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

In the Matter of the First Amended Accusation Against:	
Roy John Robinson, M.D.	**Case No. 800-2018-048552**
Physician's and Surgeon's Certificate No. A 56270	
Respondent.	

DECISION

The attached Stipulated Surrender of License 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 August 15, 2022.

IT IS SO ORDERED August 11, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka, Executive Director
Medical Board of California

ROB BONTA
Attorney General of California
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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 First Amended Accusation Against: **ROY JOHN ROBINSON, M.D.** **8772 Cuyamaca St., Ste 105** **Santee, CA 92071-4218** **Physician's and Surgeon's Certificate No. A 56270** Respondent.	Case No. 800-2018-048552 OAH No. 2021100825 **STIPULATED SURRENDER OF LICENSE 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 Jason J. Ahn, Deputy Attorney General.

2. Roy John Robinson, M.D. (Respondent) is represented in this proceeding by attorney Thomas Peabody, Esq., whose address is: Peabody & Buccini, LLP., 527 Encinitas Blvd., Suite 100, Encinitas, CA 92024.

3. On or about August 7, 1996, the Board issued Physician's and Surgeon's Certificate No. A 56270 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-048552 and will expire on November 30, 2023, unless renewed.

JURISDICTION

4. On September 30, 2021, Accusation No. 800-2018-048552 was filed before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on or about September 30, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. On January 25, 2022, First Amended Accusation No. 800-2018-04855 was filed before the Board. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on or about January 25, 2022. A copy of First Amended Accusation No. 800-2018-048552 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in First Amended Accusation No. 800-2018-048552. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Disciplinary Order.

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

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

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CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 800-2018-048552, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 56270 to disciplinary action.

9. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2018-048552 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 56270 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

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

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

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

WAIVER OF RIGHT TO APPLY FOR REINSTATEMENT OF MEDICAL LICENSE IN CALIFORNIA

14. Respondent herby fully agrees to waive his right to apply for reinstatement of his Physician's and Surgeon's Certificate No. 56270, for the rest of his life. Respondent hereby also waives his right to apply for a new Physician's and Surgeon's Certificate in the State of California, for the rest of his life.

ADDITIONAL PROVISIONS

15. This Stipulated Surrender 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.

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16. The parties agree that copies of this Stipulated Surrender 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.

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 56270, issued to Respondent Roy John Robinson, M.D., is surrendered and accepted by the Board.

1. The effective date of this Decision and Order shall be August 15, 2022.

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

3. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

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

5. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations, and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 800-2018-048552 shall be deemed to be true, correct, and admitted by Respondent when the Board determines whether to grant or deny the petition.

6. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $1,462.50 prior to issuance of a new or reinstated license.

7. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of

California, all of the charges and allegations contained in First Amended Accusation, No. 800-2018-048552 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney, Thomas Peabody, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 6/28/22

ROY JOHN ROBINSON, M.D.
Respondent

I have read and fully discussed with Respondent Roy John Robinson, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Disciplinary Order. I approve its form and content.

DATED: 6/28/2022

Thomas Peabody, Esq.
Attorney for Respondent

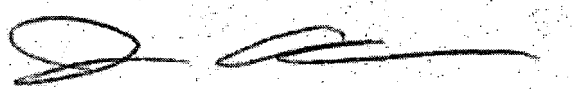
ENDORSEMENT

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

DATED: June 29, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-048552

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
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STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **ROY JOHN ROBINSON, M.D.** **8772 Cuyamaca St., Ste. 105** **Santee, CA 92071-4218** **Physician's and Surgeon's Certificate No. A 56270,** Respondent.	Case No. 800-2018-048552 OAH No. 2021100825 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended 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 August 7, 1996, the Board issued Physician's and Surgeon's Certificate No. A 56270 to Roy John Robinson, 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 November 30, 2023, unless renewed.

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JURISDICTION

3. This First Amended Accusation, which supersedes Accusation No. 800-2018-048552, filed on September 30, 2021, in the above-entitled matter, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government 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:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are 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.

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.

"..."

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.

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

COST RECOVERY

8. Section 125.3 of the Code states that:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 56270 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A,[1] B, and C, as more particularly alleged hereinafter:

Patient A

10. In or around July 2011,[2] Patient A first presented to Respondent for weight management. Patient A also complained of poor sleep, constipation, asthma, and high cholesterol.

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[1] References to "Patient A, B, and C" are used to protect patient privacy.

[2] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

11. On or about August 2, 2016, Patient A returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient A. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient A, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Adderall[3] to Patient A for the first time, but failed to adequately document supporting diagnoses or rationale for this medical decision-making.

12. On or about August 30, 2016, Patient A returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient A. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient A, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any.

13. On or about October 25, 2016, Patient A returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient A. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient A, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any.

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[3] Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a central nervous system stimulant of the amphetamine class, and is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

14. On or about January 31, 2017, Patient A returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient A. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient A, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent's documentation for this visit shows, among other things, a blood pressure of 130/85. Respondent prescribed atenolol[4] to Patient A for the first time, but Respondent failed to adequately document supporting diagnoses or rationale for this medical decision-making.

15. On or about March 21, 2017, Patient A returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient A. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient A, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any.

16. On or about August 1, 2017, Patient A returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient A. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient A, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Xanax[5] to Patient A for the first time, but failed to adequately document supporting diagnoses or rationale for this medical decision-making.

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[4] Atenolol is a beta blocker, which can be used to treat high blood pressure and chest pain (angina).

[5] Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that 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. When properly prescribed and indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory

(continued...)

17. On or about November 7, 2017, Patient A returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient A. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient A, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any.

Patient B

18. In 2014 or earlier, Patient B first presented to Respondent. Patient B had a history of low back pain and coccyx[6] pain.

19. On or about January 25, 2018, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco[7] and Xanax to Patient B but failed to adequately document justification(s) and/or rationale

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depression, coma, and death." The DEA has identified benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[6] Coccyx refers to a triangular bone at the base of the spinal column in humans.

[7] Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to Schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence, there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing opioids (Norco) and benzodiazepines (Xanax).

20. On or about February 22, 2018, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any.

21. On or about March 22, 2018, Patient B returned to Respondent. Respondent's documentation for this visit consists of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

22. On or about April 19, 2018, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

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23. On or about June 4, 2018, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any.

24. On or about August 23, 2018, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

25. On or about November 26, 2018, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

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26. On or about January 24, 2019, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out and/or intended to be filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing opioid Norco and Xanax.

27. On or about April 25, 2019, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out and/or intended to be filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

28. On or about October 10, 2019, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately

document the risks and mitigating factors of concurrently prescribing opioid Norco and Xanax.

29. On or about December 5, 2019, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

30. On or about March 2, 2020, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing opioid Norco and Xanax.

31. On or about July 27, 2020, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

32. On or about September 24, 2020, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing opioid Norco and Xanax.

33. On or about December 17, 2020, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing opioid Norco and Xanax.

34. On or about April 8, 2021, Patient B returned to Respondent. Respondent's documentation for this visit consists of handwritten [scribbled] notes on the margins of a form filled out and/or intended to be filled out by Patient B. Respondent's documentation does not contain one or more of the following: documentation of assessment and examination of Patient B, if any; diagnostic impression(s), if any; ordering and interpretation of laboratory or radiologic studies, if any; and prescribing of interventions, which may include pharmacotherapy, if any. Respondent prescribed Norco and Xanax to Patient B but failed to adequately document justification(s) and/or rationale for concurrently prescribing Norco and Xanax to Patient B. Respondent also failed to adequately document the risks and mitigating factors of concurrently prescribing Norco and Xanax.

Patient C

35. In or around 2016, Patient C first presented to Respondent. Patient C was a twenty-five-year-old female who complained of severe neck and upper back pain.

36. On or about March 26, 2018, Patient C returned to Respondent. Respondent prescribed 75 tablets of Norco to Patient C, to be used up to six times per day. However, Respondent's documentation for this visit states, among other things, "Lectured on addiction" and "Misunderstood – Don't take 3 pills/day – ever!" Respondent purportedly counseled Patient C against consuming Norco more than twice daily. Respondent's documentation for this visit does not adequately explain the reason(s) for this contradiction between what Respondent allegedly advised Patient C (consuming Norco no more than twice daily) and what Respondent actually prescribed to her (Norco to be used up to six times per day).

37. On or about April 30, 2018, Patient C returned to Respondent. Respondent prescribed 60 tablets of Norco to Patient C, to be used up to six times per day. This contradicts Respondent's purported advice to Patient C, on or about March 26, 2018, against consuming Norco more than twice daily. Respondent's documentation for this visit does not adequately explain the reason(s) for this contradiction.

38. Respondent committed repeated negligent acts in his care and treatment of Patient A Patient B, and Patient C, including, but not limited to:

a. Paragraphs 9 through 37, above, are hereby incorporated by reference and realleged as if fully set forth herein;

b. Respondent prescribed controlled substances to Patient A without adequate documentation of a substantiated diagnosis and/or medical decision-making rationale;

c. Respondent failed to maintain adequate and/or accurate records regarding his care and treatment of Patient A;

d. Respondent failed to adequately document his medical decision-making regarding concurrent prescription of opioids and benzodiazepines to Patient B;

e. Respondent failed to maintain adequate and/or accurate records regarding his care and treatment of Patient B; and

f. Respondent's documentation regarding Respondent's prescription of Norco to Patient C was inconsistent in that the actual doses of Norco Respondent prescribed to Patient C did not match the maximum doses Respondent recommended her.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

39. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 56270 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient B and Patient C, as more particularly alleged in paragraphs 9 through 38, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

40. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 56270 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, as more particularly alleged in paragraphs 9 through 39, above, which are hereby 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 No. A 56270, issued to Respondent Roy John Robinson, M.D.;

2. Revoking, suspending or denying approval of Respondent Roy John Robinson, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Roy John Robinson, M.D., if placed on probation, 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: JAN 25 2022

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

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