearing and/or formal interview in this matter. Respondent may continue to
3 practice at Arizona State Hospital.

4 2. Respondent may request, in writing, release and/or modification of this
5 Interim Consent Agreement. Respondent's request must be accompanied by information
6 demonstrating that Respondent is safe to practice medicine. The Executive Director, in
7 consultation with and agreement of the lead Board member and the Chief Medical
8 Consultant, has the discretion to determine whether it is appropriate to release
9 Respondent from this Interim Consent Agreement.

10 3. The Board retains jurisdiction and may initiate new action based upon any
11 violation of this Interim Consent Agreement, including, but not limited to, summarily
12 suspending Respondent's license.

13 4. Because this is an Interim Consent Agreement and not a final decision by
14 the Board regarding the pending investigation, it is subject to further consideration by the
15 Board. Once the investigation is complete, it will be promptly provided to the Board for its
16 review and appropriate action.

17 5. This Interim Consent Agreement shall be effective on the date signed by the
18 Board's Executive Director.

19
20 DATED this 30 day of December, 2020.

21 ARIZONA MEDICAL BOARD

22 By *Patricia E. McSorley*

23 _____
24 Patricia E. McSorley
25 Executive Director

RECITALS

1 Respondent understands and agrees that:

2
3 1. The Board, through its Executive Director, may adopt this Interim Consent
4 Agreement, or any part thereof, pursuant to A.R.S. § 32-1405(C)(25) and A.A.C. R4-16-
5 504.

6 2. Respondent has read and understands this Interim Consent Agreement as
7 set forth herein, and has had the opportunity to discuss this Interim Consent Agreement
8 with an attorney or has waived the opportunity to discuss this Interim Consent Agreement
9 with an attorney. Respondent voluntarily enters into this Interim Consent Agreement and
10 by doing so agrees to abide by all of its terms and conditions.

11 3. By entering into this Interim Consent Agreement, Respondent freely and
12 voluntarily relinquishes all rights to an administrative hearing on the matters set forth
13 herein, as well as all rights of rehearing, review, reconsideration, appeal, judicial review or
14 any other administrative and/or judicial action, concerning the matters related to the
15 Interim Consent Agreement.
16

17 4. Respondent understands that this Interim Consent Agreement does not
18 constitute a dismissal or resolution of this matter or any matters that may be currently
19 pending before the Board and does not constitute any waiver, express or implied, of the
20 Board's statutory authority or jurisdiction regarding this or any other pending or future
21 investigations, actions, or proceedings. Respondent also understands that acceptance of
22 this Interim Consent Agreement does not preclude any other agency, subdivision, or
23 officer of this State from instituting civil or criminal proceedings with respect to the conduct
24 that is the subject of this Interim Consent Agreement. Respondent further does not
25

1 relinquish Respondent's rights to an administrative hearing, rehearing, review,
2 reconsideration, judicial review or any other administrative and/or judicial action,
3 concerning the matters related to a final disposition of this matter, unless Respondent
4 affirmatively does so as part of the final resolution of this matter.

5 5. Respondent acknowledges and agrees that upon signing this Interim
6 Consent Agreement and returning it to the Board's Executive Director, Respondent may
7 not revoke Respondent's acceptance of this Interim Consent Agreement or make any
8 modifications to it. Any modification of this original document is ineffective and void unless
9 mutually approved by the parties in writing.

10 6. Respondent understands that this Interim Consent Agreement shall not
11 become effective unless and until it is signed by the Board's Executive Director.

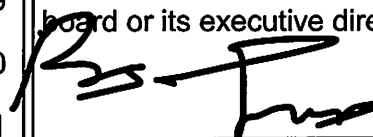
12 7. Respondent understands and agrees that if the Board's Executive Director
13 does not adopt this Interim Consent Agreement, Respondent will not assert in any future
14 proceedings that the Board's consideration of this Interim Consent Agreement constitutes
15 bias, prejudice, prejudgment, or other similar defense.

16 8. Respondent understands that this Interim Consent Agreement is a public
17 record that may be publicly disseminated as a formal action of the Board, and that it shall
18 be reported as required by law to the National Practitioner Data Bank.

19 9. Respondent understands that this Interim Consent Agreement does not
20 alleviate Respondent's responsibility to comply with the applicable license-renewal
21 statutes and rules. If this Interim Consent Agreement remains in effect at the time
22 Respondent's allopathic medical license comes up for renewal, Respondent must renew
23 the license if Respondent wishes to retain the license. If Respondent elects not to renew
24 the license if Respondent wishes to retain the license. If Respondent elects not to renew
25

1 the license as prescribed by statute and rule, Respondent's license will not expire but
2 rather, by operation of law (A.R.S. § 32-3202), become suspended until the Board takes
3 final action in this matter. Once the Board takes final action, in order for Respondent to be
4 licensed in the future, Respondent must submit a new application for licensure and meet
5 all of the requirements set forth in the statutes and rules at that time.

6 10. Respondent understands that any violation of this Interim Consent
7 Agreement constitutes unprofessional conduct under A.R.S. § 32-1401(27)(s) ("[v]iolating
8 a formal order, probation, consent agreement or stipulation issued or entered into by the
9 board or its executive director under this chapter.").

10 

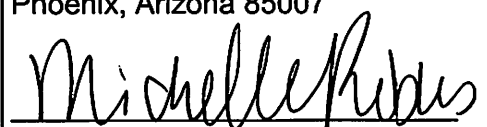
DATED: December 28, 2020

11 BALBIR C. SHARMA, M.D.

13 EXECUTED COPY of the foregoing e-mailed
14 this 30th day of December, 2020 to:

15 Balbir C. Sharma, M.D.
Address of Record
16 Holly R. Gieszl, Esq.
17 THE GIESZL FIRM
3200 North Central Ave. Suite 1500
18 Phoenix, Arizona 85012
Attorney for Respondent

20 ORIGINAL of the foregoing filed
21 this 30th day of December, 2020 with:

22 Arizona Medical Board
1740 West Adams, Suite 4000
23 Phoenix, Arizona 85007
24 
25 Michelle Ribas
Board staff