

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Case No. 26-28048-1

Against:

FILED

ZIAD AHMED SAWI, M.D.,

APR 29 2026

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: _____

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Alexander J. Hinman, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Ziad Ahmed Sawi, 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. 10533). Respondent was originally licensed by the Board on July 1, 2023, and has active specialties in Anesthesiology and Preventive Medicine.

2. Patient A² was a thirty-six (36) year-old female at the time of the events at issue, with a past medical history of anxiety, depression, borderline personality disorder, PTSD, ADHD, and chronic neck and low back pain.

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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., Joseph Olivarez, P.A.-C, and Jason B. Farnsworth, RRT, MBA.

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.

1 3. Respondent practices at Nevada Spine Clinic, where he manages chronic pain
2 patients, including prescribing controlled substances such as oral ketamine (a Schedule III
3 substance), and performs transforaminal epidural steroid injections (TESI's).

4 4. On or about November 11, 2021, Patient A was referred to Respondent's office for
5 pain management. Her current medications at that time included pregabalin, tramadol, atomoxetine,
6 and duloxetine, with prior ketamine use.

7 5. From November 2021 through at least August 2025, Respondent treated Patient A
8 for chronic neck and low back pain, alongside comorbid conditions including possible PTSD.

9 6. Beginning February 7, 2022, Respondent and/or his staff, continued prescribing oral
10 ketamine solution (10mg/ml, 1500ml monthly – equivalent to 80mg every 4 hours) for over three
11 (3) years, with nearly monthly refills through at least August 2025. These prescriptions were issued
12 without consistent monitoring or documentation.

13 7. Respondent's records show only sporadic urine drug screens (UDS): none
14 documented from February 2022 through June 2024, despite at least twenty-one (21) visits; one on
15 July 24, 2024 (no results noted); one on January 13, 2025 (no results noted); and one on
16 March 10, 2025, which was negative for elicit substances. No consistent UDS protocol was
17 implemented or followed throughout the course of Patient A's treatment.

18 8. Respondent referred Patient A to pain psychology in April of 2022; however, there
19 is no documentation of meaningful discussion, referral follow-up, or adjustment to care after
20 Patient A's initial pain psychology referral in 2022. Patient A continued on escalating and/or
21 unchanged regimens despite red flags.

22 9. From August 2024 onward, MRI results confirmed that Patient A had mild
23 degenerative changes, yet Respondent persisted with ketamine refills, often with short "stop dates",
24 while adding Toradol injections, TESI's, and on May 16, 2025, phentermine was prescribed by
25 Respondent for weight loss. There is no documentation to support that Respondent offered or
26 discussed any other interventional options other than the Toradol injections, such as lumbar or
27 cervical facet injections, medial branch blocks, or radiofrequency ablations.

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10. On or around June 2025, Patient A disclosed to her primary care provider (PCP), years of cocaine use, nose bleeds, and substance use concerns. Screens showed high-risk scores for drugs, anxiety, and alcohol. She was referred to substance abuse counseling after her substance abuse specialist noted that Patient A appeared to be intoxicated during an examination, at which time Patient was advised to enter inpatient rehab, and discouraged from obtaining or further using controlled-substance prescriptions.

11. On June 16, 2025, July 18, 2025, and August 4, 2025, Respondent continued to provide refills, despite the noted high-risk status of Patient A, of ketamine and pregabalin without a documented UDS, risk reassessment, or a plan to have Patient A taper of the controlled substances she was taking.

COUNT I

NRS 630.301(4) - Malpractice

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

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

14. 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.”

15. 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 rendering medical services to Patient A, by prescribing controlled substances, without implementing a consistent drug screen analysis, that deviated from accepted safety standards for controlled substances. Additionally, Respondent failed to adequately monitor Patient A through urine drug screen analysis (UDS) during her care, and failed to address substance use risks having made no adjustment to Patient A’s medication regimen, including tapering or risk mitigation, despite documented substance abuse issues after Patient A’s pain psychologist noted substantial concerns. Further, despite the MRI results confirming only mild degenerative changes, Respondent continued a high-dose ketamine regiment, initiated Toradol and TESI injections, and added further controlled

1 substances, such as phentermine, without seeking non-interventional alternatives or without
2 documenting a clinical rational for such treatments.

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

5 **COUNT II**

6 **NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records**

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

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

12 19. Respondent failed to maintain complete medical records relating to the diagnosis,
13 treatment and care of Patient A, by failing to correctly document his actions when he treated Patient
14 A, by, among other things, failing to document consistent urine drug screen analysis, document any
15 meaningful discussion regarding Patient A’s long-term use of controlled substances, and failing to
16 document any substantive discussion on Patient A’s use of narcotics after her April, 2022, pain
17 psychology consultation. As a result, Respondent’s medical records were not timely, legible,
18 accurate, and complete.

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

21 **COUNT III**

22 **NRS 630.306(1)(e) - Practice Beyond Scope of License**

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

25 22. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope
26 permitted by law or performing services which the licensee knows or has reason to know that he or
27 she is not competent to perform, or which are beyond the scope of his or her training constitutes
28 grounds for initiating disciplinary action.

23. Respondent is American Board of Anesthesiology certified and is also certified by the American Board of Preventive Medicine. Respondent has no formal training in psychiatry, nor is he a family medicine practitioner. Despite this, Respondent prescribed a litany of controlled substances over a more than four (4) year period, treating a wide range of psychiatric issues. Among other things, he prescribed Patient A ketamine, opioids, and weight loss medication. Thus, Respondent's care of Patient A was outside the scope of his formal training.

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

WHEREFORE, the IC 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;

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

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OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners

9600 Gateway Drive

Reno, Nevada 89521

(775) 688-2559

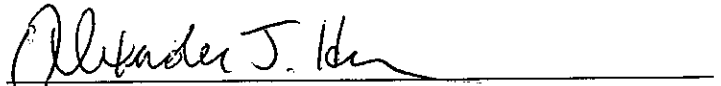
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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 29th day of April, 2026.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



ALEXANDER J. HINMAN

Deputy General Counsel

9600 Gateway Drive

Reno, NV 89521

Tel: (775) 688-2559

Email: ahinman@medboard.nv.gov

Attorney for the Investigative Committee

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 29th day of April, 2026.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


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

1 **CERTIFICATE OF SERVICE**

2 I hereby certify that I am employed by the Nevada State Board of Medical Examiners and
3 that on the 29th day of April, 2026, I served a file-stamped copies of the foregoing
4 **COMPLAINT and PATIENT DESIGNATION.** Also served were copies of the
5 **FINGERPRINT DOCUMENTS / INSTRUCTIONS.** All foregoing documents were served via
6 USPS Certified Mail, postage pre-paid, to the following party:

7 Ziad Ahmed Sawi, M.D.,
8 2140 Bachelor Court
9 Las Vegas, NV 89128
Email: zdoc501@yahoo.com

Tracking No.: 9489 0178 9820 3047 0265 40

10 DATED this 29th day of April, 2026.

11 
12 EMILY TOZER
13 Legal Assistant
14 Nevada State Board of Medical Examiners
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