PRESS RELEASE

Texas Pharmacist Sentenced to Over 17 Years in Prison and Ordered to Forfeit \$405M in Assets for Defrauding the Department of Labor

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For Immediate Release

Office of Public Affairs

Forfeiture Marks Largest-Ever Secured by the Department's Health Care Fraud Unit

On Feb. 21, Texas pharmacist Dehshid "David" Nourian, 62, of Plano, was sentenced to 17 years and six months in prison and ordered to pay over \$115 million in restitution for his role in a \$145 million scheme to defraud the Department of Labor through the submission of fraudulent claims for prescription compound creams. On March 6, the court also forfeited \$405 million in assets tied to Nourian's fraud and money laundering schemes.

According to court documents and evidence presented at trial, Nourian and others conspired to pay doctors to prescribe medically unnecessary compound creams to injured federal workers. Nourian and others owned and operated three pharmacies located in Fort Worth and Arlington, Texas. Over the course of the scheme, they paid doctors millions of dollars in illegal bribes and kickbacks for referring expensive compound medications to be filled by those pharmacies. Evidence at trial showed these compounds were being mixed in the back rooms of the pharmacies by untrained teenagers at a cost to the defendants of around \$15 per prescription and then billed to the Department of Labor's Office of Workers' Compensation Programs (DOL-OWCP) for as much as \$16,000 per prescription. Patients who received the creams testified at trial to the creams' ineffectiveness and, in some instances, that using the creams resulted in painful, irritating skin rashes.

"Protecting victims and safeguarding the public fisc are two of the Criminal Division's highest priorities," said Matthew R. Galeotti, head of the Justice Department's Criminal Division. "This 17-year sentence sends a clear message that our prosecutors, working

shoulder-to-shoulder with our investigative partners, will identify, investigate, and prosecute even the most sophisticated fraud schemes that target taxpayer money and endanger patients. As a result of our tireless efforts, this defendant was tried, convicted, and ordered to forfeit more than \$400 million – the highest forfeiture ever obtained in a health care fraud case in the Department's history – and now his ill-gotten proceeds will be returned to the taxpayers and programs designed to care for our most vulnerable citizens."

"This sentence sends a strong message to those who would defraud our federal health care programs for personal gain," said Inspector General Tammy Hull of the U.S. Postal Service. "The outstanding work by the legal and investigative teams stopped a multi-year health care fraud scheme responsible for tens of millions of dollars in fraudulent billing to government agencies. Along with the Department of Justice and our federal law enforcement partners, the USPS Office of Inspector General will remain committed to investigating those who would engage in this type of fraud and abuse."

"Dehshid Nourian defrauded the U.S. Department of Labor's (DOL) Office of Workers' Compensation Programs (OWCP) by submitting false claims for medically unnecessary services. His actions placed illegal profits above patient safety," said Special Agent in Charge Casey Howard of the U.S. Department of Labor Office of Inspector General (DOL-OIG) Central Region. "We will continue to work with our law enforcement partners and OWCP to protect the integrity of DOL's worker compensation programs."

In less than three years, between May 2014 and March 2017, the pharmacies billed the DOL-OWCP and Blue Cross Blue Shield more than \$145 million and were paid more than \$90 million for unnecessary prescriptions referred by medical providers in exchange for the illegal bribes and kickbacks. Nourian and others then attempted to conceal their ill-gotten gains by laundering the money through purported holding companies and attempted to evade paying \$24 million in federal income taxes on the illicit proceeds.

In November 2023, a federal jury in the Northern District of Texas convicted Nourian of one count of conspiracy to commit health care fraud, eight counts of health care fraud, one count of conspiracy to launder money, five counts of money laundering, and one count of conspiracy to defraud the United States by failing to report and attempting to evade the collection of taxes owed to the IRS.

In an order issued following Nourian's sentencing, the court also ruled that Nourian will forfeit \$405 million in seized assets tied to his crimes. Evidence at trial demonstrated that Nourian and his co-conspirators used a complex web of bank accounts and shell companies to launder their fraud proceeds, ultimately depositing tens of millions of

dollars into Nourian's and other family members' bank and investment accounts. The forfeiture order returned that money to the taxpayers and included the forfeiture of \$395 million in brokerage accounts, over \$2 million in bank accounts, real estate in Dallas and Austin worth \$8 million, and a BMW luxury vehicle.

Supervisory Official Matthew R. Galeotti of the Justice Department's Criminal Division; Acting U.S. Attorney Chad E. Meacham for the Northern District of Texas; Inspector General Tammy Hull of the U.S. Postal Service; Special Agent in Charge Casey Howard of the DOL-OIG Central Region; Special Agent in Charge Kris Raper of the Department of Veteran's Affairs Office of Inspector General (VA-OIG), South Central Field Office; and Acting Special Agent in Charge Lucy Tan of the IRS Criminal Investigation (IRS-CI) Houston Field Office made the announcement.

The U.S. Postal Service Office of Inspector General, DOL-OIG, VA-OIG, and IRS-CI investigated the case.

Trial Attorney Ethan Womble and Senior Litigation Counsel Catherine Wagner of the Criminal Division's Fraud Section prosecuted the case. Assistant U.S. Attorney Dimitri Rocha for the Northern District of Texas handled the criminal forfeiture for the case.

The Fraud Section leads the Criminal Division's efforts to combat health care fraud through the Health Care Fraud Strike Force Program. Since March 2007, this program, currently comprised of nine strike forces operating in 27 federal districts, has charged more than 5,800 defendants who collectively have billed federal health care programs and private insurers more than \$30 billion. In addition, the Centers for Medicare & Medicaid Services, working in conjunction with the Office of the Inspector General for the Department of Health and Human Services, are taking steps to hold providers accountable for their involvement in health care fraud schemes. More information can be found at www.justice.gov/criminal-fraud/health-care-fraud-unit.

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Topic

HEALTH CARE FRAUD

Components

<u>Criminal Division</u>
<u>Criminal - Criminal Fraud Section</u>
<u>USAO - Texas, Northern</u>

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