

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

In the Matter of the Accusation Against:

William Michael Borris, M.D.

Physician's and Surgeon's
Certificate No. A 34001

Respondent.

Case No. 800-2019-059411

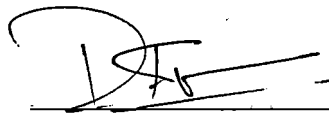
DECISION

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 September 14, 2023.

IT IS SO ORDERED September 7, 2023.

MEDICAL BOARD OF CALIFORNIA



Reji Varghese
Executive Director

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
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7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **WILLIAM MICHAEL BORRIS, M.D.**
14 **11812 Kemper Oaks Ct.,**
Auburn, CA 95604-4118

15 **Physician's and Surgeon's Certificate No. A**
34001

16 Respondent.

Case No. 800-2019-059411

OAH No. 2022080403

STIPULATED SURRENDER OF
LICENSE AND ORDER

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18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Deputy Director of the Medical Board of
23 California (Board). He brings 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 Jannsen Tan, Deputy
25 Attorney General.

26 2. William Michael Borris, M.D. (Respondent) is representing himself in this
27 proceeding and has chosen not to exercise his right to be represented by counsel.

28 ///

1 Physician's and Surgeon's Certificate No. A 34001 without further notice to, or opportunity to be
2 heard by, Respondent.

3 15. This Stipulated Surrender of License and Disciplinary Order shall be subject to the
4 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated
5 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his
6 consideration in the above-entitled matter and, further, that the Executive Director shall have a
7 reasonable period of time in which to consider and act on this Stipulated Surrender of License and
8 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands
9 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the
10 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

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

1 **ADDITIONAL PROVISIONS**

2 17. This Stipulated Surrender of License and Disciplinary Order is intended by the parties
3 herein to be an integrated writing representing the complete, final and exclusive embodiment of
4 the agreements of the parties in the above-entitled matter.

5 18. The parties agree that copies of this Stipulated Surrender of License and Disciplinary
6 Order, including copies of the signatures of the parties, may be used in lieu of original documents
7 and signatures and, further, that such copies shall have the same force and effect as originals.

8 19. In consideration of the foregoing admissions and stipulations, the parties agree the
9 Executive Director of the Board may, without further notice to or opportunity to be heard by
10 Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

11 **ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 34001, issued
13 to Respondent William Michael Borris, M.D., is surrendered and accepted by the Board.

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

18 2. Respondent shall lose all rights and privileges as a Physician and Surgeon in
19 California as of the effective date of the Board's Decision and Order.

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

22 4. If Respondent ever files an application for licensure or a petition for reinstatement in
23 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
24 comply with all the laws, regulations and procedures for reinstatement of a revoked or
25 surrendered license in effect at the time the petition is filed, and all of the charges and allegations
26 contained in Accusation No. 800-2019-059411 shall be deemed to be true, correct and admitted
27 by Respondent when the Board determines whether to grant or deny the petition.

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Exhibit A

Accusation No. 800-2019-059411

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JANNSEN TAN
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4 State Bar No. 237826
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9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2019-059411

13 **WILLIAM MICHAEL BORRIS, M.D.**
14 **PO Box 4118**
Auburn, CA 95604-4118

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 34001,**

17 Respondent.

18
19 **PARTIES**

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

23 2. On or about June 21, 1979, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 34001 to William Michael Borris, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on December 21, 2022, unless renewed.

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JURISDICTION

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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STATUTORY PROVISIONS

5. Section 2234¹ 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:

¹ Unprofessional conduct under California Business and Professions Code section 2234 is
conduct which breaches the rules of ethical code of the medical profession, or conduct which is
unbecoming to a member in good standing of the medical profession, and which demonstrates an
unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
575.)

1 (a) Violating or attempting to violate, directly or indirectly, assisting in or
2 abetting the violation of, or conspiring to violate any provision of this chapter.

3 (b) Gross negligence.

4 (c) Repeated negligent acts. To be repeated, there must be two or more
5 negligent acts or omissions. An initial negligent act or omission followed by a
6 separate and distinct departure from the applicable standard of care shall constitute
7 repeated negligent acts.

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

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

16 (d) Incompetence.

17 (e) The commission of any act involving dishonesty or corruption that is
18 substantially related to the qualifications, functions, or duties of a physician and
19 surgeon.

20 (f) Any action or conduct that would have warranted the denial of a certificate.

21 (g) The failure by a certificate holder, in the absence of good cause, to attend
22 and participate in an interview by the board. This subdivision shall only apply to a
23 certificate holder who is the subject of an investigation by the board.

24 6. Section 725 of the Code states:

25 (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or
26 administering of drugs or treatment, repeated acts of clearly excessive use of
27 diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or
28 treatment facilities as determined by the standard of the community of licensees is
unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist,
physical therapist, chiropractor, optometrist, speech-language pathologist, or
audiologist.

(b) Any person who engages in repeated acts of clearly excessive prescribing or
administering of drugs or treatment is guilty of a misdemeanor and shall be punished
by a fine of not less than one hundred dollars (\$100) nor more than six hundred
dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than
180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing,
dispensing, or administering dangerous drugs or prescription controlled substances
shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to
this section for treating intractable pain in compliance with Section 2241.5.

1 4022 of the Business and Professions Code and a schedule III controlled substance as defined in
2 Health and Safety Code section 11056 (e).

3 13. Dexmethylphenidate: also known as Focalin and Focalin XR, it is a mild stimulant to
4 the central nervous system. It affects chemicals in the brain that contribute to hyperactivity and
5 impulse.

6 14. Diazepam (generic for Valium): commonly known by its trade name Valium. It is a
7 psychotropic drug for the management of anxiety disorders or for the short-term relief of the
8 symptoms of anxiety. It is a dangerous drug as defined in former section 4211, a Schedule IV
9 controlled substance as defined by section 11057 of the Health and Safety Code, and a Schedule
10 IV controlled substance as defined by Section 1308.14 of Title 21 of the Code of Federal
11 Regulations.

12 15. Hydrocodone Bitartrate (generic for Vicodin, Lortab and others): Hydrocodone with
13 APAP is known by the trade name "Tylenol #3 or #4." Hydrocodone 5 mg with acetaminophen
14 500 mg is known by the trade name "Vicodin" ("5/500") and Hydrocodone 7.5 mg with
15 Acetaminophen 750 mg is known by the trade name "Vicodin ES" ("7.5/750"), and it is known as
16 "Vicodin HP" and "Norco" at 10 mg strength. Hydrocodone is semisynthetic narcotic analgesic,
17 a dangerous drug as defined in section 4022, a Schedule II controlled substance and narcotic as
18 defined by section 11056 (e) (4) of the Health and Safety Code, and a Schedule II controlled
19 substance as defined by section 1308.13 (e) of Title 21 of the Code of Federal Regulations.

20 16. Hydromorphone Hydrochloride: is generic but is known by the trade name Dilaudid
21 and Dilaudid HP. It is a dangerous drug as defined in section 4022 and a schedule II controlled
22 substance as defined by section 11055 (b) (J) of the Health and Safety Code, and a Schedule II
23 controlled substance as defined by Section 1308.12 (d) of Title 21 of the Code of Federal
24 Regulations. Dilaudid is a hydrogenated ketone of morphine and is a narcotic analgesic.

25 17. Lorazepam (generic for Ativan): commonly known by its trade name Ativan. It is a
26 psychotropic drug for the management of anxiety disorders and sedation or for the short-term
27 relief of the symptoms of anxiety. It is a dangerous drug as defined in section 4022 of the
28 Business and Professions Code, a schedule IV controlled substance as defined by section 11057,

1 subdivision (d) of the Health and Safety Code, and a Schedule IV controlled substance as defined
2 by Section 1308.14 (c) of Title 21 of the Code of Federal Regulations.

3 18. Oxycodone hydrochloride with acetaminophen: commonly known by the trade name
4 Percocet. Oxycodone is a white odorless crystalline powder derived from the opium alkaloid,
5 thebaine. It is a semisynthetic narcotic analgesic with multiple actions qualitatively similar to
6 those of morphine. It is a dangerous drug as defined in section 4022, a schedule II controlled
7 substance and narcotic as defined by section 11055, subdivision (b)(1)(M) of the Health and
8 Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title
9 21 of the Code of Federal Regulations.

10 19. Tramadol- Generic drug that is available as an immediate-release and extended-
11 release tablet. Immediate-release tablet is also available as the brand-name drug Ultram.
12 Tramadol belongs to a class of drugs called opioid agonists and is a controlled substance.

13 20. Zolpidem Tartrate - a non-benzodiazepine hypnotic of the imidazopyridine class. The
14 generic name for Ambien. It is a dangerous drug as defined in section 4022 of the Business and
15 Professions Code, a schedule IV controlled substance as defined by section 11057 of the Health
16 and Safety Code, and a Schedule IV controlled substance as defined by Section 1308.14 of Title
17 21 of the Code of Federal Regulations.

18 FACTUAL ALLEGATIONS

19 Patient A

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21 21. Respondent first saw Patient A² in 2018. Patient A was at the time a 21-year-old
22 female who had a reported history of seizure disorder, Crohn's disease, and chronic abdominal
23 pain and recurrent urinary tract infections, and reportedly intractable kidney stones. In his
24 interview with the Board, Respondent stated that due to the changes of "Obamacare", his practice
25 changed from urgent care to a long term patient relationship.

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28 ² Patient names are withheld to protect patient confidentiality, and will be produced to
Respondent in Discovery.

1 22. On or about November 26, 2016, Respondent documented that Patient A had
2 “showers of Kidney stones and so she is in Chronic Pain. I believe she has Medullary Sponge
3 Kidney.” However, on February 19, 2017, a CT scan was performed on Patient A that found
4 “there was no abnormality seen on non-contrast CT [of] the abdomen and pelvis to explain the
5 patients’ pain. Specifically, no evidence of nephrolithiasis.” On or about March 4, 2017, no signs
6 of renal calculi were found. Respondent’s diagnosis of Kidney Stones and Medullary Sponge
7 Kidney was therefore erroneous.

8 23. On or about October 22, 2018, Respondent saw Patient A for a clinic visit. Patient A
9 presented with tachycardia. Respondent failed to address, or evaluate Patient A’s tachycardia.

10 24. On or about November 12, 2018, Respondent saw Patient A for a clinic visit.
11 Respondent documented that Patient A had a urinary tract infection (UTI) and prescribed
12 Levofloxacin³ 500 mg, one pill twice a day. The Levofloxacin dose Respondent prescribed was
13 over the recommended amount for a complicated urinary tract infection.

14 25. On or about December 18, 2018, Respondent saw Patient A. Patient A presented with
15 tachycardia. On Patient A’s progress note, her heart rate of 133 was encircled. Additionally, a
16 nurse with the Roseville infusion center, sent Respondent a note on December 12, 2019, stating “I
17 wanted to make you aware that with each visit the patient is tachycardic.” The nurse documented
18 Patient A’s elevated heart rate over the course of two weeks, noting several values above 130
19 beats per minute. She also documented: “[Patient A] states that she does not see cardiology and
20 she has not had this addressed in some time. Because is (sic) is consistent each time she come to
21 her infusion appointments I wanted to make you aware.” Respondent failed to address the
22 nurse’s concern.

23 26. On or about December 24, 2018, Anthem Blue Cross notified Respondent that Patient
24 A had been transferred to the Choice Plus Care Management Program. Anthem noted that it had
25 noticed that “[Patient A] has been filling prescriptions for medications in amounts and/or
26 combinations that may put her health at risk.” Patient A was assigned a case manager through the

27 _____
28 ³ Levofloxacin is used to treat a variety of bacterial infections. This medication belongs to
a class of drugs known as quinolone antibiotics.

1 program, with the intention that the social worker would coordinate her medical care, facilitate
2 referral to community agencies, programs and resources when needed, ensure her understanding
3 of and adherence to the treatment plan. Despite the warning from Anthem, Respondent was
4 unclear if Patient A was under the care of a psychologist during his care and treatment of Patient
5 A. Dr. C, a consulting Urologist, noted that Patient A had "significant psych issues", had "a
6 panic attack during [the] evaluation", and "hyper-reactions to most things."

7 27. On or about January 9, May 14, 22; April 1, 7, 2019, Respondent saw Patient A for a
8 clinic visit. During these visits Respondent documented varying degrees of tachycardia.
9 Respondent failed to address, evaluate Patient A's tachycardia, and order an electrocardiogram.

10 28. On or about March 11, 2019, Respondent prescribed steroids to Patient A for reported
11 Crohn's flares. Respondent failed to obtain Patient A's previous medical records or notes from
12 past Gastroenterologists that confirm Patient A's Crohn's disease or outlined his therapeutic plan.

13 29. On or about September 9, 2019, Respondent prescribed Zyprexa⁴ 5 mg with 3 refills
14 to Patient A, although there was no documentation as to why he started this medication.

15 30. On or about October 9, 2019, Patient A submitted a specimen that was thought to be a
16 kidney stone for analysis. However, the laboratory found that the specimen was not a urinary
17 calculus. This was the only kidney stone submitted for analysis in the Respondent's records.
18 Respondent documented back in 2017, that Patient A had showers of kidney stones, although
19 there is no objective data to support that Patient A had kidney stones.

20 31. On or about November 7, 2019, Respondent prescribed Propranolol⁵ 50 mg, 1 pill
21 twice a day to Patient A, but failed to document his rationale for this medication.

22 32. During the period of 2018 to 2019 Respondent prescribed the following controlled
23 substances to Patient A:

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26 _____
27 ⁴ Zyprexa is used to treat certain mental/mood conditions (such as schizophrenia, bipolar
28 disorder).

⁵ Propranolol is a beta-blocker. It is used to treat tremors, angina (chest pain), hypertension
(high blood pressure), heart rhythm disorders, and other heart or circulatory conditions.

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Date Filled	Drug Name	Str	Qty	Days Sup.	RX#
2019-03-24	HYDROCODONE BITARTRATE- ACETAMINOPHEN	325 MG/15 ML-7.5 MG/15M	240	5	2655501
2019-03-12	HYDROCODONE BITARTRATE- ACETAMINOPHEN	325 MG/15 ML-7.5 MG/15M	240	4	2650819
2019-02-01	OXAZEPAM	10 MG	30	7	2634932
2019-01-07	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	12	2019118
2018-12-31	CLOBAZAM	10 MG	90	15	4076311
2018-12-28	HYDROCODONE BITARTRATE- ACETAMINOPHEN	325 MG-10 MG	50	12	2019038
2018-12-27	HYDROCODONE BITARTRATE- ACETAMINOPHEN	325 MG/15 ML-7.5 MG/15M	240	4	2620506
2018-12-24	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	12	2018993
2018-12-19	HYDROCODONE BITARTRATE- ACETAMINOPHEN	325 MG/15 ML-7.5 MG/15M	240	4	2617203
2018-12-18	CLOBAZAM	10 MG	90	15	4076311
2018-12-17	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	6	2018926
2018-12-11	DIAZEPAM	5 MG	30	15	4021919
2018-12-10	HYDROCODONE BITARTRATE- ACETAMINOPHEN	325 MG/15 ML-7.5 MG/15M	240	4	2613434
2018-12-10	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	12	2018842
2018-12-03	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	6	2018776
2018-11-28	HYDROCODONE BITARTRATE-	325 MG/15	180	3	2608879

	ACETAMINOPHEN	ML-7.5 MG/15M			
2018-11-26	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	6	2018702
2018-11-19	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	7	2018640
2018-11-15	CLOBAZAM	10 MG	60	14	4774431
2018-11-12	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	8	2714993
2018-11-05	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	6	2018506
2018-10-31	DIAZEPAM	5 MG	30	15	4021560
2018-10-29	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	50	6	2018431
2018-10-22	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	28	7	2595305
2018-10-17	HYDROCODONE BITARTRATE- ACETAMINOPHEN	325 MG-10 MG	28	7	00662409
2018-10-15	TRAMADOL HCL	50 MG	30	8	4021422
2018-10-10	DEXMETHYLPHENI- DATE HCL	10 MG	30	30	2018265
2018-10-08	DIAZEPAM	5 MG	20	6	0407478
2018-10-08	TRAMADOL HCL	50 MG	20	5	0407476
2018-09-17	ACETAMINOPHEN- HYDROCODONE BITARTRATE	325 MG-10 MG	30	5	0405134
2018-09-17	LORAZEPAM	0.5 MG	20	5	0405135
2018-09-05	ACETAMINOPHEN- HYDROCODONE BITARTRATE	325 MG-10 MG	30	6	2368051

33. Respondent saw Patient A multiple times in his clinic during October, November and December, 2019. During these visits, Respondent administered Nubain⁶, a short acting opioid regularly to Patient A via injection. Respondent failed to document his rationale, including his

⁶ Nalbuphine is the generic name of Nubain. It is an opioid analgesic used in the treatment of pain.

1 goals and objectives for administering this short acting opioid parenterally (i.e. outside of the
2 intestinal tract), and how this fits into his treatment plan.

3 34. During the period of January 2019 to October 2020, Respondent intermittently
4 switched Patient A between one opioid to another and back, and between one benzodiazepine and
5 another, without documenting the reasons for either the treatment failures or treatment goals.
6 Respondent failed to document and adhere to a pain management agreement and treatment plan in
7 the management of chronic, non-cancer pain, while prescribing long term opioids, and regularly
8 administering parenteral short, acting opioids. In his interview with the Board, Respondent
9 admitted that he did not perform any urine drug screening

10 35. Between January 2019, to May 2019, Patient A was switched from one
11 benzodiazepine to another and back. Patient A was prescribed Clonazepam, then to Diazepam,
12 then to Alprazolam, and back again to Clonazepam, then to Lorazepam, and then she was both on
13 Lorazepam and Clonazepam, without documentation as to his rationale.

14 36. On or about February 19, 2020, Respondent documented that Patient A was "cutting
15 back on pain meds. Needs Percocet and Tramadol" and prescribed to her both medications. Then
16 on the following visit, February 26, 2020, Respondent prescribed Dilaudid, without any rationale
17 as to why he was switching her to that short acting opioid, from Percocet. Then on March 4,
18 2020, Respondent prescribed Percocet again, and on March 13th, he prescribed Morphine, without
19 documenting his rationale or his therapeutic decision or objectives to be met with switching of
20 opioids.

21 37. On or about February 25, 2020, Patient A saw another urologist, Dr. E who concluded
22 that Patient A had "intractable abdominal pain. Pain is out of proportion with history,
23 examination, and prior imaging. Does not appear to be related to stones, UTI."

24 38. On or about May 20, 2020, Respondent prescribed another round of steroids to
25 Patient A. Respondent gave multiple rounds of steroids to Patient A throughout the time that he
26 saw Patient A. During this time, he acted as Patient A's primary care provider, but failed to
27 obtain previous medical records, or notes from past Gastroenterologists to confirm the diagnosis
28 of Crohn's disease or therapeutic plan. Respondent failed to refer Patient A to a

1 Gastroenterologist for subspecialty consultation. During the January 27, 2020 visit, Dr. C noted
2 that Patient A's alleged Crohn's disease has not been "GI verified."

3 39. During the period of 2018-2020, Respondent also prescribed benzodiazepines and
4 anti-epileptic drugs for Patient A's seizure disorder. In his interview with the Board, Respondent
5 acknowledged that he never spoke with a Neurologist that had been managing Patient A's
6 seizures. Respondent stated that "most of the treatment was coming through him" and that
7 Respondent had "just maintained her on the medications he had prescribed", but "did not see any
8 reports." Respondent failed to obtain relevant past and current medical records and failed to refer
9 Patient A to the appropriate subspecialists.

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11 **Patient B**

12 40. Respondent started seeing Patient B in 2014. Patient B at the time was a 51-year-old
13 woman who suffered from neck pain from a previous spinal surgery as well as a painful leg
14 injury.

15 41. During the period of 2016 to 2019 Respondent prescribed the following controlled
16 substances to Patient B:

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Date Filled	Drug Name	Str	Qty	Days Sup.	RX#
2019-10-28	ALPRAZOLAM	0.5 MG	50	12	1364367
2019-07-22	ALPRAZOLAM	0.5 MG	50	12	1364367
2019-06-05	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	100	30	1352879
2019-06-03	ALPRAZOLAM	0.5 MG	50	12	1327341
2019-04-15	ALPRAZOLAM	0.5 MG	50	12	1327341
2019-03-25	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	100	25	2000123 329
2019-02-26	ALPRAZOLAM	0.5 MG	50	12	1327341
2018-10-29	ALPRAZOLAM	0.5 MG	50	12	1296059
2018-10-10	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	100	25	1291518

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2018-08-14	ALPRAZOLAM	0.5 MG	50	12	1263999
2018-06-15	ALPRAZOLAM	0.5 MG	50	12	1263999
2018-04-04	ALPRAZOLAM	0.5 MG	50	12	1245900
2018-02-07	ALPRAZOLAM	0.5 MG	50	12	1220583
2018-01-22	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	33	1227354
2018-01-02	ALPRAZOLAM	0.5 MG	50	12	1220583
2017-11-03	ALPRAZOLAM	0.5 MG	50	12	1199908
2017-10-04	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1199906
2017-10-04	ALPRAZOLAM	0.5 MG	50	12	1199908
2017-07-03	ALPRAZOLAM	0.5 MG	50	12	1178482
2017-05-31	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1171006
2017-05-30	ALPRAZOLAM	0.5 MG	50	12	1146484
2017-04-14	ALPRAZOLAM	0.5 MG	50	12	1146484
2017-02-20	ALPRAZOLAM	0.5 MG	50	12	1146484
2017-02-08	ALPRAZOLAM	0.5 MG	50	13	1133111
2017-02-08	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1143534
2017-01-17	ALPRAZOLAM	0.5 MG	50	13	1133111
2017-01-02	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1134443
2016-12-27	ALPRAZOLAM	0.5 MG	50	13	1133111
2016-12-14	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1130091
2016-11-28	ALPRAZOLAM	0.5 MG	50	12	1113791
2016-11-21	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1124963

42. In his interview with the Board, Respondent acknowledged that he failed to have a pain agreement or treatment plan, and failed to order any urine toxicology screens for Patient B.

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FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

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3 43. Respondent's license is subject to disciplinary action under section 2234, subdivision
4 (b), of the Code, in that he committed gross negligence during the care and treatment of Patients
5 A, and B. The circumstances are set forth in paragraphs 21 through 42, above, which are
6 incorporated by reference as if fully set forth. Additional circumstances are as follows:

7 44. Respondent committed gross negligence in his care and treatment of Patient A which
8 included, but was not limited to, the following:

9 A. Respondent failed to document and/or evaluate Patient A, who presented with
10 recurrent tachycardia, including heart rates regularly over 130 beats per minute.

11 B. Respondent failed to document and adhere to a pain management agreement and
12 treatment plan in the management of Patient A's chronic, non-cancer pain, while prescribing long
13 term opioids, and regularly administering parenteral, short-acting opioids.

14 C. Respondent failed to perform a periodic examination and/or urine drug screen during
15 the prescription of long term opioids for chronic non-cancer pain.

16 D. Respondent switched between different types of opioids and/or benzodiazepines,
17 while consistently failing to document the reason for the therapeutic decisions and treatment
18 goals.

19 E. Respondent displayed a lack of knowledge in failing to reconsider a diagnosis of
20 kidney stones as the cause of Patient A's chronic pain.

21 F. Respondent failed to attempt to obtain and review past or current relevant medical
22 records from appropriate subspecialists, and/or failed to refer Patient A to appropriate
23 subspecialists.

24 45. Respondent committed gross negligence in his care and treatment of Patient B which
25 included, but was not limited, to the following:

26 A. Respondent failed to have a pain agreement in the long term prescriptions of opioids
27 for chronic non-cancer pain.

28 B. Respondent failed to order a urine toxicology screen.

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SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

46. Respondent is further subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, and B. The circumstances are set forth in paragraphs 21 through 42, above, which are incorporated by reference as if fully set forth. Additional circumstances are as follows:

47. Respondent committed repeated negligent acts in his care and treatment of Patient A which included, but was not limited to, the following:

A. Respondent prescribed Levofloxacin 500 mg, one pill twice a day, for a UTI, instead of one pill once daily.

B. Respondent failed to document his rationale for prescribing Zyprexa.

THIRD CAUSE FOR DISCIPLINE
(Excessive Prescription)

48. Respondent is further subject to disciplinary action under section 725, of the Code, in that he prescribed excessive drugs to Patients A, and B. The circumstances are set forth in paragraphs 21 through 42, above, which are incorporated by reference as if fully set forth.

FOURTH CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Medical Records)

49. Respondent is further subject to disciplinary action under section 2266 of the Code, in that he failed to maintain adequate and accurate medical records in the care and treatment of Patients A, and B as more particularly alleged hereinafter: Paragraphs 21 through 42, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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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 Number A 34001, issued to William Michael Borris, M.D.;
2. Revoking, suspending or denying approval of William Michael Borris, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering William Michael Borris, M.D., 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: JUL 26 2022



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

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