

**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
4 State Bar No. 237826
1300 I Street, Suite 125
5 P.O. Box 944255
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6 Telephone: (916) 210-7549
Facsimile: (916) 327-2247
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:

Case No. 800-2019-059411

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

OAH No. 2022080403

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

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

16
17 Respondent.

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.

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3. On or about June 21, 1979, the Board issued Physician's and Surgeon's Certificate No. A 34001 to William Michael Borris, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-059411 and will expire on December 21, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-059411 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 July 26, 2022. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2019-059411 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2019-059411. Respondent also has carefully read, 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 be represented by counsel, at his own expense; 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 understands that the charges and allegations in Accusation No. 800-2019-059411, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent agrees that if he ever files an application for licensure or a petition for reinstatement in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-059411 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition. Respondent agrees that 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. 800-2019-059411 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.

11. 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.

RESERVATION

12. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

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

14. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his

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.

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

ORDER

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.

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.

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1 5. Respondent shall pay the agency its costs of investigation and enforcement in the
2 amount of \$18,612.50 prior to issuance of a new or reinstated license.

3 6. If Respondent should ever apply or reapply for a new license or certification, or
4 petition for reinstatement of a license, by any other health care licensing agency in the State of
5 California, all of the charges and allegations contained in Accusation, No. 800-2019-059411 shall
6 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
7 Issues or any other proceeding seeking to deny or restrict licensure.

8 ACCEPTANCE

9 I have carefully read the Stipulated Surrender of License and Order. I understand the
10 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into
11 this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and
12 agree to be bound by the Decision and Order of the Medical Board of California.

13
14 DATED: 2/14/23

William Michael Boris MD
WILLIAM MICHAEL BORRIS, M.D.
Respondent

15
16 ENDORSEMENT

17
18 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
19 for consideration by the Medical Board of California of the Department of Consumer Affairs.

20 DATED: _____

Respectfully submitted,

21 ROB BONTA
Attorney General of California
22 STEVE DIEHL
Supervising Deputy Attorney General

23
24 JANNSEN TAN
25 Deputy Attorney General
26 Attorneys for Complainant
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5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of \$18,612.50 prior to issuance of a new or reinstated license.

6. 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. 800-2019-059411 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.

ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. 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:

WILLIAM MICHAEL BORRIS, M.D.
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: 2/16/2023

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

Jannsen Tan

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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
Deputy Attorney General
4 State Bar No. 237826
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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:

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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4. Section 2227 of the Code states:

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

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

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

STATUTORY PROVISIONS

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:

2

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 7. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
2 adequate and accurate records relating to the provision of services to their patients constitutes
3 unprofessional conduct.

4 **COST RECOVERY**

5 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
6 administrative law judge to direct a licensee found to have committed a violation or violations of
7 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
8 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
9 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
10 included in a stipulated settlement.

11 **DEFINITIONS**

12 9. Alprazolam (generic for Xanax): Alprazolam is commonly known by its trade name
13 Xanax. Xanax is used for the management of anxiety disorders or for the short-term relief of the
14 symptoms of anxiety. It is a dangerous drug as defined in section 4022, a schedule IV controlled
15 substance and narcotic as defined by section 11057, subdivision (d) of the Health and Safety
16 Code, and a Schedule IV controlled substance as defined by Section 1308.14 (c) of Title 21 of the
17 Code of Federal Regulations.

18 10. Clobazam- used with other medication(s) to control seizures in adults and children 2
19 years of age and older who have Lennox-Gastaut syndrome (a disorder that causes seizures and
20 often causes developmental delays). Clobazam is in a class of medications called
21 benzodiazepines.

22 11. Clonazepam- generic name for Klonopin, an anticonvulsant of the benzodiazepine
23 class of drugs. It is a dangerous drug as defined in section 4022, a schedule IV controlled
24 substance as defined by section 11057 of the Health and Safety Code, and a Schedule IV
25 controlled substance as defined by Section 1308.14 of Title 21 of the Code of Federal
26 Regulations.

27 12. Codeine Phosphate/APAP or codeine with acetaminophen is commonly known by its
28 trade name Tylenol #3 or #4, (Tylenol with codeine). It is a dangerous drug as defined in section

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,

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

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

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

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

FACTUAL ALLEGATIONS

Patient A

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

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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25 ///

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

28 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.

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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1	2018-08-14	ALPRAZOLAM	0.5 MG	50	12	1263999
2	2018-06-15	ALPRAZOLAM	0.5 MG	50	12	1263999
3	2018-04-04	ALPRAZOLAM	0.5 MG	50	12	1245900
4	2018-02-07	ALPRAZOLAM	0.5 MG	50	12	1220583
5	2018-01-22	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	33	1227354
6	2018-01-02	ALPRAZOLAM	0.5 MG	50	12	1220583
7	2017-11-03	ALPRAZOLAM	0.5 MG	50	12	1199908
8	2017-10-04	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1199906
9	2017-10-04	ALPRAZOLAM	0.5 MG	50	12	1199908
10	2017-07-03	ALPRAZOLAM	0.5 MG	50	12	1178482
11	2017-05-31	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1171006
12	2017-05-30	ALPRAZOLAM	0.5 MG	50	12	1146484
13	2017-04-14	ALPRAZOLAM	0.5 MG	50	12	1146484
14	2017-02-20	ALPRAZOLAM	0.5 MG	50	12	1146484
15	2017-02-08	ALPRAZOLAM	0.5 MG	50	13	1133111
16	2017-02-08	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1143534
17	2017-01-17	ALPRAZOLAM	0.5 MG	50	13	1133111
18	2017-01-02	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1134443
19	2016-12-27	ALPRAZOLAM	0.5 MG	50	13	1133111
20	2016-12-14	OXYCODONE HCL- ACETAMINOPHEN	325 MG-10 MG	200	16	1130091
21	2016-11-28	ALPRAZOLAM	0.5 MG	50	12	1113791
22	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)

43. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he committed gross negligence during the 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:

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

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

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

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

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

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

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

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

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

B. Respondent failed to order a urine toxicology screen.

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

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

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1 **PRAYER**

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


4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 34001,
5 issued to William Michael Borris, M.D.;

6 2. Revoking, suspending or denying approval of William Michael Borris, M.D.'s
7 authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering William Michael Borris, M.D., to pay the Board the costs of the
9 investigation and enforcement of this case, and if placed on probation, the costs of probation
10 monitoring; and

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

12
13 DATED: **JUL 26 2022**



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

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