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

In the Matter of the Accusation Against: Randall Scott Williams, M.D. Physician's and Surgeon's Certificate No. G 68885 Respondent.	Case No.: 800-2018-043842

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 February 25, 2022.

IT IS SO ORDERED: January 28, 2022.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, Chair
Panel B

ROB BONTA
Attorney General of California
STEVEN D. MUNI
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **RANDALL SCOTT WILLIAMS, M.D.** **1040 Mangrove Ave.** **Chico, CA 95926-3509** **Physician's and Surgeon's Certificate** **No. G 68885** Respondent.	Case No. 800-2018-043842 OAH No. 2021060148 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Aaron L. Lent, Deputy Attorney General.

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2. Respondent Randall Scott Williams, M.D. (Respondent) is represented in this proceeding by attorney Nicole D. Hendrickson, whose address is: 655 University Avenue, Suite 119, Sacramento, CA 95825.

3. On or about June 18, 1990, the Board issued Physician's and Surgeon's Certificate No. G 68885 to Randall Scott Williams, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-043842, and will expire on September 30, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-043842 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 4, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-043842 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-043842. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-043842, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations in Accusation No. 800-2018-043842, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 68885 to disciplinary action.

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

CONTINGENCY

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2018-043842 shall be

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

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

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 68885 issued to Respondent Randall Scott Williams, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. STANDARD STAY ORDER. However, revocation stayed and Respondent is placed on probation for three years upon the following terms and conditions.

2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test

Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of 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. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting 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. The Respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the Respondent's practice setting changes and the Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent shall notify the Board or its designee within five (5) calendar days of the practice setting change. If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, 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. The Respondent shall not resume practice until an appropriate practice setting is established.

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

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

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

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place

of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

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

Travel or Residence Outside California

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

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

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

11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a

period of non-practice.

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

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

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

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

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in

determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-043842 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Nicole D. Hendrickson. 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: 11/18/2021

RANDALL SCOTT WILLIAMS, M.D.
Respondent

I have read and fully discussed with Respondent Randall Scott Williams, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/18/2021

NICOLE D. HENDRICKSON
Attorney for Respondent

ENDORSEMENT

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

DATED: 11/22/2021

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

AARON L. LENT
Deputy Attorney General
Attorneys for Complainant

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Attorneys for Complainant

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

In the Matter of the Accusation Against:	Case No. 800-2018-043842
Randall Scott Williams, M.D. **1040 Mangrove Ave.** **Chico, CA 95926-3509** **Physician's and Surgeon's Certificate No. G 68885,** Respondent.	**ACCUSATION**

PARTIES

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

2. On or about June 18, 1990, the Medical Board issued Physician's and Surgeon's Certificate Number G 68885 to Randall Scott Williams, 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 September 30, 2021, 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 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. 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.
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> (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.

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

DEFINITIONS

7. **Alprazolam** (generic name for the drug Xanax) is a short-acting benzodiazepine used to treat anxiety, and is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14. Alprazolam is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057, subdivision (d).

8. **Amfepramone** (also known as diethylpropion), is a stimulant drug of phenethylamine, amphetamine, and cathinone classes that is used as an appetite suppressant. It is used in the short-term management of obesity, along with dietary and lifestyle changes.

9. **Butalbital Acetaminophen Caffeine** is a combination medication used to treat tension headaches. Acetaminophen helps to decrease the pain from the headache. Caffeine helps to increase the effects of acetaminophen. Butalbital is a sedative that helps to decrease anxiety and cause sleepiness and relaxation.

10. **Carisoprodol** (generic name for the drug Soma) is a centrally acting skeletal muscle relaxant. On January 11, 2012, carisoprodol was classified a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a dangerous drug pursuant to Business and Professions Code section 4022.

11. **Hydrocodone bitartrate** (generic name for the drugs Vicodin, Norco, and Lortab). Hydrocodone with acetaminophen is classified as an opioid analgesic combination product used to treat moderate to moderately sever pain. Hydrocodone with acetaminophen is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Hydrocodone with acetaminophen is a dangerous drug pursuant to Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code 11055, subdivision (b). Prior to October 6, 2014, Hydrocodone with acetaminophen was a

Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13(e).

12. **Lorazepam** (generic name for Ativan) is a member of the benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

13. **Lunesta** (trade name for Eszopiclone). It is a hypnotic agent with a chemical structure unrelated to benzodiazepines, however, it shares some of the pharmacologic properties of the benzodiazepines. It is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

14. **Morphine Sulfate** is used by patients who require a potent opioid analgesic for relief of moderate to severe pain. Morphine Sulfate is a dangerous drug pursuant to California Business and Professions Code section 4022, and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055 subdivision (b).

15. **Oxycodone hydrochloride with acetaminophen** (generic name for Percocet) is a semisynthetic narcotic analgesic with multiple actions qualitatively similar to those of morphine. It can produce drug dependence of the morphine type and therefore, has the potential for being abused. Repeated administration of Percocet may result in psychic and physical dependence. Oxycodone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Oxycodone is a dangerous drug pursuant to California Business and Professions Code section 4022, and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055 subdivision (b).

16. **Phendimetrazine** is a sympathomimetic amine, which is similar to an amphetamine. Phendimetrazine stimulates the central nervous system, which increases your heart rate and blood pressure and decreases your appetite. It is used together with diet and exercise to treat obesity.

17. **Phentermine hydrochloride** (generic for Fastin and Ionamin) is a sympathomimetic amine with pharmacologic activity similar to amphetamines. It is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

18. **Temazapam** (generic name for Restoril) is a medication used to treat insomnia but can also be used to relieve anxiety, as an anti-convulsant and as a muscle relaxant. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

Patient A: [1]

19. Patient A is an older female with a history of discitis on multiple levels of the lumbar spine, low back pain, major depressive disorder, anxiety disorder, migraine headaches, diabetes mellitus type II, Von Willebrand's disease and a laminectomy.

20. Patient A had been a patient in Respondent's practice since at least 2012 when the patient was 65-years old. When Patient A started seeing Respondent, Patient A was taking several prescriptions. As of 2015, Respondent prescribed oxycontin, oxycodone, and carisoprodil.

21. In 2016, Respondent saw Patient A almost on a monthly basis.

22. On or about March 2016, there was a notation that Patient A would be referred to a pain management specialist.

23. On or about July 28, 2016, Patient A went to see Respondent for pain to her right ankle. The progress notes indicate Patient's A's x-rays were negative for fracture. There is no specific diagnosis but Patient A was prescribed Norco, 10 mg/325 mg, alprazolam 1 mg and carisoprodol 350 mg.

24. On or about November 22, 2016, Patient A sought out treatment from Respondent for right arm numbness. Patient A continued to complain of substantial difficulty with low back pain and sciatica and requested an increase in pain medications. There was a minimal physical

[1] Patient names are redacted to protect privacy.

examination for a musculoskeletal exam noting, "Severe chronic pain in the low back." Patient A submitted to a Urine Toxicology Screen. The results of that test demonstrated positive for results for opiates, methamphetamine, barbiturates, benzodiazepines and oxycodone.

25. On or about January 2, 2017, Patient A was admitted into the hospital due to confusion and slurred speech. The provider noted that Patient A was on several medications potentially causing sedation. The provider diagnosed Patient A with altered consciousness, likely accidental overdose.

26. On or about January 13, 2017, Patient A went for a follow-up with Respondent following hospitalization. Respondent advised he would work on decreasing dependence on opioids. Respondent prescribed Lunesta and refilled prescriptions for oxycodone and oxycodone-acetaminophen for a total Morphine Equivalent of 105 mg/day.

27. On or about February 28, 2017, Patient A was taken to the hospital via ambulance due to an altered mental state, confusion, and agitation. Patient A was diagnosed with acute agitation, cause unknown, and chronic back pain. The provider noted Patient A had been taking almost 30 different medications at home. Except for Norco, all of Patient A's medications were placed on hold. Patient A's condition improved. She was discharged on Percocet, diethylpropion and oxycodone.

28. On or about March 6, 2017, despite the prior hospitalizations, Respondent wrote a progress note reflecting Patient A's "pain management agreement is up to date. Cures activity is consistent." There was a minimal examination conducted at this appointment with a repeated note stating, "Chronic neck and back pain." Respondent prescribed diethylpropion, oxycodone, oxycodone-acetaminophen and Lunesta, amongst other prescriptions.

29. On or about April 14, 2017, Patient A sought treatment from Respondent due to complaints of stuttering and altered mental state. Respondent again wrote, "There is no sign of diversion or abuse and refills were given. Pain agreement is up to date. Cures activity is consistent." Patient A requested for a small increase in pain medication. Patient A was referred to a pain management specialist. Respondent prescribed oxycodone and Percocet.

30. On or about May 25, 2017, and November 16, 2017, Respondent treated Patient A. On these encounters he again repeated, "There is no sign of diversion or abuse and refills were given. Pain agreement is up to date. Cures activity is consistent." There are minimal musculoskeletal examinations performed.

31. Respondent continued to treat Patient A on or about July 16, 2018. Respondent conducted a limited musculoskeletal exam noting "Extremities: no edema."

32. During multiple times Respondent treated Patient A, he used a template to document the patient's care. Respondent frequently documented, "No signs of diversion. Cures is consistent" without verifying the accuracy of those notes.

33. During each visit with Patient A, Respondent documented performing a physical examination. The progress notes documenting the musculoskeletal exam only confirmed a back exam that was essentially identical and limited. The notes repeated the same pattern chronicling, "Severe chronic pain in the low back" with no documentation of a thorough back examination.

Patient B:

34. Patient B is a 66-year-old female with a history of hyperlipidemia, depression, anxiety disorder, opioid dependence, high blood pressure, posttraumatic stress disorder, sleep apnea, and degenerative joint disease involving multiple joints. Patient B used opioids to treat her neck, back and knee pain.

35. Beginning on or about January 2018, through on or about August 2018, Patient B sought treatment from Respondent on a monthly basis. During this timeframe, Patient B was also seen by psychiatry, pain management and orthopedic providers.

36. During each visit with Patient B, Respondent used a template to document the patient's care. On or about May 29, 2018, June 26, 2018, and July 24, 2018, Respondent wrote, "There is no sign of diversion or abuse and refills were given. Pain management is up to date. Cures activity is consistent" on the progress notes. Respondent was unable to verify the accuracy of those notes in light of a urine toxicology screening from May 29, 2018, which was positive for morphine and alcohol and negative for benzodiazepines. There is no reference to these results in any subsequent progress notes.

37. During each visit with Patient B, Respondent documented performing a physical examination. Despite prescriptions to address Patient B's issues with neck, back, and knee pain, the progress notes show a limited musculoskeletal examination. On or about January 8, 2018, February 9, 2018, March 2, 2018, April 9, 2018, May 29, 2018, July 24, 2018 and August 7, 2018, the same entries, "Extremities: no edema" were documented in the progress notes.

38. During each visit with Patient B, Respondent documented Patient B's heart rate. A resting heart rate over 100 is elevated and not considered a "regular rate". Yet during appointments in January, February, March, May, June, July and August, 2018, Patient B's heart rate was over 100 and Respondent wrote that these rates were "RRR" (regular rate and rhythm).

Patient C:

39. Patient C is a 69-year-old female with a history of low back pain, osteoporosis, pure hyperglyceridemia, hypothyroidism, hyperlipidemia, and high blood pressure.

40. Respondent treated Patient C as far back as 2007. Medical imaging demonstrated issues with chronic neck and pack pain.

41. Progress notes beginning on or about May 2017, through October 2019, demonstrate Respondent used a template to document the patient's care. On or about May 2, 2017, June 2, 2017, June 29, 2017, July 28, 2017, September 25, 2017, October 23, 2017, October 31, 2017, December 12, 2017, January 19, 2018, February 16, 2018, April 19, 2018, May 18, 2018, June 15, 2018, July 16, 2018, August 14, 2018, September 11, 2018, October 9, 2018, November 9, 2018, December 7, 2018, January 4, 2019, February 4, 2019, March 26, 2019, April 26, 2019, May 24, 2019, June 21, 2019, July 19, 2019, August 12, 2019, September 10, 2019 and October 12, 2019, Respondent wrote, "There is no sign of diversion or abuse and refills were given. Pain agreement is up to date. Cures activity is consistent" on the progress notes. Respondent was unable to verify the accuracy of those notes.

42. During each visit with Patient C, Respondent documented performing a physical examination. The progress notes documenting the musculoskeletal exam only confirmed a back exam that was essentially identical and limited. For example, all of the progress notes for the musculoskeletal exams repeatedly noted, "Extremities: No edema". The progress notes for the

back often stated "mild, soft tissue tenderness in the paraspinous soft issues lumbosacral region." Beginning April 19, 2018, Respondent changed the language on the back examination to read, "Soft Tissue tenderness low back". Respondent was unable to verify the accuracy of these notes despite continued prescriptions for pain management.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

43. Respondent Randall Scott Williams, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he committed gross negligence during the care and treatment of Patient A. The circumstances are as follow:

44. Complainant realleges paragraphs 19 through 33, and those paragraphs are incorporated by reference as if fully set forth herein.

45. Respondent's license is subject to disciplinary action because he committed gross negligence during the care and treatment of Patient A in the following manner:

a. Respondent failed to reduce the risk of overdoses by repeatedly prescribing a combination of benzodiazepines, opioids, and muscle relaxants without an updated detailed assessment, treatment plan, treatment goals, and appropriate ongoing monitoring.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

46. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts during the care and treatment of Patients A, B, and C. The circumstances are as follows:

47. Complainant realleges paragraphs 19 through 45, and those paragraphs are incorporated by reference as if fully set forth herein.

48. Respondent committed the following negligent acts during the care and treatment of Patients A, B, and C:

a. Respondent failed to document informed consent with Patient A regarding the potential risks, including addiction, overdose and death, when taking multiple controlled substances with respiratory depressants;

b. Respondent failed to perform and document monitoring Patient A for adverse effects of the combination of dangerous opioids and changing the management of those opioids when necessary;

c. Respondent failed to keep clear and comprehensive documentation of Patient B's care by repeatedly using general templates;

d. Respondent failed to keep clear and comprehensive documentation of Patient C's care by repeatedly using general templates.

THIRD CAUSE FOR DISCIPLINE

(Inadequate and Inaccurate Medical Record Keeping)

49. Respondent's license is subject to disciplinary action under section 2266 of the Code in that he kept inaccurate and incomplete medical records during the treatment of Patients A, B, and C. The circumstances are as follows:

50. Complainant realleges paragraphs 19 through 48, and those paragraphs are incorporated by reference as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

51. Respondent's license is subject to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine.

52. Complainant realleges paragraphs 19 through 50, and those paragraphs are incorporated by reference as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 68885, issued to Randall Scott Williams, M.D.;

2. Revoking, suspending or denying approval of Randall Scott Williams, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Randall Scott Williams, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: May 4, 2021

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

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