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**BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF NEVADA**

\* \* \* \* \*

**In the Matter of Charges and** )  
)  
**Complaint Against** )  
)  
**ABHINAV SINHA, M.D.,** )  
)  
**Respondent** )

Case No. 12-27376-1

**FILED**

**NOV - 5 2012**

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS  
By: 

**COMPLAINT**

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), composed at the time of filing of Benjamin J. Rodriguez, M.D., Chairman, Beverly A. Neyland, M.D., Member, and Donna A. Ruthe, Member, by and through Erin L. Albright, Esq., Deputy General Counsel and Attorney for the IC, having a reasonable basis to believe that Abhinav Sinha, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 (Medical Practice Act), hereby issues its formal Complaint, stating the IC's charges and allegations as follows:

1. Respondent is currently licensed in active status (License No. 10745), and has been so licensed by the Board since December 10, 2003, pursuant to the provisions of the Medical Practice Act.

2. Patient A was a forty-six (46)-year-old male suffering from chronic back pain and muscle spasms at the time of the incidents in question. His true identity is not disclosed in this Complaint to protect his identity, but his identity is disclosed in the Patient Designation served contemporaneously on Respondent with a copy of this Complaint.

3. On March 4, 2009, Patient A was treated by Respondent. Patient A denied any change in the character or severity of his pain since his last visit and stated that he was functional

1 with his medication. Respondent did not conduct a thorough medical examination for diagnostic  
2 purposes. He ordered Patient A's dosage of MS Contin, a schedule II medication, doubled and  
3 failed to document a basis for the increased dosage.

4 4. On May 1, 2009, Patient A was treated by Respondent. Patient A denied any  
5 change in the character or severity of the pain since his last visit and stated that he was functional  
6 with his medication. Respondent did not conduct a thorough medical examination for diagnostic  
7 purposes. He ordered Patient A's dosage of MS Contin, a schedule II medication, doubled and  
8 failed to document a basis for the increased dosage.

9 5. On December 2, 2009, Patient A was treated by Respondent. Patient A denied any  
10 change in the character or severity of the pain since his last visit and stated that he was functional  
11 with his medication. Respondent did not conduct a thorough medical examination for diagnostic  
12 purposes. He ordered Patient A's dosage of MS Contin, a schedule II medication, increased and  
13 failed to document a basis for the increased dosage.

14 6. Patient B was a thirty-two (32)-year-old, morbidly obese female suffering from  
15 chronic pain at the time of the incidents in question. Her true identity is not disclosed in this  
16 Complaint to protect her identity, but her identity is disclosed in the Patient Designation served  
17 contemporaneously on Respondent with a copy of this Complaint.

18 7. On March 13, 2009, Respondent increased Patient B's prescribed dosage of MS  
19 Contin, a schedule II medication. Respondent failed to document a basis for the increased dosage.

20 8. Patient C was a forty (40)-year-old, disabled, morbidly obese female suffering from  
21 chronic pain at the time of the incidents in question. Her true identity is not disclosed in this  
22 Complaint to protect her identity, but her identity is disclosed in the Patient Designation served  
23 contemporaneously on Respondent with a copy of this Complaint.

24 9. On June 24, 2010, Patient C presented to Respondent with complaints of a cough  
25 and lower back pain. Respondent prescribed a narcotic cough expectorant/suppressant and  
26 monthly refills for two schedule II medications, Hydrocodone and Oxycodone, to Patient C.

27 10. Respondent did not conduct a thorough medical examination to determine the  
28 etiology of Patient C's cough.

1           11. Respondent failed to prescribe Patient C a non-narcotic cough  
2 expectorant/suppressant prior to prescribing the narcotic cough expectorant/suppressant.

3           12. Respondent failed to document a basis for providing Patient C with more than a  
4 thirty (30)-day supply of both Hydrocodone and Oxycodone.

5           13. Every month, Patient C refilled her prescription before the end of her thirty (30)  
6 day prescription; thereby, allowing her to receive an extra thirty (30)-day supply of Hydrocodone  
7 and Oxycodone within a twelve (12)-month time frame.

8           14. Patient D was a twenty-three (23)-year-old, morbidly obese female suffering from  
9 chronic pain at the time of the incidents in question. Her true identity is not disclosed in this  
10 Complaint to protect her identity, but her identity is disclosed in the Patient Designation served  
11 contemporaneously on Respondent with a copy of this Complaint.

12           15. On July 14, 2010, Patient D presented to Respondent with complaints of a cough  
13 and lower back pain. Respondent prescribed Patient D a narcotic cough expectorant/suppressant  
14 and monthly refills for two schedule II medications, Hydrocodone and Oxycodone.

15           16. Respondent did not conduct a thorough medical examination to determine the  
16 etiology of Patient D's cough.

17           17. Respondent failed to prescribe Patient D a non-narcotic cough  
18 expectorant/suppressant prior to prescribing the narcotic cough expectorant/suppressant.

19           18. Respondent failed to document a basis for providing Patient D with more than a  
20 thirty (30)-day supply of both Hydrocodone and Oxycodone.

21           19. Every month, Patient D would refill her prescription before the end of her thirty  
22 (30) day prescription; thereby, allowing her to receive an extra thirty (30)-day supply of  
23 Hydrocodone and Oxycodone within a twelve (12)-month time frame.

24           20. Patient E was a thirty-seven (37)-year-old, morbidly obese female suffering from  
25 chronic pain at the time of the incident in question. Her true identity is not disclosed in this  
26 Complaint to protect her identity, but her identity is disclosed in the Patient Designation served  
27 contemporaneously on Respondent with a copy of this Complaint.

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1 expectorant/suppressant, and prescribed each patient more than a thirty (30)-day supply of  
2 Hydrocodone and Oxycodone without documenting the basis for the prescriptions.

3 38. Respondent failed, in treating Patient E, to use the reasonable care, skill or  
4 knowledge ordinarily used under similar circumstances, when he prescribed the patient more than  
5 a thirty (30)-day supply of Hydrocodone and Oxycodone without documenting the basis for the  
6 prescription and when he failed to document the performance of a neurologic exam on the patient  
7 after the patient presented with a neurological condition.

8 39. Respondent failed, in treating Patient F, to use the reasonable care, skill or  
9 knowledge ordinarily used under similar circumstances, when he failed to document the  
10 performance of a neurological exam on the patient after the patient presented with a neurologic  
11 condition.

12 40. By reason of the foregoing, Respondent is subject to discipline by the Board as  
13 provided in NRS 630.352.

14 **WHEREFORE**, the Investigative Committee prays:

15 1. That the Board give Respondent notice of the charges herein against him and give  
16 him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2)  
17 within twenty (20) days of service of the Complaint;

18 2. That the Board set a time and place for a formal hearing after holding an  
19 Early Case Conference pursuant to NRS 630.339(3);

20 3. That the Board determine the sanctions it will impose if it finds Respondent  
21 violated the Medical Practice Act;

22 4. That the Board make, issue and serve on Respondent, in writing, its findings of  
23 fact, conclusions of law and order, which shall include the sanctions imposed; and

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5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 5<sup>th</sup> day of November, 2012.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:   
Erin L. Albright, Esq  
Deputy General Counsel  
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL  
Nevada State Board of Medical Examiners  
1105 Terminal Way #301  
Reno, Nevada 89502  
(775) 688-2559

VERIFICATION

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STATE OF NEVADA            )  
  : ss.  
COUNTY OF CLARK        )

Benjamin J. Rodriguez, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, that he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 5<sup>th</sup> day of November, 2012.

  
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Benjamin J. Rodriguez, M.D.



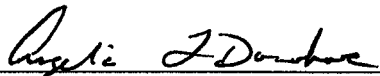
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**CERTIFICATE OF MAILING**

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 6<sup>th</sup> day of November 2012; I served a filed copy of the Complaint, Patient Designation & Fingerprint Information via USPS e-certified mail return receipt to the following:

Abhinav Sinha, M.D.  
2031 McDaniel St., #120  
Las Vegas, NV 89030

Dated this 6<sup>th</sup> day of November 2012.

  
\_\_\_\_\_  
Angelia L. Donohoe  
Legal Assistant