

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

In the Matter of the Accusation  
Against:

Randall John Meredith, M.D.

Physician's and Surgeon's  
Certificate No. G 39666

Respondent.

Case No.: 800-2020-064669

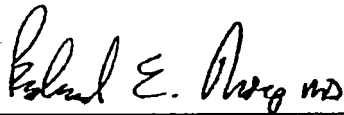
DECISION

The attached Stipulated Settlement 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 December 20, 2023.

IT IS SO ORDERED: November 20, 2023.

MEDICAL BOARD OF CALIFORNIA



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Richard E. Thorp, Chair  
Panel B

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 RYAN J. YATES  
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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 **RANDALL JOHN MEREDITH, M.D.**  
14 **PO BOX 107**  
**Hyampom, CA 96046-0107**  
15 **Physician's and Surgeon's Certificate No.**  
16 **G 39666**

17 Respondent.

Case No. 800-2020-064669

OAH No. 2023040910

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
24 California (Board). He brought this action solely in his official capacity and is represented in this  
25 matter by Rob Bonta, Attorney General of the State of California, by Ryan J. Yates, Deputy  
26 Attorney General.

27 2. Respondent Randall John Meredith, M.D. (Respondent) is representing himself in this  
28 proceeding and has chosen not to exercise his right to be represented by counsel.



1           10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
2 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right  
3 to contest those charges.

4           11. Respondent does not contest that, at an administrative hearing, complainant could  
5 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
6 2020-064669, a true and correct copy of which is attached hereto as Exhibit A, and that he has  
7 thereby subjected his Physician's and Surgeon's Certificate, No. G 39666 to disciplinary action.

8           12. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below,  
9 requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1,  
10 serves to protect the public interest.

11           13. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
12 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
13 Disciplinary Order below.

14   CONTINGENCY

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

25           15. Respondent agrees that if he ever petitions for early termination or modification of  
26 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
27 Board, all of the charges and allegations contained in Accusation No. 800-2020-064669 shall be

28

1 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
2 other licensing proceeding involving Respondent in the State of California.

3 16. The parties understand and agree that Portable Document Format (PDF) and facsimile  
4 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
5 signatures thereto, shall have the same force and effect as the originals.

6 17. In consideration of the foregoing admissions and stipulations, the parties agree that  
7 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
8 enter the following Disciplinary Order:

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 39666 issued  
11 to Respondent Randall John Meredith, M.D. is revoked. However, the revocation is stayed and  
12 Respondent is placed on probation for three (3) years from the effective date of the decision on  
13 the following terms and conditions:

14 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
15 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
16 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
17 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
18 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
19 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
20 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
21 completion of each course, the Board or its designee may administer an examination to test  
22 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
23 hours of CME of which 40 hours were in satisfaction of this condition.

24 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective  
25 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
26 advance by the Board or its designee. Respondent shall provide the approved course provider  
27 with any information and documents that the approved course provider may deem pertinent.  
28 Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
2 complete any other component of the course within one (1) year of enrollment. The prescribing  
3 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
4 Medical Education (CME) requirements for renewal of licensure.

5 A prescribing practices course taken after the acts that gave rise to the charges in the  
6 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
7 or its designee, be accepted towards the fulfillment of this condition if the course would have  
8 been approved by the Board or its designee had the course been taken after the effective date of  
9 this Decision.

10 Respondent shall submit a certification of successful completion to the Board or its  
11 designee not later than 15 calendar days after successfully completing the course, or not later than  
12 15 calendar days after the effective date of the Decision, whichever is later.

13 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
14 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
15 advance by the Board or its designee. Respondent shall provide the approved course provider  
16 with any information and documents that the approved course provider may deem pertinent.  
17 Respondent shall participate in and successfully complete the classroom component of the course  
18 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
19 complete any other component of the course within one (1) year of enrollment. The medical  
20 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
21 Medical Education (CME) requirements for renewal of licensure.

22 A medical record keeping course taken after the acts that gave rise to the charges in the  
23 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
24 or its designee, be accepted towards the fulfillment of this condition if the course would have  
25 been approved by the Board or its designee had the course been taken after the effective date of  
26 this Decision.

27 Respondent shall submit a certification of successful completion to the Board or its  
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later.

2 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
3 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
4 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
5 Respondent shall participate in and successfully complete that program. Respondent shall  
6 provide any information and documents that the program may deem pertinent. Respondent shall  
7 successfully complete the classroom component of the program not later than six (6) months after  
8 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
9 time specified by the program, but no later than one (1) year after attending the classroom  
10 component. The professionalism program shall be at Respondent's expense and shall be in  
11 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

12 A professionalism program taken after the acts that gave rise to the charges in the  
13 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
14 or its designee, be accepted towards the fulfillment of this condition if the program would have  
15 been approved by the Board or its designee had the program been taken after the effective date of  
16 this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its  
18 designee not later than 15 calendar days after successfully completing the program or not later  
19 than 15 calendar days after the effective date of the Decision, whichever is later.

20 5. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
21 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
22 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
23 licenses are valid and in good standing, and who are preferably American Board of Medical  
24 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
25 relationship with Respondent, or other relationship that could reasonably be expected to  
26 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
27 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
28 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

1 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
2 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
3 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
4 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
5 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
6 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
7 signed statement for approval by the Board or its designee.

8 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
9 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
10 make all records available for immediate inspection and copying on the premises by the monitor  
11 at all times during business hours and shall retain the records for the entire term of probation.

12 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
13 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
14 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
15 shall cease the practice of medicine until a monitor is approved to provide monitoring  
16 responsibility.

17 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
18 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
19 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
20 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
21 that the monitor submits the quarterly written reports to the Board or its designee within 10  
22 calendar days after the end of the preceding quarter.

23 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
24 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
25 name and qualifications of a replacement monitor who will be assuming that responsibility within  
26 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
27 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
28 notification from the Board or its designee to cease the practice of medicine within three (3)



1 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
2 replacement monitor is approved and assumes monitoring responsibility.

3 In lieu of a monitor, Respondent may participate in a professional enhancement program  
4 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
5 review, semi-annual practice assessment, and semi-annual review of professional growth and  
6 education. Respondent shall participate in the professional enhancement program at Respondent's  
7 expense during the term of probation.

8 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the  
9 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
10 where: 1) Respondent merely shares office space with another physician but is not affiliated for  
11 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that  
12 location.

13 If Respondent fails to establish a practice with another physician or secure employment in  
14 an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
15 Respondent shall receive a notification from the Board or its designee to cease the practice of  
16 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
17 practice until an appropriate practice setting is established.

18 If, during the course of the probation, the Respondent's practice setting changes and the  
19 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent  
20 shall notify the Board or its designee within five (5) calendar days of the practice setting change.  
21 If Respondent fails to establish a practice with another physician or secure employment in an  
22 appropriate practice setting within 60 calendar days of the practice setting change, Respondent  
23 shall receive a notification from the Board or its designee to cease the practice of medicine within  
24 three (3) calendar days after being so notified. The Respondent shall not resume practice until an  
25 appropriate practice setting is established.

26 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
27 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
28 Chief Executive Officer at every hospital where privileges or membership are extended to

1 Respondent, at any other facility where Respondent engages in the practice of medicine,  
2 including all physician and locum tenens registries or other similar agencies, and to the Chief  
3 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
4 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
5 calendar days.

6 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

7 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
8 governing the practice of medicine in California and remain in full compliance with any court  
9 ordered criminal probation, payments, and other orders.

10 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
11 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
12 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena  
13 enforcement, as applicable, in the amount of \$19,018.75 (nineteen thousand eighteen dollars and  
14 seventy-five cents). Costs shall be payable to the Medical Board of California. Failure to pay  
15 such costs shall be considered a violation of probation.

16 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
17 by a payment plan approved by the Medical Board of California. Any and all requests for a  
18 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with  
19 the payment plan shall be considered a violation of probation.

20 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
21 repay investigation and enforcement costs, including expert review costs.

22 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
23 under penalty of perjury on forms provided by the Board, stating whether there has been  
24 compliance with all the conditions of probation.

25 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
26 of the preceding quarter.

27 11. GENERAL PROBATION REQUIREMENTS.

28 Compliance with Probation Unit

1 Respondent shall comply with the Board's probation unit.

2 Address Changes

3 Respondent shall, at all times, keep the Board informed of Respondent's business and  
4 residence addresses, email address (if available), and telephone number. Changes of such  
5 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
6 circumstances shall a post office box serve as an address of record, except as allowed by Business  
7 and Professions Code section 2021, subdivision (b).

8 Place of Practice

9 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
10 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
11 facility.

12 License Renewal

13 Respondent shall maintain a current and renewed California physician's and surgeon's  
14 license.

15 Travel or Residence Outside California

16 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
17 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
18 (30) calendar days.

19 In the event Respondent should leave the State of California to reside or to practice  
20 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
21 departure and return.

22 12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
23 available in person upon request for interviews either at Respondent's place of business or at the  
24 probation unit office, with or without prior notice throughout the term of probation.

25 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
26 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
27 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
28 defined as any period of time Respondent is not practicing medicine as defined in Business and

1 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
2 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
3 Respondent resides in California and is considered to be in non-practice, Respondent shall  
4 comply with all terms and conditions of probation. All time spent in an intensive training  
5 program which has been approved by the Board or its designee shall not be considered non-  
6 practice and does not relieve Respondent from complying with all the terms and conditions of  
7 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
8 on probation with the medical licensing authority of that state or jurisdiction shall not be  
9 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
10 period of non-practice.

11 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
12 months, Respondent shall successfully complete the Federation of State Medical Board's Special  
13 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
14 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
15 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

16 Respondent's period of non-practice while on probation shall not exceed two (2) years.

17 Periods of non-practice will not apply to the reduction of the probationary term.

18 Periods of non-practice for a Respondent residing outside of California will relieve  
19 Respondent of the responsibility to comply with the probationary terms and conditions with the  
20 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
21 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
22 Controlled Substances; and Biological Fluid Testing..

23 14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
24 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
25 completion of probation. This term does not include cost recovery, which is due within 30  
26 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
27 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
28 shall be fully restored.

1           15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
2 of probation is a violation of probation. If Respondent violates probation in any respect, the  
3 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
4 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
5 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
6 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
7 the matter is final.

8           16. LICENSE SURRENDER. Following the effective date of this Decision, if  
9 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
10 the terms and conditions of probation, Respondent may request to surrender his or her license.  
11 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
12 determining whether or not to grant the request, or to take any other action deemed appropriate  
13 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
14 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
15 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
16 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
17 application shall be treated as a petition for reinstatement of a revoked certificate.

18           17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
19 with probation monitoring each and every year of probation, as designated by the Board, which  
20 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
21 California and delivered to the Board or its designee no later than January 31 of each calendar  
22 year.

23           18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a  
24 new license or certification, or petition for reinstatement of a license, by any other health care  
25 licensing action agency in the State of California, all of the charges and allegations contained in  
26 Accusation No. 800-2020-064669 shall be deemed to be true, correct, and admitted by  
27 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
28 restrict license.

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**ACCEPTANCE**

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


DATED: 9/24/2023   
RANDALL JOHN MEREDITH, M.D.  
*Respondent*

**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 10/2/2023

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General

  
RYAN J. YATES  
Deputy Attorney General  
*Attorneys for Complainant*

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*Attorneys for Complainant*

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In the Matter of the Accusation Against:  
**RANDALL JOHN MEREDITH, M.D.**  
**P.O. BOX 107**  
**Hyampom, CA 96046-0107**  
**Physician's and Surgeon's Certificate**  
**No. G 39666,**  
  
Respondent.

Case No. 800-2020-064669

**A C C U S A T I O N**

**PARTIES**

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Deputy Director of the Medical Board of California, Department of Consumer Affairs (Board).
2. On or about July 2, 1979, the Medical Board issued Physician's and Surgeon's Certificate Number G 39666 to Randall John Meredith, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2024, unless renewed.

## JURISDICTION

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

4. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

5. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.



1 (b) No licensee shall be found to have committed unprofessional conduct within  
2 the meaning of this section if, at the time the drugs were prescribed, dispensed, or  
3 furnished, any of the following applies:

4 (1) The licensee was a designated physician and surgeon or podiatrist serving in  
5 the absence of the patient's physician and surgeon or podiatrist, as the case may be,  
6 and if the drugs were prescribed, dispensed, or furnished only as necessary to  
7 maintain the patient until the return of the patient's practitioner, but in any case no  
8 longer than 72 hours.

9 (2) The licensee transmitted the order for the drugs to a registered nurse or to a  
10 licensed vocational nurse in an inpatient facility, and if both of the following  
11 conditions exist:

12 (A) The practitioner had consulted with the registered nurse or licensed  
13 vocational nurse who had reviewed the patient's records.

14 (B) The practitioner was designated as the practitioner to serve in the absence  
15 of the patient's physician and surgeon or podiatrist, as the case may be.

16 (3) The licensee was a designated practitioner serving in the absence of the  
17 patient's physician and surgeon or podiatrist, as the case may be, and was in  
18 possession of or had utilized the patient's records and ordered the renewal of a  
19 medically indicated prescription for an amount not exceeding the original prescription  
20 in strength or amount or for more than one refill.

21 (4) The licensee was acting in accordance with Section 120582 of the Health  
22 and Safety Code.

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

26 7. Section 2238 of the Code states: A violation of any federal statute or federal  
27 regulation or any of the statutes or regulations of this state regulating dangerous drugs or  
28 controlled substances constitutes unprofessional conduct.

8. Health and Safety Code, Section 11152 (2019-2022) states: No person shall write,  
issue, fill, compound or dispense a prescription that does not conform to this division.

9. Health and Safety Code, Section 11153 states:

(a) A prescription for a controlled substance shall only be issued for a  
legitimate medical purpose by an individual practitioner acting in the usual course of  
his or her professional practice. The responsibility for the proper prescribing and  
dispensing of controlled substances is upon the prescribing practitioner, but a  
corresponding responsibility rests with the pharmacist who fills the prescription.  
Except as authorized by this division, the following are not legal prescriptions:

(1) an order purporting to be a prescription which is issued not in the usual  
course of professional treatment or in legitimate and authorized research; or

1 (2) an order for an addict or habitual user of controlled substances, which is  
2 issued not in the course of professional treatment or as part of an authorized narcotic  
treatment program, for the purpose of providing the user with controlled substances,  
sufficient to keep him or her comfortable by maintaining customary use.

3 (b) Any person who knowingly violates this section shall be punished by  
4 imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or  
5 in a county jail not exceeding one year, or by a fine not exceeding twenty thousand  
dollars (\$20,000), or by both that fine and imprisonment.

6 (c) No provision of the amendments to this section enacted during the  
7 second year of the 1981-82 Regular Session shall be construed as expanding the  
scope of practice of a pharmacist.

8 10. Health and Safety Code, Section 11153 states:

9 (a) Except in the regular practice of his or her profession, no person shall  
10 knowingly prescribe, administer, dispense, or furnish a controlled substance to or for  
11 any person or animal which is not under his or her treatment for a pathology or  
condition other than addiction to a controlled substance, except as provided in this  
division.

12 (b) No person shall knowingly solicit, direct, induce, aid, or encourage a  
13 practitioner authorized to write a prescription to unlawfully prescribe, administer,  
dispense, or furnish a controlled substance.

14 11. Health and Safety Code, Section 11153 states: No person shall issue a prescription  
15 that is false or fictitious in any respect.

#### 16 COST RECOVERY

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

#### 23 DEFINITIONS

24 13. Amphetamine salts – Generic name for the drug Adderall, which is a combination  
25 drug containing four salts of the two enantiomers of amphetamine, a Central Nervous System  
26 (CNS) stimulant of the phenethylamine class. Adderall is used to treat attention deficit  
27 hyperactivity disorder and narcolepsy but can be used recreationally as an aphrodisiac and  
28 euphoriant. Adderall is habit forming. Amphetamine Salts are a Schedule II controlled substance

1 pursuant to Code of Federal Regulations Title 21 section 1308.12(d) and a dangerous drug  
2 pursuant to Business and Professions Code section 4022.

3 14. Armodafinil – Generic name for the drug, Nuvagil among others, is a CNS stimulant  
4 medication used to treat sleepiness due to narcolepsy, shift work sleep disorder, and obstructive  
5 sleep apnea. While it has seen off-label use as a purported cognitive enhancer to improve  
6 wakefulness in animal and human studies, the research on its effectiveness for this use is not  
7 conclusive. Armodafinil is a Schedule IV controlled substance pursuant to Code of Federal  
8 Regulations Title 21 section 1308.12 and Health and Safety Code, section 11055, subdivision (b),  
9 and a dangerous drug pursuant to Business and Professions Code, section 4022.

10 15. Dextroamphetamine –Generic name for the drug, Dexedrine, a common stimulant  
11 medication. Dextroamphetamine is a combination of two ingredients; amphetamine and  
12 dextroamphetamine. Dexedrine is a Schedule II controlled substance pursuant to Code of Federal  
13 Regulations Title 21 section 1308.12 and Health and Safety Code, section 11055, subdivision (b),  
14 and a dangerous drug pursuant to Business and Professions Code, section 4022.

15 16. Hydrocodone with acetaminophen – Generic name for the drugs Vicodin, Norco, and  
16 Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination  
17 product used to treat moderate to moderately severe pain. Prior to October 6, 2014, Hydrocodone  
18 with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal  
19 Regulations Title 21 section 1308.13(e). Hydrocodone with acetaminophen is a dangerous drug  
20 pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled  
21 substance pursuant to California Health and Safety Code section 11055, subdivision (b).

22 17. Hydromorphone hydrochloride – Generic name for the drug Dilaudid.  
23 Hydromorphone hydrochloride (“hcl”) is a potent opioid agonist that has a high potential for  
24 abuse and risk of producing respiratory depression. Hydromorphone hcl is a short-acting  
25 medication used to treat severe pain. Hydromorphone hcl is a Schedule II controlled substance  
26 pursuant to Code of Federal Regulations Title 21 section 1308.12. Hydromorphone hcl is a  
27 dangerous drug pursuant to California Business and Professions Code section 4022 and is a  
28 Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

1           18. Methylphenidate — Generic name for Ritalin, is a central nervous system stimulant  
2 medication used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. It is a  
3 first line medication for ADHD. It is taken by mouth or applied to the skin. Methylphenidate is a  
4 Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section  
5 1308.12 and Health and Safety Code, section 11055, subdivision (b), and a dangerous drug  
6 pursuant to Business and Professions Code, section 4022.

7           19. Modafinil – Generic name for Provigil, among others, is a CNS stimulant medication  
8 used to treat sleepiness due to narcolepsy, shift work sleep disorder, and obstructive sleep apnea.  
9 While it has seen off-label use as a purported cognitive enhancer to improve wakefulness in  
10 animal and human studies, the research on its effectiveness for this use is not conclusive.  
11 Modafinil is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21  
12 section 1308.12 and Health and Safety Code, section 11055, subdivision (b), and a dangerous  
13 drug pursuant to Business and Professions Code, section 4022.

14           20. Oxycodone – Generic name for OxyContin, Roxicodone, and Oxecta. High risk for  
15 addiction and dependence. Can cause respiratory distress and death when taken in high doses or  
16 when combined with other substances, especially alcohol. Oxycodone is a short acting opioid  
17 analgesic used to treat moderate to severe pain. OxyContin ER is a long acting opioid  
18 formulation consisting of an extended release mechanism sold under the brand name OxyContin.  
19 Oxycodone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title  
20 21 section 1308.12. Oxycodone is a dangerous drug pursuant to California Business and  
21 Professions Code section 4022 and is a Schedule II controlled substance pursuant to California  
22 Health and Safety Code section 11055(b).

23           21. Temazepam – Generic name for Restoril. Temazepam is an intermediate-acting  
24 benzodiazepine used to treat insomnia. Temazepam is a Schedule IV controlled substance  
25 pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV  
26 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a  
27 dangerous drug pursuant to Business and Professions Code section 4022.

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1 22. Tramadol – Generic name for the drug Ultram. Tramadol is an opioid pain  
2 medication used to treat moderate to moderately severe pain. Effective August 18, 2014,  
3 Tramadol was placed into Schedule IV of the Controlled Substances Act pursuant to Code of  
4 Federal Regulations Title 21 section 1308.14(b). It is a dangerous drug pursuant to Business and  
5 Professions Code section 4022.

6 23. Zaleplon – Generic name for Sonata. Zaleplon is a fast-acting sedative and hypnotic,  
7 used for short term treatment of insomnia. Zaleplon Tartrate is a Schedule IV controlled  
8 substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule  
9 IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a  
10 dangerous drug pursuant to Business and Professions Code section 4022.

11 24. Zolpidem Tartrate – Generic name for Ambien. Zolpidem tartrate is a sedative and  
12 hypnotic used for short term treatment of insomnia. Zolpidem tartrate is a Schedule IV controlled  
13 substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule  
14 IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a  
15 dangerous drug pursuant to Business and Professions Code section 4022.

16 **FIRST CAUSE FOR DISCIPLINE**

17 **(Gross Negligence)**

18 25. Respondent's license is subject to disciplinary action under section 2234, subdivision  
19 (b), of the Code, in that he committed gross negligence during the care and treatment of Patient A  
20 and Patient B. The circumstances are as follows:

21 **Patient A:**

22 26. On or about June 30, 2011, Respondent began prescribing medication to his then wife  
23 (current ex-wife), Patient A.<sup>1 2</sup>

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28 <sup>1</sup> Conduct alleged to have occurred before February 17, 2016, is for informational purposes only.

<sup>2</sup> Patient names and information are redacted to protect their privacy.

1 27. During the period from March 21, 2015, to November 24, 2017, Respondent  
2 prescribed large amounts of a variety of controlled substances to Patient A. Respondent  
3 prescribed or re-filled the following controlled substances to Patient A:

<b>Date Filled</b>	<b>Prescription</b>	<b>Quantity</b>	<b>Dosage</b>	<b>Schedule</b>
March 21, 2015	Modafinil	30 tablets	200 milligram	IV
December 16, 2015	Amphetamine Salt Combo	90 tablets	30 milligram	II
May 12, 2016	Amphetamine Salt Combo	90 tablets	30 milligram	II
August 30, 2016	Amphetamine Salt Combo	90 tablets	30 milligram	II
September 8, 2016	Methylphenidate	90 tablets	20 milligram	II
December 19, 2016	Dextroamphetamine	90	30 milligram	II
May 15, 2017	Amphetamine Salt Combo	90 tablets	30 milligram	II
July 21, 2017	Amphetamine Salt Combo	90 tablets	30 milligram	II
November 11, 2017	Amphetamine Salt Combo	90 tablets	30 milligram	II

21 28. Prior to issuing the aforementioned prescriptions, Respondent failed to perform an  
22 appropriate examination on Patient A. During Respondent's care and treatment of Patient A,  
23 Respondent failed to maintain adequate and accurate medical records. Although Respondent  
24 provided care and treatment to Patient A and prescribed medication for her, Respondent failed to  
25 include any records of prescriptions for Patient A in Patient A's file. Instead, during the duration  
26 of Respondent's care and treatment of Patient A, Patient A's records consisted of a blank  
27 "practice note," lab and imaging results, an undated diagnosis list, an undated medication list, and  
28 consult notes from other providers.

1 **Patient B:**

2 29. On or about April 8, 2018, Respondent began prescribing medication to his then  
3 girlfriend, Patient B.

4 30. During the period from April 8, 2018, to April 16, 2021, Respondent prescribed large  
5 amounts of a variety of controlled substances to Patient B. Respondent prescribed or re-filled the  
6 following controlled substances to Patient B:

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8 <b>Date Filled</b>	<b>Prescription</b>	<b>Quantity</b>	<b>Dosage</b>	<b>Schedule</b>
9 April 8, 2018	Testosterone	N/A	90 days	III
10 October 5, 2018	Testosterone	N/A	90 days	III
11 October 27, 2018	Methylphenidate HCL	90 tablets	20 milligrams	II
12 November 27, 2018	Methylphenidate HCL	90 tablets	20 milligrams	II
13 November 27, 2018	Testosterone	N/A	90 days	III
14 December 26, 2018	Methylphenidate HCL	90 tablets	20 milligrams	II
15 February 4, 2019	Methylphenidate HCL	90 tablets	20 milligrams	II
16 February 22, 2019	Dexmethylphenidate HCL	30 tablets	30 milligrams	II
17 March 21, 2019	Tramadol HCL	120 tablets	50 milligrams	IV
18 March 22, 2019	Dexmethylphenidate HCL	30 tablets	35 milligrams	II
19 April 17, 2019	Dexmethylphenidate HCL	30 tablets	40 milligrams	II
20 July 31, 2019	Dextroamphetamine	60 tablets	15 milligram	II
21 September 4, 2019	Dextroamphetamine	90 tablets	15 milligram	II

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October 10, 2019	Dextroamphetamine	90 tablets	15 milligram	II
December 5, 2019	Armodafinil	30 tablets	250 milligram	IV
January 7, 2020	Armodafinil	30 tablets	250 milligram	IV
February 6, 2020	Armodafinil	30 tablets	250 milligram	IV
February 18, 2020	Methylphenidate HCL	90 tablets	20 milligram	II
March 10, 2020	Armodafinil	30 tablets	250 milligram	IV
April 1, 2020	Methylphenidate HCL	90 tablets	20 milligram	II
April 11, 2020	Armodafinil	30 tablets	250 milligram	IV
May 6, 2020	Methylphenidate HCL	90 tablets	20 milligram	II
July 1, 2020	Methylphenidate HCL	90 tablets	20 milligram	II
July 27, 2020	Methylphenidate HCL	90 tablets	20 milligram	II
August 26, 2020	Testosterone	Powder	90 days	III
October 6, 2020	Methylphenidate HCL	90 tablets	20 milligram	II
November 10, 2020	Methylphenidate HCL	90 tablets	20 milligram	II
December 7, 2020	Amphetamine Salt Combo	60 tablets	30 milligram	II
January 14, 2021	Amphetamine Salt Combo	60 tablets	30 milligram	II
February 12, 2021	Amphetamine Salt Combo	60 tablets	30 milligram	II



1	March 17, 2021	Amphetamine Salt	30 tablets	30 milligram	II
2		Combo			
3	April 16, 2021	Amphetamine Salt	30 tablets	30 milligram	II
4		Combo			

5 31. Prior to issuing the aforementioned prescriptions, Respondent failed to perform an  
6 appropriate examination on Patient B, until a visit which occurred on December 7, 2020. During  
7 Respondent's care and treatment of Patient B, Respondent failed to maintain adequate and  
8 accurate medical records. Although Respondent provided care and treatment to Patient B and  
9 prescribed medication for her, Respondent failed to include any records in Patient B's file, until  
10 on or about December 7, 2020. Nonetheless, during the December 7, 2020 visit and the  
11 subsequent visits with Patient B, Respondent engaged repeatedly in improper record keeping.

12 32. On or about March 19, 2019, Respondent prescribed tramadol, an opioid, to Patient  
13 B. However, Respondent failed to document the medical indication for why he was prescribing  
14 the drug:

15 33. On or about April 8, 2018, October 5, 2018, and November 27, 2018, Respondent  
16 prescribed testosterone to Patient B. Respondent failed to document the medical indication for  
17 why he was prescribing the drug.

18 34. During his care and treatment of Patient A and Patient B, Respondent committed the  
19 following grossly negligent acts:

20 A. Prescribing multiple controlled substances to Patient A, without an appropriate  
21 prior examination;

22 B. Prescribing multiple controlled substances to Patient B, without an appropriate  
23 prior examination;

24 C. Prescribing testosterone to Patient B, without documented medical indications;  
25 and

26 D. Prescribing tramadol to Patient B, without documented medical indications.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 35. Respondent's license is subject to disciplinary action under section 2234, subdivision  
4 (c), of the Code, in that he committed repeated negligent acts during the care and treatment of  
5 Patient A and Patient B, as more fully described in paragraphs 25 through 34, above, and those  
6 paragraphs are incorporated by reference as if fully set forth herein. Respondent committed  
7 additional repeated negligent acts during the care and treatment of Patient A and Patient B. The  
8 circumstances are as follows:

9 36. Regarding the March 19, 2019, tramadol prescription, Respondent failed to perform  
10 and/or document a patient evaluation and risk stratification; engage a specialist for consultation;  
11 obtain and/or document patient consent; and consul and/or document consultation about overdose  
12 risk.

13 37. Between April 6, 2018, and August 26, 2020, Respondent wrote five testosterone  
14 prescriptions to Patient B. When initiating testosterone therapy, Respondent failed to review risks  
15 and benefits with the patient, and/or document said risks. In addition, Respondent failed to  
16 monitor Patient B's testosterone therapy.

17 38. During his care and treatment of Patient A and Patient B, Respondent committed the  
18 following acts of repeated negligence:

19 A. Failure to complete adequate and accurate medical records for Patient A,  
20 regarding controlled substances;

21 B. Failure to complete adequate and accurate medical records for Patient B,  
22 regarding controlled substances;

23 C. Prescribing tramadol to Patient B without following the Board's pain  
24 management guidelines; and

25 D. Repeatedly prescribing testosterone to Patient B, without properly monitoring  
26 the patient for clinical benefit and adverse effects.

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**THIRD CAUSE FOR DISCIPLINE**

**(Failure to Maintain Adequate and Accurate Records)**

39. Respondent’s license is subject to disciplinary action under section 2266 of the Code, in that he failed to maintain adequate and accurate medical records relating to his care and treatment of Patient A and Patient B, as more fully described in paragraphs 25 through 38, above, and those paragraphs are incorporated by reference as if fully set forth herein.

**FOURTH CAUSE FOR DISCIPLINE**

**(Prescribing without an Appropriate Prior Examination)**

40. Respondent’s license is subject to disciplinary action under section 2242, of the Code, in that he prescribed controlled substances without an appropriate prior examination, relating to his care and treatment of Patient A and Patient B, as more fully described in paragraphs 25 through 39, above, and those paragraphs are incorporated by reference as if fully set forth herein.

**FIFTH CAUSE FOR DISCIPLINE**

**(Violation of State Regulations Regarding Controlled Substances)**

41. Respondent’s license is subject to disciplinary action under section 2238, of the Code, and Health and Safety Code, in that he violated Health and Safety Code, section 11152, relating to his care and treatment of Patient A and Patient B, as more fully described in paragraphs 25 through 40, above, and those paragraphs are incorporated by reference as if fully set forth herein.

**PRAYER**

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

- 1. Revoking or suspending Physician’s and Surgeon’s Certificate Number G 39666, issued to Randall John Meredith, M.D.;
- 2. Revoking, suspending or denying approval of Randall John Meredith, M.D.’s authority to supervise physician assistants and advanced practice nurses;
- 3. Ordering Randall John Meredith, 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;

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4. Ordering Respondent Randall John Meredith, M.D., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and

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

DATED: FEB 16 2023



REJI VARGHESE  
Deputy Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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Accusation with MNC edits.docx