OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **SIDHARTH GAUTAM SHARMA, M.D., Respondent.**	**Case No. 24-37768-1**

FILED
MAR 25 2024
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, General Counsel and attorney for the IC, having a reasonable basis to believe that Sidharth Gautam Sharma, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 16901). Respondent was originally licensed by the Board on January 24, 2017.

2. Patient A[2] was a forty-two (42) year-old female at the onset of the events at issue.

3. Patient A was first seen by Respondent, a psychiatrist, for treatment on or about October 10, 2018. Prior to this date, Patient A had been seen by a colleague of Respondent. Patient A then saw Respondent numerous times, either in-person or remotely, between October 2018 to at least December 2020.

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D. , Carl N. Williams, Jr., M.D., and Col. Eric D. Wade, USAF (Ret.).

[2] Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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4. Starting on or about October 10, 2018, Patient A was treated by Respondent for ongoing major depressive order, post-traumatic stress disorder, generalized anxiety disorder, and insomnia. Respondent also later treated Patient A for bipolar disorder.

5. During the October 10, 2018, visit with Patient A, Respondent continued Patient A's prescription of two (2) different benzodiazepines, Restoril (to be taken for insomnia) and Xanax (to be taken for anxiety), both of which are classified as Schedule IV controlled substances by the Drug Enforcement Administration (DEA).

6. Respondent's progress notes from this date do not document any attempts to quantify or qualify Patient A's symptoms of anxiety. Further, Respondent's progress notes from this date do not document the clinical rationale for concomitantly prescribing two (2) Schedule IV controlled substances.

7. Additionally, on October 10, 2018, Respondent's progress notes indicate that Patient A stated she did not want to change her medication regimen. However, on that date, Respondent increased Patient A's Xanax dosage from 0.5 mg once a day as needed, to 1.0 mg twice daily as needed. Respondent also increased the amount of Xanax supplied, from fifteen (15) tabs per prescription to sixty (60) tabs per prescription. Respondent's progress notes do not document the clinical rationale for this increase.

8. On June 11, 2019, Respondent met with Patient A and, despite Patient A's report of a decrease in anxiety symptoms, Respondent again increased Patient A's Xanax dosage, from 1.0 mg twice daily to 1.0 mg three times daily. Respondent's progress notes do not document the clinical rationale for this increase in dosage in Patient A's medication.

9. On or about April 7, 2020, Respondent met with Patient A via a telepsychiatric encounter. Upon information and belief, Patient A by this time had relocated from Nevada to Arizona. Patient A's medical records do not mention Patient A's relocation and do not document any process of referral to providers in Arizona.

10. On or about April 7, 2020, Respondent continued Patient A's prescription for Restoril for insomnia. Respondent also started Patient A on Ativan. Respondent's progress notes do not document the clinical rationale for initiating Ativan. Respondent also continued Patient

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A's prescription for Xanax, to be started after the Ativan prescription ended. Respondent did not include on this date any specific documentation of the clinical rationale for prescribing three different benzodiazepines (Restoril, Xanax, and Ativan), all of which are classified as Schedule IV controlled substances by the DEA.

11. Respondent met with Patient A again via telepsychiatric encounter on August 12, 2020, and December 3, 2020. On these dates, Respondent continued Patient A's prescriptions for Restoril and Xanax, among other prescriptions.

12. Additionally, during Patient A's visits with Respondent described above, Respondent's notes did not document any reasoning for prescribing controlled substances instead of first attempting alternative treatment options.

13. Respondent further did not document a complete assessment of Patient A's risk for abuse, dependency, and addiction that had been validated through peer-reviewed scientific research, during Patient A's visits described above. Respondent further did not document that Patient A ever entered into a Prescription Medication Agreement, as required by NRS 639.23914, during any of Patient A's visits described above.

COUNT I

NRS 630.301(4) - Malpractice

14. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

15. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

16. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

17. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient A, when Respondent 1) did not justify concomitantly prescribing multiple Schedule IV controlled substances, including Ativan, Restoril, and Xanax, 2) failed to perform a

more thorough assessment of Patient A's condition, including further quantification and qualification of Patient A's reported symptoms of anxiety or any discussion with Patient A regarding alternative treatment options not requiring the use of a controlled substance, and 3) increased Patient A's Xanax without justification on or about October 10, 2018, and June 11, 2019.

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

COUNT II

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

19. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

20. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

21. Respondent failed to maintain legible, accurate, and complete medical records relating to the diagnosis, treatment, and care of Patient A, by failing to correctly document his actions when he treated Patient A, including the justification for 1) prescribing multiple Schedule IV controlled substances concomitantly, 2) increasing Patient A's Xanax dosage on October 10, 2018 and June 11, 2019, 3) initiating a prescription for Ativan on or about April 7, 2020, and 4) prescribing multiple controlled substances instead of attempting alternative treatment options. Respondent further failed to maintain legible, accurate, and complete medical records relating to the diagnosis, treatment, and care of Patient A, by failing to correctly document 1) a review of Patient A's medical records or any attempts to obtain the records, 2) Patient A's risk for abuse, dependency, and addiction, 3) that Patient A entered into a Prescription Medication Agreement for any of the prescribed controlled substances, and 4) Patient A's relocation from Nevada to Arizona or any process of referral to providers in Arizona.

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

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COUNT III

NRS 630.306(1)(g) - Continual Failure to Exercise Skill or Diligence

23. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

24. in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

25. Continual failure by the Respondent to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(g).

26. Respondent continually failed to exercise skill or diligence as demonstrated by his repeated failure to correctly document his actions when he treated Patient A during multiple visits between 2018 and 2020, his repeated increase of Patient A's Xanax dosage without any clinical rationale, and his repeated prescription of multiple Schedule IV controlled substances concomitantly without any clinical rationale.

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

WHEREFORE, the Investigative Committee prays:

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

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

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

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5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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

DATED this 25th day of March, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

WILLIAM P. SHOGREN
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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 25th day of March, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

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