

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

**In the Matter of the First Amended
Accusation Against:**

Roy John Robinson, M.D.

**Physician's and Surgeon's
Certificate No. A 56270**

Respondent.

Case No. 800-2018-048552


DECISION

The attached Stipulated Surrender of License And Disciplinary 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 August 15, 2022.

IT IS SO ORDERED August 11, 2022.

MEDICAL BOARD OF CALIFORNIA



**William Prasifka, Executive Director
Medical Board of California**

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the First Amended Accusation
Against:

14 **ROY JOHN ROBINSON, M.D.**
15 **8772 Cuyamaca St., Ste 105**
Santee, CA 92071-4218

16 **Physician's and Surgeon's**
17 **Certificate No. A 56270**

18 Respondent.

Case No. 800-2018-048552

OAH No. 2021100825

**STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER**

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy
25 Attorney General.

26 2. Roy John Robinson, M.D. (Respondent) is represented in this proceeding by attorney
27 Thomas Peabody, Esq., whose address is: Peabody & Buccini, LLP., 527 Encinitas Blvd., Suite
28 100, Encinitas, CA 92024.

1 CULPABILITY

2 8. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in First
4 Amended Accusation No. 800-2018-048552, a copy of which is attached hereto as Exhibit A, and
5 that he has thereby subjected his Physician's and Surgeon's Certificate No. A 56270 to
6 disciplinary action.

7 9. Respondent agrees that if an accusation is ever filed against him before the Medical
8 Board of California, all of the charges and allegations contained in First Amended Accusation
9 No. 800-2018-048552 shall be deemed true, correct, and fully admitted by Respondent for
10 purposes of that proceeding or any other licensing proceeding involving Respondent in the State
11 of California.

12 10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 56270 is
13 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
14 in the Disciplinary Order below.

15 CONTINGENCY

16 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
17 part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . .
18 stipulation for surrender of a license."

19 12. This Stipulated Surrender of License and Disciplinary Order shall be subject to
20 approval of the Executive Director on behalf of the Medical Board. The parties agree that this
21 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director
22 for his consideration in the above-entitled matter and, further, that the Executive Director shall have
23 a reasonable period of time in which to consider and act on this Stipulated Surrender of License
24 and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands
25 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the
26 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

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1 13. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall
2 be null and void and not binding upon the parties unless approved and adopted by the Executive
3 Director on behalf of the Board, except for this paragraph, which shall remain in full force and
4 effect. Respondent fully understands and agrees that in deciding whether or not to approve and
5 adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or
6 the Board may receive oral and written communications from its staff and/or the Attorney General's
7 Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the
8 Board, any member thereof, and/or any other person from future participation in this or any other
9 matter affecting or involving Respondent. In the event that the Executive Director on behalf of the
10 Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and
11 Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of
12 no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary
13 action by either party hereto. Respondent further agrees that should this Stipulated Surrender of
14 License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of
15 the Board, Respondent will assert no claim that the Executive Director, the Board, or any member
16 thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated
17 Surrender of License and Disciplinary Order or of any matter or matters related hereto.

18 **WAIVER OF RIGHT TO APPLY FOR REINSTATEMENT OF MEDICAL**
19 **LICENSE IN CALIFORNIA**

20 14. Respondent hereby fully agrees to waive his right to apply for reinstatement of his
21 Physician's and Surgeon's Certificate No. 56270, for the rest of his life. Respondent hereby also
22 waives his right to apply for a new Physician's and Surgeon's Certificate in the State of
23 California, for the rest of his life.

24 **ADDITIONAL PROVISIONS**

25 15. This Stipulated Surrender and Disciplinary Order is intended by the parties herein
26 to be an integrated writing representing the complete, final, and exclusive embodiment of the
27 agreements of the parties in the above-entitled matter.

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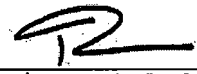
1 California, all of the charges and allegations contained in First Amended Accusation, No. 800-
2 2018-048552 shall be deemed to be true, correct, and admitted by Respondent for the purpose of
3 any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

4 ACCEPTANCE

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

10
11 DATED: 6/28/22 
12 ROY JOHN ROBINSON, M.D.
13 Respondent
14

15 I have read and fully discussed with Respondent Roy John Robinson, M.D. the terms and
16 conditions and other matters contained in this Stipulated Surrender of License and Disciplinary
17 Order. I approve its form and content.

18 DATED: 6/28/2022 
19 Thomas Peabody, Esq.
20 Attorney for Respondent
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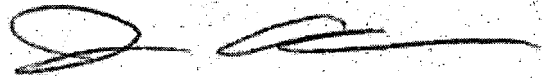
ENDORSEMENT

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

DATED: June 29, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Stipulated Surrender of License and Order.docx

Exhibit A

First Amended Accusation No. 800-2018-048552

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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the First Amended Accusation	Case No. 800-2018-048552
14 Against:	OAH No. 2021100825
15 ROY JOHN ROBINSON, M.D.	FIRST AMENDED ACCUSATION
16 8772 Cuyamaca St., Ste. 105	
17 Santee, CA 92071-4218	
18 Physician's and Surgeon's	
19 Certificate No. A 56270,	
20 Respondent.	

20 **PARTIES**

- 21 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his
22 official capacity as the Executive Director of the Medical Board of California, Department of
23 Consumer Affairs (Board).
- 24 2. On or about August 7, 1996, the Board issued Physician's and Surgeon's Certificate
25 No. A 56270 to Roy John Robinson, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on November 30, 2023, unless renewed.
- 28 ///

1 JURISDICTION

2 3. This First Amended Accusation, which supersedes Accusation No. 800-2018-048552,
3 filed on September 30, 2021, in the above-entitled matter, is brought before the Board, under the
4 authority of the following laws. All section references are to the Business and Professions Code
5 unless otherwise indicated.

6 4. Section 2227 of the Code states:

7 (a) A licensee whose matter has been heard by an administrative law judge of
8 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
9 Code, or whose default has been entered, and who is found guilty, or who has entered
into a stipulation for disciplinary action with the board, may, in accordance with the
provisions of this chapter:

10 (1) Have his or her license revoked upon order of the board.

11 (2) Have his or her right to practice suspended for a period not to exceed one
12 year upon order of the board.

13 (3) Be placed on probation and be required to pay the costs of probation
14 monitoring upon order of the board.

15 (4) Be publicly reprimanded by the board. The public reprimand may include a
16 requirement that the licensee complete relevant educational courses approved by the
board.

17 (5) Have any other action taken in relation to discipline as part of an order of
18 probation, as the board or an administrative law judge may deem proper.

19 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
20 medical review or advisory conferences, professional competency examinations,
21 continuing education activities, and cost reimbursement associated therewith that are
22 agreed to with the board and successfully completed by the licensee, or other matters
23 made confidential or privileged by existing law, is deemed public, and shall be made
available to the public by the board pursuant to Section 803.1.

24 5. Section 2234 of the Code, states:

25 The board shall take action against any licensee who is charged with
26 unprofessional conduct. In addition to other provisions of this article, unprofessional
27 conduct includes, but is not limited to, the following:

28 (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 (1) An initial negligent diagnosis followed by an act or omission medically
2 appropriate for that negligent diagnosis of the patient shall constitute a single
3 negligent act.

4 (2) When the standard of care requires a change in the diagnosis, act, or
5 omission that constitutes the negligent act described in paragraph (1), including, but
6 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
7 licensee's conduct departs from the applicable standard of care, each departure
8 constitutes a separate and distinct breach of the standard of care.

9 "..."

10 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
11 adequate and accurate records relating to the provision of services to their patients constitutes
12 unprofessional conduct.

13 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct
14 which breaches the rules or ethical code of the medical profession, or conduct which is
15 unbecoming a member in good standing of the medical profession, and which demonstrates an
16 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
17 575.)

18 COST RECOVERY

19 8. Section 125.3 of the Code states that:

20 (a) Except as otherwise provided by law, in any order issued in resolution of a
21 disciplinary proceeding before any board within the department or before the
22 Osteopathic Medical Board upon request of the entity bringing the proceeding, the
23 administrative law judge may direct a licensee found to have committed a violation or
24 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
25 investigation and enforcement of the case.

26 (b) In the case of a disciplined licentiate that is a corporation or a partnership,
27 the order may be made against the licensed corporate entity or licensed partnership.

28 (c) A certified copy of the actual costs, or a good faith estimate of costs where
actual costs are not available, signed by the entity bringing the proceeding or its
designated representative shall be prima facie evidence of reasonable costs of
investigation and prosecution of the case. The costs shall include the amount of
investigative and enforcement costs up to the date of the hearing, including, but not
limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount
of reasonable costs of investigation and prosecution of the case when requested
pursuant to subdivision (a). The finding of the administrative law judge with regard
to costs shall not be reviewable by the board to increase the cost award. The board
may reduce or eliminate the cost award, or remand to the administrative law judge if
the proposed decision fails to make a finding on costs requested pursuant to
subdivision (a).

1 (e) If an order for recovery of costs is made and timely payment is not made as
2 directed in the board's decision, the board may enforce the order for repayment in any
appropriate court. This right of enforcement shall be in addition to any other rights
the board may have as to any licensee to pay costs.

3 (f) In any action for recovery of costs, proof of the board's decision shall be
4 conclusive proof of the validity of the order of payment and the terms for payment.

5 (g)(1) Except as provided in paragraph (2), the board shall not renew or
6 reinstate the license of any licensee who has failed to pay all of the costs ordered
under this section.

7 (2) Notwithstanding paragraph (1), the board may, in its discretion,
8 conditionally renew or reinstate for a maximum of one year the license of any
9 licensee who demonstrates financial hardship and who enters into a formal agreement
with the board to reimburse the board within that one-year period for the unpaid
costs.

10 (h) All costs recovered under this section shall be considered a reimbursement
11 for costs incurred and shall be deposited in the fund of the board recovering the costs
to be available upon appropriation by the Legislature.

12 (i) Nothing in this section shall preclude a board from including the recovery of
the costs of investigation and enforcement of a case in any stipulated settlement.

13 (j) This section does not apply to any board if a specific statutory provision in
14 that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Repeated Negligent Acts)**

17 9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 56270 to
18 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of
19 the Code, in that he committed repeated negligent acts in his care and treatment of Patients A,¹ B,
20 and C, as more particularly alleged hereinafter:

21 **Patient A**

22 10. In or around July 2011,² Patient A first presented to Respondent for weight
23 management. Patient A also complained of poor sleep, constipation, asthma, and high
24 cholesterol.

25 _____
26 ¹ References to "Patient A, B, and C" are used to protect patient privacy.

27 ² Conduct occurring more than seven (7) years from the filing date of this Accusation is
28 for informational purposes only and is not alleged as a basis for disciplinary action.

1 11. On or about August 2, 2016, Patient A returned to Respondent. Respondent's
2 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
3 filled out by Patient A. Respondent's documentation does not contain one or more of the
4 following: documentation of assessment and examination of Patient A, if any; diagnostic
5 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
6 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
7 Adderall³ to Patient A for the first time, but failed to adequately document supporting diagnoses
8 or rationale for this medical decision-making.

9 12. On or about August 30, 2016, Patient A returned to Respondent. Respondent's
10 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
11 filled out by Patient A. Respondent's documentation does not contain one or more of the
12 following: documentation of assessment and examination of Patient A, if any; diagnostic
13 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
14 prescribing of interventions, which may include pharmacotherapy, if any.

15 13. On or about October 25, 2016, Patient A returned to Respondent. Respondent's
16 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
17 filled out by Patient A. Respondent's documentation does not contain one or more of the
18 following: documentation of assessment and examination of Patient A, if any; diagnostic
19 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
20 prescribing of interventions, which may include pharmacotherapy, if any.

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24 ³ Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a
25 central nervous system stimulant of the amphetamine class, and is a Schedule II controlled
26 substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous
27 drug pursuant to Business and Professions Code section 4022. When properly prescribed and
28 indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the
DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of
amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their
duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and
other stimulants are contraindicated for patients with a history of drug abuse.

1 14. On or about January 31, 2017, Patient A returned to Respondent. Respondent's
2 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
3 filled out by Patient A. Respondent's documentation does not contain one or more of the
4 following: documentation of assessment and examination of Patient A, if any; diagnostic
5 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
6 prescribing of interventions, which may include pharmacotherapy, if any. Respondent's
7 documentation for this visit shows, among other things, a blood pressure of 130/85. Respondent
8 prescribed atenolol⁴ to Patient A for the first time, but Respondent failed to adequately document
9 supporting diagnoses or rationale for this medical decision-making.

10 15. On or about March 21, 2017, Patient A returned to Respondent. Respondent's
11 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
12 filled out by Patient A. Respondent's documentation does not contain one or more of the
13 following: documentation of assessment and examination of Patient A, if any; diagnostic
14 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
15 prescribing of interventions, which may include pharmacotherapy, if any.

16 16. On or about August 1, 2017, Patient A returned to Respondent. Respondent's
17 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
18 filled out by Patient A. Respondent's documentation does not contain one or more of the
19 following: documentation of assessment and examination of Patient A, if any; diagnostic
20 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
21 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
22 Xanax⁵ to Patient A for the first time, but failed to adequately document supporting diagnoses or
23 rationale for this medical decision-making.

24 ⁴ Atenolol is a beta blocker, which can be used to treat high blood pressure and chest pain
25 (angina).

26 ⁵ Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a
27 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision
28 properly prescribed and indicated, it is used for the management of anxiety disorders.
Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory
(continued...)

1 17. On or about November 7, 2017, Patient A returned to Respondent. Respondent's
2 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
3 filled out by Patient A. Respondent's documentation does not contain one or more of the
4 following: documentation of assessment and examination of Patient A, if any; diagnostic
5 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
6 prescribing of interventions, which may include pharmacotherapy, if any.

7 **Patient B**

8 18. In 2014 or earlier, Patient B first presented to Respondent. Patient B had a history of
9 low back pain and coccyx⁶ pain.

10 19. On or about January 25, 2018, Patient B returned to Respondent. Respondent's
11 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
12 filled out by Patient B. Respondent's documentation does not contain one or more of the
13 following: documentation of assessment and examination of Patient B, if any; diagnostic
14 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
15 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
16 Norco⁷ and Xanax to Patient B but failed to adequately document justification(s) and/or rationale

17 depression, coma, and death." The DEA has identified benzodiazepines, such as Xanax®, as a
18 drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

19 ⁶ Coccyx refers to a triangular bone at the base of the spinal column in humans.

20 ⁷ Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of
21 hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled
22 substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous
23 drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA
24 published a final rule rescheduling hydrocodone combination products (HCPs) to Schedule II of
25 the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled
26 substances are substances that have a currently accepted medical use in the United States, but also
27 have a high potential for abuse, and the abuse of which may lead to severe psychological or
28 physical dependence. When properly prescribed and indicated, it is used for the treatment of
moderate to severe pain. In addition to the potential for psychological and physical dependence,
there is also the risk of acute liver failure which has resulted in a black box warning being issued
by the Federal Drug Administration (FDA). The FDA black box warning provides that
"Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver
transplant and death. Most of the cases of liver injury are associated with use of the
acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one
acetaminophen containing product."

1 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately
2 document the risks and mitigating factors of concurrently prescribing opioids (Norco) and
3 benzodiazepines (Xanax).

4 20. On or about February 22, 2018, Patient B returned to Respondent. Respondent's
5 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
6 filled out by Patient B. Respondent's documentation does not contain one or more of the
7 following: documentation of assessment and examination of Patient B, if any; diagnostic
8 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
9 prescribing of interventions, which may include pharmacotherapy, if any.

10 21. On or about March 22, 2018, Patient B returned to Respondent. Respondent's
11 documentation for this visit consists of a form filled out by Patient B. Respondent's
12 documentation does not contain one or more of the following: documentation of assessment and
13 examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of
14 laboratory or radiologic studies, if any; and prescribing of interventions, which may include
15 pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to
16 adequately document justification(s) and/or rationale for concurrently prescribing Norco and
17 Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating
18 factors of concurrently prescribing Norco and Xanax.

19 22. On or about April 19, 2018, Patient B returned to Respondent. Respondent's
20 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
21 filled out by Patient B. Respondent's documentation does not contain one or more of the
22 following: documentation of assessment and examination of Patient B, if any; diagnostic
23 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
24 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
25 Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale
26 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately
27 document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

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1 23. On or about June 4, 2018, Patient B returned to Respondent. Respondent's
2 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
3 filled out by Patient B. Respondent's documentation does not contain one or more of the
4 following: documentation of assessment and examination of Patient B, if any; diagnostic
5 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
6 prescribing of interventions, which may include pharmacotherapy, if any.

7 24. On or about August 23, 2018, Patient B returned to Respondent. Respondent's
8 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
9 filled out by Patient B. Respondent's documentation does not contain one or more of the
10 following: documentation of assessment and examination of Patient B, if any; diagnostic
11 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
12 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
13 Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale
14 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately
15 document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

16 25. On or about November 26, 2018, Patient B returned to Respondent. Respondent's
17 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
18 filled out by Patient B. Respondent's documentation does not contain one or more of the
19 following: documentation of assessment and examination of Patient B, if any; diagnostic
20 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
21 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
22 Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale
23 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately
24 document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

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1 26. On or about January 24, 2019, Patient B returned to Respondent. Respondent's
2 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
3 filled out and/or intended to be filled out by Patient B. Respondent's documentation does not
4 contain one or more of the following: documentation of assessment and examination of Patient B,
5 if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic
6 studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any.
7 Respondent prescribed Norco and Xanax to Patient B but failed to adequately document
8 justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B.
9 Respondent also failed to adequately document the risks and mitigating factors of concurrently
10 prescribing opioid Norco and Xanax.

11 27. On or about April 25, 2019, Patient B returned to Respondent. Respondent's
12 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
13 filled out and/or intended to be filled out by Patient B. Respondent's documentation does not
14 contain one or more of the following: documentation of assessment and examination of Patient B,
15 if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic
16 studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any.
17 Respondent prescribed Norco and Xanax to Patient B but failed to adequately document
18 justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B.
19 Respondent also failed to adequately document the risks and mitigating factors of concurrently
20 prescribing Norco and Xanax.

21 28. On or about October 10, 2019, Patient B returned to Respondent. Respondent's
22 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
23 filled out by Patient B. Respondent's documentation does not contain one or more of the
24 following: documentation of assessment and examination of Patient B, if any; diagnostic
25 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
26 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
27 Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale
28 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately

1 document the risks and mitigating factors of concurrently prescribing opioid Norco and Xanax.

2 29. On or about December 5, 2019; Patient B returned to Respondent. Respondent's
3 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
4 filled out by Patient B. Respondent's documentation does not contain one or more of the
5 following: documentation of assessment and examination of Patient B, if any; diagnostic
6 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
7 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
8 Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale
9 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately
10 document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

11 30. On or about March 2, 2020, Patient B returned to Respondent. Respondent's
12 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
13 filled out by Patient B. Respondent's documentation does not contain one or more of the
14 following: documentation of assessment and examination of Patient B, if any; diagnostic
15 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
16 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
17 Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale
18 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately
19 document the risks and mitigating factors of concurrently prescribing opioid Norco and Xanax.

20 31. On or about July 27, 2020, Patient B returned to Respondent. Respondent's
21 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
22 filled out by Patient B. Respondent's documentation does not contain one or more of the
23 following: documentation of assessment and examination of Patient B, if any; diagnostic
24 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
25 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
26 Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale
27 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately
28 document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

1 32. On or about September 24, 2020, Patient B returned to Respondent. Respondent's
2 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
3 filled out by Patient B. Respondent's documentation does not contain one or more of the
4 following: documentation of assessment and examination of Patient B, if any; diagnostic
5 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
6 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
7 Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale
8 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately
9 document the risks and mitigating factors of concurrently prescribing opioid Norco and Xanax.

10 33. On or about December 17, 2020, Patient B returned to Respondent. Respondent's
11 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
12 filled out by Patient B. Respondent's documentation does not contain one or more of the
13 following: documentation of assessment and examination of Patient B, if any; diagnostic
14 impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and
15 prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed
16 Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale
17 for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately
18 document the risks and mitigating factors of concurrently prescribing opioid Norco and Xanax.

19 34. On or about April 8, 2021, Patient B returned to Respondent. Respondent's
20 documentation for this visit consists of handwritten [scribbled] notes on the margins of a form
21 filled out and/or intended to be filled out by Patient B. Respondent's documentation does not
22 contain one or more of the following: documentation of assessment and examination of Patient B,
23 if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic
24 studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any.
25 Respondent prescribed Norco and Xanax to Patient B but failed to adequately document
26 justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B.
27 Respondent also failed to adequately document the risks and mitigating factors of concurrently
28 prescribing Norco and Xanax.

1 **Patient C**

2 35. In or around 2016, Patient C first presented to Respondent. Patient C was a twenty-
3 five-year-old female who complained of severe neck and upper back pain.

4 36. On or about March 26, 2018, Patient C returned to Respondent. Respondent
5 prescribed 75 tablets of Norco to Patient C, to be used up to six times per day. However,
6 Respondent's documentation for this visit states, among other things, "Lectured on addiction" and
7 "Misunderstood – Don't take 3 pills/day – ever!" Respondent purportedly counseled Patient C
8 against consuming Norco more than twice daily. Respondent's documentation for this visit does
9 not adequately explain the reason(s) for this contradiction between what Respondent allegedly
10 advised Patient C (consuming Norco no more than twice daily) and what Respondent actually
11 prescribed to her (Norco to be used up to six times per day).

12 37. On or about April 30, 2018, Patient C returned to Respondent. Respondent
13 prescribed 60 tablets of Norco to Patient C, to be used up to six times per day. This contradicts
14 Respondent's purported advice to Patient C, on or about March 26, 2018, against consuming
15 Norco more than twice daily. Respondent's documentation for this visit does not adequately
16 explain the reason(s) for this contradiction.

17 38. Respondent committed repeated negligent acts in his care and treatment of Patient A
18 Patient B, and Patient C, including, but not limited to:

- 19 a. Paragraphs 9 through 37, above, are hereby incorporated by reference and
20 realleged as if fully set forth herein;
- 21 b. Respondent prescribed controlled substances to Patient A without adequate
22 documentation of a substantiated diagnosis and/or medical decision-making rationale;
- 23 c. Respondent failed to maintain adequate and/or accurate records regarding his
24 care and treatment of Patient A;
- 25 d. Respondent failed to adequately document his medical decision-making
26 regarding concurrent prescription of opioids and benzodiazepines to Patient B;
- 27 e. Respondent failed to maintain adequate and/or accurate records regarding his
28 care and treatment of Patient B; and

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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 No. A 56270, issued to Respondent Roy John Robinson, M.D.;

2. Revoking, suspending or denying approval of Respondent Roy John Robinson, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Roy John Robinson, M.D., if placed on probation, to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: JAN 25 2022



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

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