

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

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

Paul Carlton Norwood, Jr. , M.D.

**Physician's and Surgeon's
Certificate No. A 38798**

Respondent.

Case No.: 800-2021-075132

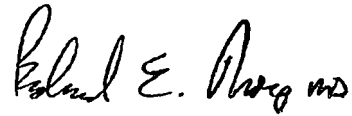
DECISION

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 May 9, 2025.

IT IS SO ORDERED: April 10, 2025.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, M.D., Chair
Panel B**

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 KALEV KASEORU
Deputy Attorney General
4 State Bar No. 331645
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7508
Facsimile: (916) 327-2247
7 E-mail: Kalev.Kaseoru@doj.ca.gov
Attorneys for Complainant

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

13 In the Matter of the Accusation Against:

14 **PAUL CARLTON NORWOOD, JR., M.D.**
15 **550 E Herndon Ave., Ste. 101**
Fresno, CA 93720

16 **Physician's and Surgeon's Certificate No. A**
17 **38798**

18 Respondent.

Case No. 800-2021-075132

OAH No. 2024070665

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19
20 In the interest of a prompt and speedy settlement of this matter, consistent with the public
21 interest and the responsibility of the Medical Board of California of the Department of Consumer
22 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
23 which will be submitted to the Board for approval and adoption as the final disposition of the
24 Accusation.

25 **PARTIES**

26 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
27 California (Board). He brought this action solely in his official capacity and is represented in this

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1 matter by Rob Bonta, Attorney General of the State of California, by Kalev Kaseoru, Deputy
2 Attorney General.

3 2. Respondent Paul Carlton Norwood, Jr., M.D. (Respondent) is representing himself in
4 this proceeding and has chosen not to exercise his right to be represented by counsel.

5 3. On or about July 19, 1982, the Board issued Physician's and Surgeon's Certificate
6 No. A 38798 to Paul Carlton Norwood, Jr., M.D. (Respondent). The Physician's and Surgeon's
7 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
8 No. 800-2021-075132, and will expire on July 31, 2026, unless renewed.

9 **JURISDICTION**

10 4. Accusation No. 800-2021-075132 was filed before the Board and is currently pending
11 against Respondent. The Accusation and all other statutorily required documents were properly
12 served on Respondent on October 5, 2023. Respondent timely filed his Notice of Defense
13 contesting the Accusation.

14 5. A copy of Accusation No. 800-2021-075132 is attached as "Exhibit A" and
15 incorporated herein by reference.

16 **ADVISEMENT AND WAIVERS**

17 6. Respondent has carefully read and understands the charges and allegations in
18 Accusation No. 800-2021-075132. Respondent has also carefully read and understands the
19 effects of this Stipulated Settlement and Disciplinary Order.

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

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

1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2021-075132, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent does not contest that, at an administrative hearing, Complainant could
6 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
7 2021-075132, a true and correct copy of which is attached hereto as Exhibit A, and that he has
8 thereby subjected his Physician's and Surgeon's Certificate, No. A 38798 to disciplinary action.
9 Respondent hereby gives up his right to contest those charges.

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

13 **CONTINGENCY**

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

24 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
25 be an integrated writing representing the complete, final and exclusive embodiment of the
26 agreement of the parties in this above-entitled matter.

27 14. Respondent agrees that if he ever petitions for early termination or modification of
28 probation, or if an accusation and/or petition to revoke probation is filed against him before the

1 Board, all of the charges and allegations contained in Accusation No. 800-2021-075132 shall be
2 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
3 other licensing proceeding involving Respondent in the State of California.

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

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

10 **DISCIPLINARY ORDER**

11 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 38798 issued
12 to Respondent, Paul Carlton Norwood, Jr., M.D. is revoked. However, the revocation is stayed
13 and Respondent is placed on probation for two (2) years on the following terms and conditions:
14 This Order is to run consecutive to, and shall take effect immediately upon completion of the
15 probationary order in case no. 800-2019-051892.

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

26 2. **PRESCRIBING PRACTICES COURSE**. Within 60 calendar days of the effective
27 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
28 advance by the Board or its designee. Respondent shall provide the approved course provider

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

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

12 Respondent shall submit a certification of successful completion to the Board or its
13 designee not later than 15 calendar days after successfully completing the course, or not later than
14 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

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

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

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
9 name and qualifications of a replacement monitor who will be assuming that responsibility within
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
12 notification from the Board or its designee to cease the practice of medicine within three (3)
13 calendar days after being so notified. Respondent shall cease the practice of medicine until a
14 replacement monitor is approved and assumes monitoring responsibility.

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

20 STANDARD CONDITIONS

21 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
22 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
23 Chief Executive Officer at every hospital where privileges or membership are extended to
24 Respondent, at any other facility where Respondent engages in the practice of medicine,
25 including all physician and locum tenens registries or other similar agencies, and to the Chief
26 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
27 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
28 calendar days.

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

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

5 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
6 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
7 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
8 enforcement, as applicable, in the amount of \$32,661.30 (thirty-two thousand six hundred sixty-
9 one dollars and thirty cents). Costs shall be payable to the Medical Board of California. Failure
10 to pay such costs shall be considered a violation of probation.

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

15 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
16 repay investigation and enforcement costs, including expert review costs (if applicable).

17 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
18 under penalty of perjury on forms provided by the Board, stating whether there has been
19 compliance with all the conditions of probation.

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

22 9. GENERAL PROBATION REQUIREMENTS.

23 Compliance with Probation Unit

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

25 Address Changes

26 Respondent shall, at all times, keep the Board informed of Respondent's business and
27 residence addresses, email address (if available), and telephone number. Changes of such
28 addresses shall be immediately communicated in writing to the Board or its designee. Under no

1 circumstances shall a post office box serve as an address of record, except as allowed by Business
2 and Professions Code section 2021, subdivision (b).

3 Place of Practice

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

7 License Renewal

8 Respondent shall maintain a current and renewed California physician's and surgeon's
9 license.

10 Travel or Residence Outside California

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

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

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

20 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
21 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
22 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
23 defined as any period of time Respondent is not practicing medicine as defined in Business and
24 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
25 patient care, clinical activity or teaching, or other activity as approved by the Board. If
26 Respondent resides in California and is considered to be in non-practice, Respondent shall
27 comply with all terms and conditions of probation. All time spent in an intensive training
28 program which has been approved by the Board or its designee shall not be considered non-

1 practice and does not relieve Respondent from complying with all the terms and conditions of
2 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
3 on probation with the medical licensing authority of that state or jurisdiction shall not be
4 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
5 period of non-practice.

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

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

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

13 Periods of non-practice for a Respondent residing outside of California will relieve
14 Respondent of the responsibility to comply with the probationary terms and conditions with the
15 exception of this condition and the following terms and conditions of probation: Obey All Laws;
16 General Probation Requirements; and Quarterly Declarations.

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

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

1 the matter is final.

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

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

17 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
18 a new license or certification, or petition for reinstatement of a license, by any other health care
19 licensing action agency in the State of California, all of the charges and allegations contained in
20 Accusation No. 800-2021-075132 shall be deemed to be true, correct, and admitted by
21 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
22 restrict license.

23 24 ACCEPTANCE

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

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DATED: 2-7-25



PAUL CARLTON NORWOOD, JR., M.D.
Respondent

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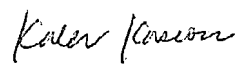
ENDORSEMENT

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

DATED: February 7, 2025

Respectfully submitted,

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



KALEV KASEORU
Deputy Attorney General
Attorneys for Complainant

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1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 LYNETTE D. HECKER
Deputy Attorney General
4 State Bar No. 182198
California Department of Justice
5 2550 Mariposa Mall, Room 5090
Fresno, CA 93721
6 Telephone: (559) 705-2320
Facsimile: (559) 445-5106
7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
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12 In the Matter of the Accusation Against:

Case No. 800-2021-075132

13 **Paul Carlton Norwood, Jr., M.D.**
14 **550 E Herndon Ave., Ste. 101**
Fresno, CA 93720

ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. A 38798,**

17 **Respondent.**

18
19 **PARTIES**

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

23 2. On or about July 19, 1982, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 38798 to Paul Carlton Norwood, Jr., M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on July 31, 2024, unless renewed.

27 ///

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1 **JURISDICTION**

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

21 **STATUTORY PROVISIONS**

22 5. Section 725 of the Code states, in pertinent part:

23 (a) Repeated acts of clearly excessive prescribing, furnishing,
24 dispensing, or administering of drugs or treatment, repeated acts of clearly excessive
25 use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic
or treatment facilities as determined by the standard of the community of licensees is
unprofessional conduct for a physician and surgeon,

26 . . .

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

1 (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.

2 6. Section 2234 of the Code, states in pertinent part:

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

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

7 (b) Gross negligence.

8 (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
9 separate and distinct departure from the applicable standard of care shall constitute
repeated negligent acts.

10 ...

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

14 REGULATORY PROVISIONS

15 8. Section 11165 of the California Health and Safety Code states, in relevant part:

16 (a) To assist health care practitioners in their efforts to ensure appropriate
17 prescribing, ordering, administering, furnishing, and dispensing of controlled
18 substances, law enforcement and regulatory agencies in their efforts to control the
diversion and resultant abuse of Schedule II, Schedule III, Schedule IV, and Schedule
19 V controlled substances, and for statistical analysis, education, and research, the
Department of Justice shall, contingent upon the availability of adequate funds in the
20 CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation
System (CURES) for the electronic monitoring of, and internet access to information
21 regarding, the prescribing and dispensing of Schedule II, Schedule III, Schedule IV,
and Schedule V controlled substances by all practitioners authorized to prescribe,
22 order, administer, furnish, or dispense these controlled substances.

23 ...

24 (d) For each prescription for a Schedule II, Schedule III, Schedule IV, or
25 Schedule V controlled substance, as defined in the controlled substances schedules in
federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14, and
26 1308.15, respectively, of Title 21 of the Code of Federal Regulations, the dispensing
pharmacy, clinic, or other dispenser shall report the following information to the
27 department or contracted prescription data processing vendor as soon as reasonably
possible, but not more than one working day after the date a controlled substance is
28

1 released to the patient or patient's representative, in a format specified by the
2 department:

3 (1) Full name, address, and, if available, telephone number of the ultimate user
4 or research subject, or contact information as determined by the Secretary of the
5 United States Department of Health and Human Services, and the gender and date of
6 birth of the ultimate user.

7 (2) The prescriber's category of licensure, license number, national provider
8 identifier (NPI) number, if applicable, the federal controlled substance registration
9 number, and the state medical license number of a prescriber using the federal
10 controlled substance registration number of a government-exempt facility.

11 (3) Pharmacy prescription number, license number, NPI number, and federal
12 controlled substance registration number.

13 (4) National Drug Code (NDC) number of the controlled substance dispensed.

14 (5) Quantity of the controlled substance dispensed.

15 (6) The International Statistical Classification of Diseases (ICD) Code
16 contained in the most current ICD revision, or any revision deemed sufficient by the
17 State Board of Pharmacy, if available.

18 (7) Number of refills ordered.

19 (8) Whether the drug was dispensed as a refill of a prescription or as a first-
20 time request.

21 (9) Prescribing date of the prescription.

22 (10) Date of dispensing of the prescription.

23 (11) The serial number for the corresponding prescription form, if applicable.

24 ...

25 (j) If the dispensing pharmacy, clinic, or other dispenser experiences a
26 temporary technological or electrical failure, it shall, without undue delay, seek to
27 correct any cause of the temporary technological or electrical failure that is
28 reasonably within its control. The deadline for transmitting prescription information
to the department or contracted prescription data processing vendor pursuant to
subdivision (d) shall be extended until the failure is corrected. If the dispensing
pharmacy, clinic, or other dispenser experiences technological limitations that are not
reasonably within its control, or is impacted by a natural or manmade disaster, the
deadline for transmitting prescription information to the department or contracted
prescription data processing vendor shall be extended until normal operations have
resumed.

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1 **COST RECOVERY**

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

8 **PERTINENT DRUG DEFINITIONS**

9 10. Acetaminophen and codeine (commonly known as Tylenol® with codeine or Tylenol
10 #3®) is a combination of two medicines used to treat moderate to severe pain. Codeine is an
11 opioid pain medication, commonly referred to as a narcotic. Acetaminophen is a less potent pain
12 reliever that increases the effects of codeine. Codeine has a high potential for abuse. Codeine is
13 a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of
14 the Health and Safety Code, and a Schedule II controlled substance as defined by Section
15 1308.12, subdivision (b)(1) of Title 21 of the code of Federal Regulations and a dangerous drug
16 as defined in Code section 4022. Respiratory depression is the chief hazard from all opioid
17 agonist preparations.

18 11. Controlled Substance Utilization Review and Evaluation System 2.0 (CURES) is a
19 database of Schedule II, III, IV, and V controlled substance prescriptions dispensed in California
20 serving the public health, regulatory and oversight agencies and law enforcement. CURES 2.0 is
21 committed to the reduction of prescription drug abuse and diversion without affecting legitimate
22 medical practice or patient care.

23 12. Morphine is a non-synthetic narcotic, derived from opium, which is used for the
24 treatment of pain. Morphine's effects include euphoria and relief of pain. Chronic use of
25 morphine results in tolerance and physical and psychological dependence. Morphine use results
26 in relief from physical pain, decrease in hunger, and inhibition of the cough reflex. Overdose ,
27 effects include; cold and clammy skin; lowered blood pressure; sleepiness; slowed breathing;
28 slow pulse rate; coma; and possible death. There are known risks associated with concomitant use

1 of morphine with benzodiazepines or other central nervous system (CNS) depressants. Morphine
2 is a Schedule II narcotic under the Controlled Substances Act. The Drug Enforcement
3 Administration has identified morphine, as a drug of abuse. (Drugs of Abuse, A DEA Resource
4 Guide (2017 Edition), at p. 45.)

5 13. Norco is the trade name for hydrocodone combined with acetaminophen.
6 Hydrocodone is semisynthetic narcotic analgesic, a dangerous drug as defined in Code section
7 4022, a Schedule II controlled substance and narcotic as defined by section 11055, subdivision
8 (b)(1)(I) of the Health and Safety Code and a Schedule II controlled substance as defined by
9 section 1308.12, subdivision (b)(1)(vi) of Title 21 of the Code of Federal Regulations. Used
10 primarily for pain control, it has a moderately high potential for abuse. Repeated administration
11 of hydrocodone over a course of several weeks may result in psychological and physical
12 dependence.

13 14. Testosterone is a Schedule III controlled substance pursuant to Health and Safety
14 Code section 11056, subdivision (f)(30), and is a dangerous drug as defined by Code section
15 4022. Testosterone is an anabolic steroid.

16 FACTUAL ALLEGATIONS

17 Patient 1¹

18 15. Patient 1 is a woman in her early seventies who had seen Respondent as her primary
19 care physician for many years. Respondent saw Patient 1 for a variety of medical issues.

20 16. On or about July 30, 2020, among other complaints, Patient 1 reported teeth pain to
21 Respondent. Respondent did not examine her mouth or make a medical diagnosis, but prescribed
22 thirty (30) Tylenol #3 for Patient 1 to take one a day for a month to "solve that."

23 17. On or about February 1, 2021, Patient 1 presented with bilateral shoulder pain from
24 having "banged into a produce cart." Respondent examined Patient 1 and, as to her right
25 shoulder, found that though she had a lot of soft tissue tenderness, she had full range of motion,
26 was able to lift her arm up completely on her own, was able to posterior flex and pull back her
27 shoulder without problem, and had full range of motion. Respondent examined her left shoulder

28 ¹ Patients' names are redacted for privacy.

1 and found it was not as bad in any regard as her right shoulder. Respondent also found that
2 Patient 1 had no muscle pain, joint pain, or bone pain and that she was able to sit on the
3 examination table without difficulty or evidence of pain. Respondent's progress note did not
4 contain anything further in the way of history, review of systems, alternative forms of treatment
5 such as NSAIDs being offered, or exam to warrant the use of narcotics for pain management.
6 Despite these findings, Respondent prescribed 10 mg/ml of intramuscular morphine sulfate for
7 Patient 1's shoulder pain.

8 18. Respondent did not report the morphine vial provided to Patient 1 on or about
9 February 1, 2021, to CURES.

10 **Patient 2**

11 19. Patient 2 is currently a male in his early sixties who saw Respondent for primary care
12 and endocrinology services for several years. Respondent treated him for insulin-dependent
13 diabetes, hypogonadism, and anxiety.

14 20. Between at least on or about January 10, 2018, and on or about September 16, 2021,
15 Respondent treated Patient 2 for hypogonadism by prescribing regular, intramuscular testosterone
16 injections. Respondent provided Patient 2 with vials of testosterone to self-administer at home at
17 a dose of 200 mg every 2 weeks.

18 21. Respondent did not report any of the testosterone he provided to Patient 2 to CURES.

19 22. Respondent did not order any blood work to reassess Patient 2's testosterone or blood
20 count.

21 **Patient 3**

22 23. Patient 3 is a male in his mid-sixties who began seeing Respondent as his primary
23 care physician in or about the summer of 2019.

24 24. Prior to seeing Respondent, in or about 2015, Patient 3 was seen by a specialist who
25 determined that Patient 3 had chronic abdominal pain from chronic pancreatitis,² likely related to

26 ² Chronic pancreatitis is a condition caused by recurrent injury to the pancreas that can ultimately
27 lead to the release of pancreatic enzymes that can cause damage to the pancreas itself. Chronic
28 pancreatitis tends to be associated with a chronic gnawing like pain, but without a significant rise
in pancreatic enzymes often seen in acute pancreatitis and can last years. Chronic pancreatitis

1 alcohol use. Respondent initially managed Patient 3's chronic pancreatitis by prescribing Norco
2 as needed.

3 25. On or about March 2, 2020, Respondent began prescribing daily Morphine Extended
4 Release 30 mg to Patient 3. Respondent continued to prescribe long-acting morphine as well as
5 Norco for at least the next year, during which time Respondent did not order lab work or
6 diagnostic imaging, nor did he examine Patient 3 over this time frame, or failed to note the
7 findings thereof.

8 26. On or about June 9, 2020, Patient 3 presented to Respondent in significant pain with
9 acute pancreatitis³ and had run out of his morphine. Respondent treated Patient 3 by
10 administering intramuscular morphine in the office, as well as providing a vial of morphine for
11 self-administration at home. Respondent did not provide Patient 3 a prescription or sample of
12 Narcan, a reversal agent used in case of morphine overdose. Respondent's notes for this visit fail
13 to document any physical exam completed; labs, imaging, or referrals ordered; the amount of
14 morphine provided to Patient 3 for at-home use; or a discussion of risks, benefits, and
15 alternatives.

16 27. On or about June 16, 2020, Respondent provided Patient 3 another vial of morphine
17 for at-home, self-administration. Respondent's notes for this visit fail to document any physical
18 exam completed or labs, imaging, or referrals ordered.

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22 does not require bowel rest and is usually treated with pain medication, diet alteration, and
supportive enzymes.

23 ³ Acute pancreatitis is defined as sudden inflammation and injury to the pancreas causing
24 inflammation, pain, and metabolic changes. Acute pancreatitis tends to be associated with severe
25 pain, intolerance to food/drinks, and often can lead to severe acid base imbalances which can
26 sometimes be life threatening. In general, acute pancreatitis tends to last 2-7 days, on average.
27 Acute pancreatitis is treated with what is called "bowel rest," by stopping oral nutrition and even
28 fluids in severe cases, and providing intravenous hydration and treatment of the pain. The
mortality rate and risk of complications of acute pancreatitis is much worse than chronic
pancreatitis and sometimes require surgical intervention and hospitalization to maintain proper
acid base balance to prevent life threatening complications. The severity of acute pancreatitis is
assessed with evaluating pancreatic enzymes, white cell count, renal function, hydration status,
calcium levels and acid base balances. Parameters indicating poor prognosis of acute pancreatitis
are determined on blood work. (This is called Ranson's Criteria).

1 28. On or about August 6, 2020, Respondent provided Patient 3 another vial of morphine
2 for at-home, self-administration of up to 10 mg, two times per day. Respondent's notes for this
3 visit do not reflect any physical exam completed or labs, imaging, or referrals ordered.

4 29. On or about August 17, 2020, Respondent saw Patient 3, who reported that he had
5 been using the morphine at the rate of 20 mg, three times a day, which is more than double what
6 was prescribed to him. Respondent also noted Patient 3 ran out of his long-acting morphine
7 tablets early. However, Respondent's notes for this encounter do not address either non-
8 compliance issue. On or about this same visit, Respondent provided Patient 3 another vial of
9 morphine for at-home, self-administration. Respondent's notes for this visit fail to document any
10 physical exam completed or labs, imaging, or referrals ordered.

11 30. On or about August 24, 2020, Patient 3 presented with continued pain despite
12 continuing to take the intramuscular morphine. Respondent referred Patient 3 to a
13 gastroenterologist.

14 31. On or about August 31, 2020, Respondent increased Patient 3's dose of oral morphine
15 extended release from 30 mg daily to 60 mg twice a day.

16 32. By on or about September 24, 2020, Patient 3 had been able to temporarily cease use
17 of injectable morphine. However, Respondent continued to prescribe oral morphine to Patient 3
18 in high doses, namely a morphine extended release 60 mg twice a day and Norco 4 tablets a day
19 regularly, which equates to a morphine equivalent dose over 120 mg a day.

20 33. On or about December 16, 2020, Respondent reduced the amount of Norco prescribed
21 to Patient 3 to only 45 tablets a month (down from 120) and the morphine extended release
22 remained at 60 mg twice a day.

23 34. In or around March 2021, Respondent increased Patient 3's prescription to 90 tablets
24 of Norco a month and the Morphine Extended release to 60 mg twice a day. Patient 3's
25 continuing chronic pancreatitis was confirmed via imaging and evaluation by the Stanford
26 University Hospital System. Acute pancreatitis was not found at that time.

27 35. On or about July 6, 2021, Respondent again prescribed intramuscular morphine to
28 Patient 3, and provided the patient with a vial of morphine for at-home, self-administration.

1 36. Respondent did not report any of the morphine vials he provided to Patient 3 to
2 CURES.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Gross Negligence)**

5 37. Respondent's Physician's and Surgeon's Certificate No. A 38798 is subject to
6 disciplinary action under section 2227, as defined by 2234, subdivision (b), of the Code in that he
7 committed act(s) and/or omission(s) constituting gross negligence in his care and treatment of
8 Patient 3. The factual circumstances are set forth above in paragraphs 23 through 36, which are
9 incorporated here by reference as if fully set forth. Additional circumstances are as follows:

10 38. The standard of care for the use of high doses of narcotics in a patient with acute
11 pancreatitis limits the use of high doses or intramuscular/intravenous morphine to a short course,
12 usually two to seven days. Respondent's prescribing of intramuscular morphine for Patient 3 for
13 approximately eight weeks (from in or about June 9, 2020, through in or about the end of August
14 of 2020), constitutes gross negligence.

15 39. The standard of care mandates that providers use the lowest dose possible of opiates
16 and for the shortest amount of time as possible. Acute pancreatitis can require high doses of
17 opiates for management, but generally only for a week or two. Respondent provided Patient 3
18 high doses of morphine in the form of intramuscular and oral doses for several months.
19 Administration of intramuscular or intravenous morphine is limited to licensed providers, such as
20 registered nurses, licensed vocational nurses, medical doctors, physician assistants, or nurse
21 practitioners. Respondent provided Patient 3, who was not medically trained, the tools to self-
22 administer a highly dangerous and addictive medication via intramuscular route, which increases
23 the risk of complication due to the sudden bolus of medicine in the system. The difficulty in
24 obtaining care during the pandemic did not negate the risks involved. If Patient 3 was in so much
25 pain as to need daily injections, he should have returned to Respondent's office daily or been
26 admitted. Respondent's use of and prescribing intramuscular morphine for more than a few doses
27 in an out-patient setting for Patient 3 constitutes gross negligence. Additionally, supplying

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1 Patient 3 with vials of morphine to administer his own injections at home constitutes gross
2 negligence.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts)**

5 40. Respondent's Physician's and Surgeon's Certificate No. A 38798 is subject to
6 disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code,
7 in that he committed multiple acts and/or omissions constituting negligence in his care and
8 treatment of Patients 1, 2, and 3. The circumstances are set forth in paragraphs 15 through 36,
9 which are hereby incorporated by reference as if fully set forth. Additional circumstances are as
10 follows:

11 41. The standard of care requires a medical history and exam to be completed to assess
12 the patient's pain, likely diagnosis, and indication for use of an opiate over alternative forms of
13 pain treatment, such as NSAIDs or acetaminophen. Respondent's prescribing intramuscular
14 morphine for Patient 1's bilateral shoulder pain in the absence of an appropriate history, review of
15 systems, or exam findings to warrant the use of narcotics for pain management, without offering
16 alternative forms of treatment such as NSAIDs, constitutes negligence. Dispensing 10 mg of
17 intramuscular morphine to a patient in the setting of a normal review of systems and normal exam
18 findings, without evidence of findings to warrant such an extreme in-office treatment, constitutes
19 negligence. Additionally, Respondent's prescribing thirty (30) Tylenol #3 to treat Patient 1's
20 teeth pain without full exam or diagnosis was excessive, increased Patient 1's risk of addiction to
21 narcotics, and constitutes negligence.

22 42. The standard of care mandates that pharmacies or providers dispensing any controlled
23 substances report it to the CURES (Controlled Substance Utilization Review and Evaluation
24 System) within 1-2 business days of its dispensing. This is mandated so that the medication
25 dispensing can be safely monitored to screen for diversion or misuse. Testosterone, such as
26 dispensed to Patient 2, is a Schedule III controlled substance deemed to have a potential for abuse
27 and therefore is mandated for monitoring such that Respondent's failure to report dispensing it to
28 Patient 2 constitutes negligence and violates section 11165 of the California Health and Safety

1 Code. Morphine, such as dispensed to Patients 1 and 3, is a Schedule II controlled substance
2 deemed to have a potential for abuse and therefore is mandated for monitoring such that
3 Respondent's failure to report dispensing it to Patients 1 and 3 constitutes negligence and violates
4 section 11165 of the California Health and Safety Code.

5 43. The standard of care for management of acute pancreatitis depends on the severity of
6 the presentation. The severity is determined by the patient's symptoms, but also objective data
7 such as vital signs, physical exam, and laboratory testing. Mild to moderate acute pancreatitis can
8 be managed with bowel rest with only intake of oral hydration, oral pain medications and close
9 follow up. Severe acute pancreatitis is managed with close monitoring, often in the hospital, with
10 imaging and laboratory testing to make sure complications are kept to a minimum, as well as IV
11 hydration and pain management. Some of these complications can be life threatening. The
12 standard of care for chronic pancreatitis requires close monitoring of pancreatic endocrine
13 (hormonal) and exocrine (digestive) function with blood work and stool studies and diet
14 modification. Opiates are used occasionally in complicated cases, but are discouraged.
15 Respondent's failure to conduct adequate physical examinations and to order laboratory testing or
16 imaging evaluations in his care and treatment of Patient 3's pancreatitis constitutes negligence.

17 **THIRD CAUSE FOR DISCIPLINE**

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

19 44. Respondent's Physician's and Surgeon's Certificate No. A 38798 is subject to
20 disciplinary action under section 2227, as defined by section 2266 of the Code, in that
21 Respondent failed to maintain adequate and accurate records relating to the provision of services
22 to Patients 1 and 3. The circumstances are set forth in paragraphs 15 through 18 and 23 through
23 36, which are incorporated here by reference as if fully set forth.

24 **DISCIPLINARY CONSIDERATIONS**

25 45. To determine the degree of discipline, if any, to be imposed on Respondent Paul
26 Carlton Norwood, Jr., M.D., Complainant alleges that on or about September 16, 2022, in a prior
27 disciplinary action titled *In the Matter of the Second Amended Accusation Against Paul Carlton*
28 *Norwood, Jr., M.D.* before the Medical Board of California, in Case Number 800-2019-051892,

Respondent's license was revoked, with said revocation stayed for three years' probation, for gross negligence, repeated negligent acts, unprofessional conduct, and inadequate or inaccurate recordkeeping in the care and treatment of five patients. That decision is now final and is 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 A 38798, issued to Paul Carlton Norwood, Jr., M.D.;
2. Revoking, suspending or denying approval of Paul Carlton Norwood, Jr., M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Paul Carlton Norwood, Jr., M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: **OCT 05 2023**


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

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