**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| **In the Matter of the Accusation Against:** | |
| **Randall Curtis Gilbert, M.D.** | **Case No. 800-2018-041682** |
| **Physician's and Surgeon's Certificate No. G 55905** | |
| **Respondent.** | |

## DECISION

**The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on January 14, 2022.**

**IT IS SO ORDERED December 14, 2021.**

**MEDICAL BOARD OF CALIFORNIA**

**Reji Varghese**
**Deputy Director**

For: **William Prasifka**
**Executive Director**

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
JONATHAN NGUYEN
Deputy Attorney General
State Bar No. 263420
Department of Justice
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Los Angeles, CA 90013
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*Attorneys for Complainant,*
*Medical Board of California*

**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against:<br><br>RANDALL CURTIS GILBERT, M.D.<br>1740 South Westgate Avenue, Unit B<br>Los Angeles, CA 90025<br><br>Physician's and Surgeon's Certificate No. G 55905<br><br>Respondent. | Case No. 800-2018-041682<br><br>OAH No. 2021050187<br><br>**STIPULATED SURRENDER OF LICENSE AND ORDER** |

**IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-entitled proceedings that the following matters are true:

## PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Jonathan Nguyen, Deputy Attorney General.

2. Randall Curtis Gilbert, M.D. (Respondent) is represented in this proceeding by attorney Melissa DuChene, whose address is 137 S. Prospect Avenue Tustin, CA 92780.

3. On September 3, 1985, the Board issued Physician's and Surgeon's Certificate No. G 55905 to Randall Curtis Gilbert, M.D. (Respondent). That license was in full force and effect at

all times relevant to the charges brought in Accusation No. 800-2018-041682 and will expire on May 31, 2023, unless renewed.

## JURISDICTION

4. Accusation No. 800-2018-041682 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 8, 2020. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2018-041682 is attached as Exhibit A and is incorporated by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-041682. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2018-041682, agrees that cause exists for discipline and hereby surrenders his Physician's and Surgeon's Certificate No. G 55905 for the Board's formal acceptance.

9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

## CONTINGENCY

10. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

11. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

## ORDER

**IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. G 55905, issued to Respondent Randall Curtis Gilbert, M.D., is surrendered and accepted by the Board effective on January 14, 2022.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in

the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2018-041682 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2018-041682 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

6. The surrender of Respondent's Physician's and Surgeon's Certificate will be effective on January 14, 2022.

**ACCEPTANCE**

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Melissa DuChene. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/11/21

Randall Curtis Gilbert, MD

RANDALL CURTIS GILBERT, M.D.
*Respondent*

I have read and fully discussed with Respondent Randall Curtis Gilbert, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 11/17/2021

MELISSA DUCHENE
*Attorney for Respondent*

## ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 11/30/21

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

JONATHAN NGUYEN
Deputy Attorney General
*Attorneys for Complainant,*
*Medical Board of California*

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# Exhibit A

**Accusation No. 800-2018-041682**

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*Attorneys for Complainant*

**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
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| In the Matter of the Accusation Against:<br><br>**Randall Curtis Gilbert, M.D.**<br>**1740 South Westgate Avenue, Unit B**<br>**Los Angeles, CA 90025**<br><br>**Physician's and Surgeon's Certificate No. G 55905,**<br><br>Respondent. | Case No. 800-2018-041682<br><br>**ACCUSATION** |

## PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about September 3, 1985, the Medical Board issued Physician's and Surgeon's Certificate Number G 55905 to Randall Curtis Gilbert, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2021, unless renewed.

## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following

laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
>
> (d) Incompetence.
>
> (e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> (f) Any action or conduct that would have warranted the denial of a certificate.
>
> (g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

6. Section 2004 of the Code states:

> The board shall have the responsibility for the following:
>
> (a) The enforcement of the disciplinary and criminal provisions of the Medical

Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

7. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

8. Section 2266 of the Code states, "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

## FACTUAL ALLEGATIONS

### Patient A

9. On or about May 1, 2013, Respondent, a physician, saw Patient A,[1] a 53-year-old female, who complained of pain from a car accident 5 years ago. Patient A claimed she had pain in her left hip and left leg calf and stated she had taken Advil and Tylenol to ease the pain. Respondent noted that Patient A was taking an unknown amount of oxycodone[2] twice a day and 250 mg of Soma[3] twice a day. Respondent performed a physical examination of Patient A which showed mild to moderate pain on Patient A's left side. Respondent diagnosed Patient A with left hip osteoarthritis, lumbar radiculopathy, and bilateral elbow pain. Respondent prescribed to Patient A, 30 mg of oxycodone every six hours and 350 mg of Soma.

10. Respondent's initial examination of Patient A was insufficient. Information on pain intensity and quality are lacking from Respondent's notes. There is also no documentation of past medical history, family history, or review of systems. Respondent's notes document referred pain, however it does not state where Patient A felt the pain. Respondent's notes also do not indicate how the dosage of oxycodone was determined.

11. After the initial May 1, 2013, visit Patient A returned to see Respondent a total of seven times in 2013, specifically on: May 29, 2013, June 26, 2013, July 25, 2013, August 26, 2013, September 23, 2013, November 4, 2013, and November 25, 2013. Each time, Patient A complained of pain, and each time Respondent prescribed or refilled Patient A's prescription of 30 mg of oxycodone and 350 mg of Soma.

12. In 2014, Patient A returned to see Respondent a total of ten times, specifically on: January 3, 2014, January 17, 2014, March 21, 2014, April 14, 2014, May 14, 2014, June 25, 2014, July 23, 2014, September 3, 2014, September 15, 2014, and November 26, 2014. Each

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[1] Patient names are anonymized based on privacy concerns.

[2] Oxycodone is a controlled substance within the meaning of Health and Safety Code section 11055, subdivision (b)(1)(N), and a dangerous drug within the meaning of Business and Professions Code section 4022. It is pain medication used to treat moderate to severe pain.

[3] Soma is a controlled substance within the meaning of Health and Safety Code section 11057, subdivision (d), and a dangerous drug within the meaning of Business and Professions Code section 4022. It is a centrally-acting skeletal muscle relaxant.

time, Patient A complained of pain or numbness, and each time Respondent prescribed or refilled Patient A's prescription of 30 mg of oxycodone and 350 mg of Soma in addition to an injection of 40 mg of Kenalog[4], an injection of 4 ccs of lidocaine 1%[5], and Zorvolex[6].

13. In 2015, Patient A returned to see Respondent a total of nine times, specifically on: January 9, 2015, February 20, 2015, April 3, 2015, May 15, 2015, July 15, 2015, August 24, 2015, September 29, 2015, November 4, 2015, and December 15, 2015. Each time, Patient A complained of pain, numbness, tingling, or difficulty sleeping, and each time Respondent prescribed or refilled Patient A's prescription of 30 mg of oxycodone and 350 mg of Soma in addition to 10 mg of prednisone[7], and 10 mg of Ambien[8].

14. In 2016, Patient A returned to see Respondent a total of ten times, specifically on: January 20, 2016, March 1, 2016, April 1, 2016, May 13, 2016, June 20, 2016, July 29, 2016, September 6, 2016, October 7, 2016, November 22, 2016, and December 20, 2016. Each time, Patient A complained of pain or insomnia, and each time Respondent prescribed or refilled Patient A's prescription of 30 mg of oxycodone and 350 mg of Soma in addition to 10 mg of Ambien.

15. In 2017, Patient A returned to see Respondent a total of eight times, specifically on: January 27, 2017, March 9, 2017, April 21, 2017, June 1, 2017, July 13, 2017, August 23, 2017,

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[4] Kenalog is a dangerous drug within the meaning of Business and Professions Code section 4022. It is a steroid that prevents the release of substances in the body that cause inflammation. It is used to treat many different types of inflammatory conditions, including severe allergic reactions, skin disorders, severe colitis, inflammation of the joints or tendons, blood cell disorders, inflammatory eye disorders, lung disorders, and problems caused by low adrenal gland hormones.

[5] Lidocaine is a dangerous drug within the meaning of Business Professions Code section 4022. It is a combination medication used to treat irritation, soreness, and itchiness from certain skin conditions (e.g., scrapes, minor burns, eczema, and insect bites).

[6] Zorvolex is a brand name for diclofenac and is a dangerous drug within the meaning of Business and Professions Code section 4022. Diclofenac is a nonsteroidal anti-inflammatory drug used to relieve pain and inflammation from various mild to moderate painful conditions, such as muscle aches, backaches, dental pain, menstrual cramps, and sports injuries.

[7] Prednisone is a dangerous drug within the meaning of Business and Professions Code section 4022. It is a corticosteroid drug used to treat conditions such as arthritis, blood disorders, breathing problems, severe allergies, skin diseases, cancer, eye problems, and immune system disorders.

[8] Ambien is a controlled substance within the meaning of Health and Safety Code section 11057, subdivision (d)(32), and a dangerous drug within the meaning of Business and Professions Code section 4022. It is used to treat insomnia.

October 10, 2017, and November 22, 2017. Each time Patient A complained of pain, and each time Respondent prescribed or refilled Patient A's prescription of 30 mg of oxycodone and 350 mg of Soma in addition to 10 mg of Ambien.

16. In 2018, Patient A returned to see Respondent a total of four times, specifically on: January 10, 2018, March 12, 2018, April 30, 2018, and June 11, 2018. Each time Patient A complained of pain, and each time Respondent prescribed or refilled Patient A's prescription of 30 mg of oxycodone and 350 mg of Soma in addition to 10 mg of Ambien.

17. Respondent's follow-up progress notes were inadequate. Respondent failed to document whether Patient A's pain or function improved with oxycodone or Soma.

**Patient B**

18. On or about March 5, 2015, Respondent saw Patient B, a 62-year-old male, who complained of left big toe pain for five days and left side abdominal pain. Patient B also complained of depression. Patient B's current medications included 25 mg of Indocin[9] as needed, and 10 mg of Celexa[10] a day. Patient B also told Respondent that he smoked half-a-pack of cigarettes a day and drank two glasses of wine per night. Patient B's uric acid was at 5.4 in October 2014. Respondent performed a physical examination of Patient B and observed left big toe pain. Respondent diagnosed Patient B with left big toe gout, left lower abdominal pain, and depression. Respondent prescribed to Patient B, 0.6 mg of colchicine[11] twice a day, 300 mg of allopurinol[12] once a day, and 75 mg of Voltaren[13] twice a day.

19. Respondent's initial examination of Patient B was insufficient. Information on pain

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[9] Indocin is a brand name for indomethacin and is a dangerous drug within the meaning of Business and Professions Code section 4022. Indomethacin is a nonsteroidal anti-inflammatory drug used to relieve pain and inflammation from various mild to moderate painful conditions.

[10] Celexa is a brand name for citalopram and is a Selective Serotonin Reuptake Inhibitor. It is used to treat depression.

[11] Colchicine is an anti-gout agent and is used to prevent gout attacks and relieve the pain of gout attacks when they occur.

[12] Allopurinol is used to treat gout and certain types of kidney stones. It works by reducing the amount of uric acid made by the body.

[13] Voltaren is a brand name for diclofenac Gel 1% and is a dangerous drug within the meaning of Business and Professions Code section 4022. Diclofenac is a nonsteroidal anti-inflammatory drug used to relieve pain and inflammation from various mild to moderate painful conditions.

intensity and quality are lacking from Respondent's notes. There is also no documentation of past medical history, family history, or review of systems..

20. After the initial March 5, 2015, visit, Patient B returned to see Respondent a total of five times in 2015, specifically on March 18, 2015, May 13, 2015, July 15, 2015, August 11, 2015, and October 1, 2015. Each time, Patient B complained of abdominal pain or foot pain and each time Respondent prescribed 0.6 mg of colchicine twice a day, 300 mg of allopurinol once a day, and 10 mg of Norco[14].

21. In 2016, Patient B returned to see Respondent a total of nine times, specifically on January 15, 2016, March 3, 2016, April 7, 2016, May 4, 2016, July 25, 2016, September 7, 2016, October 6, 2016, November 10, 2016, and December 6, 2016. Each time, Patient B complained of abdominal pain and anxiety attacks with shortness of breath and each time Respondent prescribed or refilled Patient B's prescription of 10 mg of Norco in addition to 10 mg of Percocet[15] and 0.5 mg of alprazolam[16], with the exception of Respondent's prescription of Symbicort[17] and ProAir[18] on January 15, 2016, for Patient B's asthma.

22. On or about May 4, 2016, Patient B complained of abdominal pain and left foot pain. Respondent prescribed Patient B was 10 mg of Percocet and 10 mg of Norco. Patient B received refills for both medications on July 25, 2016, and September 7, 2016. Respondent failed to document why he prescribed two short acting opioids.

23. On or about November 10, 2016, Patient B complained of anxiety to Respondent.

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[14] Norco is a brand name for hydrocodone/APAP and is a controlled substance within the meaning of Health and Safety Code section 11056, subdivision (e)(4), and a dangerous drug within the meaning of Business and Professions Code section 4022. It is a combination medication used to treat moderate to severe pain.

[15] Percocet is a brand name for oxycodone and is a controlled substance within the meaning of Health and Safety Code section 11055, subdivision (b)(1)(N). It is also a dangerous drug within the meaning of Business and Professions Code section 4022. It is pain medication used to treat moderate to severe pain.

[16] Alprazolam is a controlled substance within the meaning of Health and Safety Code section 11057, subdivision (d)(1), and a dangerous drug within the meaning of Business and Professions Code section 4022. It is used to treat anxiety and panic disorders.

[17] Symbicort is a brand name for a budesonide/formoterol inhaler and is a dangerous drug within the meaning of Business and Professions Code section 4022. It is used to treat asthma or chronic obstructive pulmonary disease (COPD).

[18] ProAir is a brand name for albuterol and is a dangerous drug within the meaning of Business and Professions Code section 4022. It is used to treat and prevent wheezing and shortness of breath caused by breathing problems, such as asthma and COPD.

Respondent prescribed a combination of 0.5 mg of alprazolam, a benzodiazepine, and 10 mg of Norco, an opioid. Patient B's history of asthma combined with use of benzodiazepines and opioids can lead to serious side effects such as respiratory depression. There is no documentation that Respondent explained this danger to Patient B or why 0.25 mg of alprazolam was not prescribed first.

24. In 2017, Patient B returned to see Respondent a total of eight times, specifically on: February 3, 2017, March 2, 2017, April 20, 2017, June 27, 2017, July 27, 2017, August 28, 2017, September 26, 2017, and November 10, 2017. Each time, Patient B complained of anxiety, right thumb pain, and abdominal pain and each time Respondent prescribed 10 mg of Norco in addition to 0.5 mg of alprazolam and 0.5 mg of Xanax[19].

25. On or about January 5, 2018, Patient B returned to see Respondent, complaining of anxiety. Respondent prescribed 10 mg of Norco and 0.5 mg of Xanax to Patient B.

26. Respondent's follow-up progress notes are insufficient in that documentation of subjective data was inadequate and the progress notes failed to indicate whether Patient B was responding to the controlled medications. There is also no documentation of advising Patient B not to mix Norco, an opioid, with alcohol, which can cause liver damage and respiratory depression. There is also no documentation as to why Respondent did not start Patient B at 5 mg of Norco, which is the lowest effective dose.

**Patient C**

27. On or about February 27, 2018, Respondent saw Patient C, a 58-year-old female, who complained of right shoulder pain, right lumbar spine pain, and an ingrown toenail. Respondent diagnosed Patient C with right lumbar pain, right shoulder pain, foot pain due to the ingrown toenail, and diabetes mellitus. Respondent prescribed to Patient C, 10 mg of Percocet, 250 mg of Soma, and 0.5 mg of Xanax.

28. Respondent's initial examination of Patient C was insufficient. Information on pain

[19] Xanax is a brand name for alprazolam and is a controlled substance within the meaning of Health and Safety Code section 11057, subdivision (d)(1). It is also a dangerous drug within the meaning of Business and Professions Code section 4022. It is used to treat anxiety and panic disorders.

intensity and quality are lacking from Respondent's notes. There is also no documentation of past medical history, family history, or review of systems. Respondent's notes document referred pain, however it does not state where Patient C felt the pain. Respondent also failed to explain in his documentation of Patient C why Percocet was prescribed, why a smaller effective dose of Percocet was not used, why less potent opioids such as hydrocodone[20] or tramadol[21] were not used, or why muscle relaxants such as cyclobenzaprine[22] or methocarbamol[23] were not used in instead of Soma, which can be abused when used in combination with other controlled medications.

29. After the initial February 27, 2018, visit, Patient C returned to see Respondent a total of nine times in 2018, specifically on: April 3, 2018, May 2, 2018, June 1, 2018, June 14, 2018, July 11, 2018, August 31, 2018, October 9, 2018, November 9, 2018, and December 10, 2018. Each time, Patient C complained of back pain, neck pain, or shoulder pain and each time Respondent prescribed 10 mg of Percocet, 250 mg of Soma, in addition to 500 mg of metformin[24] (increased to 1000 mg on May 23, 2019), 0.5 mg of Xanax, 10 mg of prednisone, 10 mg of Flexeril[25] with two refills, 100 mg of Januvia[26], 45 mg of Actos[27], and injections of 40 mg of Kenalog and 4 ccs of lidocaine.

30. In 2019, Patient C returned to see Respondent a total of seven times, specifically on

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[20] Hydrocodone/APAP is a controlled substance within the meaning of Health and Safety Code section 11056, subdivision (e)(4), and a dangerous drug within the meaning of Business and Professions Code section 4022. It is a combination medication used to treat moderate to severe pain

[21] Tramadol is a synthetic analgesic opiate and a controlled substance, as listed at Code of Federal Regulations, title 21, section 1308.14(b)(3),1 and is a dangerous drug, as defined by Code section 4022. It is a narcotic-like pain reliever used for treating moderate to moderately severe pain.

[22] Cyclobenzaprine is a dangerous drug pursuant to Business and Professions Code section 4022. It is a muscle relaxant drug.

[23] Methocarbamol is a dangerous drug pursuant to Business and Professions Code section 4022. It is a muscle relaxant drug.

[24] Metformin is a dangerous drug pursuant to Business and Professions Code section 4022. It is a drug used to treat diabetes.

[25] Flexeril is a brand name for cyclobenzaprine and is a dangerous drug pursuant to Business and Professions Code section 4022. It is a muscle relaxant drug.

[26] Januvia is a dipeptidyl peptidase-4 inhibitor used to lower blood sugar levels in patients with type 2 diabetes. It is dangerous drug pursuant to Business and Professions Code section 4022.

[27] Actos is a brand name for pioglihizone and is a dangerous drug pursuant to Business and Professions Code section 4022. It is used to treat type 2 diabetes.

February 4, 2019, March 14, 2019, April 16, 2019, May 23, 2019, June 5, 2019, July 23, 2019, and November 22, 2019. Each time, Patient C complained of pain in various areas of her body. Patient C's visit on June 5, 2019, was a preoperative evaluation and Respondent failed to note any subjective data from Patient C. During each visit, with the exception of June 5, 2019, Respondent prescribed or refilled Patient C's prescription for 10 mg of Percocet.

31. Respondent's follow-up progress notes are insufficient in that documentation of subjective data was inadequate and the progress notes failed to indicate whether Patient C was responding to the controlled medications.

**Patient D**

32. On or about February 3, 2015, Respondent saw Patient D, a 77-year-old female, who complained of low back pain, and right knee pain for many years. Patient D's current medications included metformin, atenolol[28], Lipitor[29], an inhaler, and Soma and Oxycontin[30] two to three times a day. Respondent performed a physical examination of Patient D that revealed referred pain with lumbar flexion, and moderate right knee referred pain with flexion. Respondent diagnosed Patient D with right knee pain, osteoarthritis, and lumbar pain. Respondent prescribed to Patient D, 30 mg of oxycodone and 350 mg of Soma.

33. Respondent's initial examination of Patient D was insufficient. Information on pain intensity and quality are lacking from Respondent's notes. There is also no documentation of past medical history, family history, or review of systems. Respondent's notes document referred pain, however it does not state where Patient D felt the pain. Respondent also failed to indicate how the dosage of oxycodone was determined.

34. After the initial February 3, 2015, visit, Patient D returned to see Respondent a total of seven times in 2015, specifically on: March 17, 2015, April 28, 2015, June 9, 2015, August 11,

[28] Atenolol is a dangerous drug pursuant to Business and Professions Code section 4022. It is a beta blocker and is used to treat high blood pressure, angina, and reduce risk of death after a heart attack.

[29] Lipitor is a brand name for atorvastatin and is a dangerous drug pursuant to Business and Professions Code section 4022. It is a drug used to lower cholesterol in the blood.

[30] OxyContin is a brand name for oxycodone, a controlled substance under Health and Safety Code section 11055 and a dangerous drug under Business and Professions Code section 4022. OxyContin is used to treat moderate to severe pain that is expected to last for an extended period of time.

2015, October 7, 2015, November 18, 2015, and December 29, 2015. Each time, Patient D complained of pain, and each time Respondent prescribed or refilled Patient A's prescription of 30 mg of oxycodone and 350 mg of Soma in addition to Norco.

35. In 2016, Patient D returned to see Respondent a total of three times, specifically on: February 11, 2016, March 23, 2016, and May 24, 2016, and each time Patient D complained of pain in various areas of her body. During each visit, Respondent prescribed or refilled Patient D's prescription for 30 mg of oxycodone and 350 mg of Soma in addition to a two week course of prednisone.

36. Respondent's follow-up progress notes are insufficient in that documentation of subjective data was inadequate and the progress notes failed to indicate whether Patient D's pain or function improved with oxycodone or Soma.

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

37. Respondent Randall Curtis Gilbert, M.D. is subject to disciplinary action under Code section 2234, subdivision (b) in that Respondent was grossly negligent. The circumstances are as follows:

38. The facts and circumstances are as set forth in paragraphs 18 through 26 inclusive above, are incorporated by reference herein as if fully set forth.

39. Respondent's acts and/or omissions as set forth in paragraphs 18 through 26, whether proven individually, jointly, or in any combination thereof, constitute gross negligence.

40. Respondent was grossly negligent when he prescribed Patient B both an opioid, Norco, and a benzodiazepine, alprazolam, without adequate documentation, monitoring, or advisement to Patient B of the serious side effects, such as respiratory depression.

**SECOND CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

41. Respondent Randall Curtis Gilbert, M.D. is subject to disciplinary action under Code section 2234, subdivision (c), in that Respondent committed repeated negligent acts. The circumstances are as follows:

42. The facts and circumstances are as set forth in paragraphs 9 through 36, inclusive above, are incorporated by reference herein as if fully set forth.

43. Respondent's acts and/or omissions as set forth in paragraphs 9 through 36, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts.

44. Respondent was negligent when he failed to perform and/or document adequate initial examinations of Patients A, B, C, and D. Respondent failed to document Patients A, B, C, and D's past medical history, family history, or review of systems during their initial examinations.

45. Respondent was negligent when he failed to document in his follow-up progress notes for Patients A, B, C, and D adequate subjective data and whether Patients A, B, C, and D were responding to the controlled medications prescribed to them by Respondent.

**THIRD CAUSE FOR DISCIPLINE**

**(Failure to Maintain Adequate Medical Records)**

46. Respondent Randall Curtis Gilbert, M.D. is subject to disciplinary action under Code section 2266 in that Respondent failed to maintain adequate and accurate records related to the provision of medical services to patients. The circumstances are as follows:

47. The facts and circumstances are as set forth in paragraphs 9 through 36, inclusive above, are incorporated by reference herein as if fully set forth.

48. The allegations of the First and Second Causes for Discipline are incorporated herein by reference as if fully set forth.

49. Respondent failed to adequately document his medical care for Patients A, B, C, and D.

**FOURTH CAUSE FOR DISCIPLINE**

**(General Unprofessional Conduct)**

50. Respondent Randall Curtis Gilbert, M.D. is subject to disciplinary action under Code section 2234, in that Respondent's actions and/or omissions represent unprofessional conduct, generally. The circumstances are as follows:

51. The facts and circumstances are as set forth in paragraphs 9 through 36, inclusive

above, are incorporated by reference herein as if fully set forth.

52. The allegations of the First, Second, and Third Causes for Discipline are incorporated herein by reference as if fully set forth.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 55905, issued to Randall Curtis Gilbert, M.D.;

2. Revoking, suspending or denying approval of Randall Curtis Gilbert, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Randall Curtis Gilbert, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: DEC 0 8 2020

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
*Complainant*

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