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

In the Matter of the Accusation Against: **THOMAS JEROME LANCASTER, M.D.** 1660 Humboldt Road, Suite 3 Chico, CA 95928 **Physician's and Surgeon's Certificate No. G 70162,** Respondent.	Case No. 800-2016-024953 **ACCUSATION**

PARTIES

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

2. On or about October 29, 1990, the Medical Board issued Physician's and Surgeon's Certificate No. G 70162 to Thomas Jerome Lancaster, 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 October 31, 2020, 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 unless otherwise indicated.

4. Section 2227 of the Code provides in pertinent part, 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.

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

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

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated 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 2261 of the Code states:

"Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct."

7. Section 2262 of the Code states:

"Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

"In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars ($500) for a violation of this section."

8. 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."

9. Section 810 of the Code states:

"(a) It shall constitute unprofessional conduct and grounds for disciplinary action, including suspension or revocation of a license or certificate, for a health care professional to do any of the following in connection with his or her professional activities:

(1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.

(2) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any false or fraudulent claim.

"(b) It shall constitute cause for revocation or suspension of a license or certificate for a health care professional to engage in any conduct prohibited under Section 1871.4 of the Insurance Code or Section 549 or 550 of the Penal Code.

"(c)(1) It shall constitute cause for automatic suspension of a license or certificate issued pursuant to Chapter 4 (commencing with Section 1600), Chapter 5 (commencing with Section 2000), Chapter 6.6 (commencing with Section 2900), Chapter 7 (commencing with Section 3000), or Chapter 9 (commencing with Section 4000), or pursuant to the Chiropractic Act or the Osteopathic Act, if a licensee or certificate holder has been convicted of any felony involving fraud committed by the licensee or certificate holder in conjunction with providing benefits covered by worker's compensation insurance, or has been convicted of any felony involving Medi-Cal fraud committed by the licensee or certificate holder in conjunction with the Medi-Cal program, including the Denti-Cal element of the Medi-Cal program, pursuant to Chapter 7 (commencing with Section 14000), or Chapter 8 (commencing with Section 14200), of Part 3 of Division 9 of the Welfare and Institutions Code. The board shall convene a disciplinary hearing to determine whether or not the license or certificate shall be suspended, revoked, or some other disposition shall be considered, including, but not limited to, revocation with the opportunity to petition for reinstatement, suspension, or other limitations on the license or certificate as the board deems appropriate.

(2) It shall constitute cause for automatic suspension and for revocation of a license or certificate issued pursuant to Chapter 4 (commencing with Section 1600), Chapter 5 (commencing with Section 2000), Chapter 6.6 (commencing with Section 2900), Chapter 7 (commencing with Section 3000), or Chapter 9 (commencing with Section 4000), or pursuant to the Chiropractic Act or the Osteopathic Act, if a licensee or certificate holder has more than one conviction of any felony arising out of separate prosecutions involving fraud committed by the licensee or certificate holder in conjunction with providing benefits covered by worker's compensation insurance, or in conjunction with the Medi-Cal program, including the Denti-Cal element of the Medi-Cal program pursuant to Chapter 7 (commencing with Section 14000), or Chapter 8 (commencing with Section 14200), of Part 3 of Division 9 of the Welfare and

Institutions Code. The board shall convene a disciplinary hearing to revoke the license or certificate and an order of revocation shall be issued unless the board finds mitigating circumstances to order some other disposition.

(3) It is the intent of the Legislature that paragraph (2) apply to a licensee or certificate holder who has one or more convictions prior to January 1, 2004, as provided in this subdivision.

(4) Nothing in this subdivision shall preclude a board from suspending or revoking a license or certificate pursuant to any other provision of law.

(5) "Board," as used in this subdivision, means the Dental Board of California, the Medical Board of California, the Board of Psychology, the State Board of Optometry, the California State Board of Pharmacy, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners.

(6) "More than one conviction," as used in this subdivision, means that the licensee or certificate holder has one or more convictions prior to January 1, 2004, and at least one conviction on or after that date, or the licensee or certificate holder has two or more convictions on or after January 1, 2004. However, a licensee or certificate holder who has one or more convictions prior to January 1, 2004, but who has no convictions and is currently licensed or holds a certificate after that date, does not have "more than one conviction" for the purposes of this subdivision.

"(d) As used in this section, health care professional means any person licensed or certified pursuant to this division, or licensed pursuant to the Osteopathic Initiative Act, or the Chiropractic Initiative Act."

PERTINENT DRUG INFORMATION

10. Alprazolam – Generic name for the drug Xanax. Alprazolam 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(d).

11. Amphetamine Salts – Generic name for the drug Adderall, which is a combination drug containing four salts of the two enantiomers of amphetamine, a Central Nervous System (CNS) stimulant of the phenethylamine class. Adderall is used to treat attention deficit hyperactivity disorder and narcolepsy but can be used recreationally as an aphrodisiac and euphoriant. Adderall is habit forming. Amphetamine Salts are a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12(d) and a dangerous drug pursuant to Business and Professions Code section 4022.

12. Aripiprazole – Generic name for the drug Abilify, among others. Aripiprazole is an atypical antipsychotic, primarily used in the treatment of schizophrenia and bipolar disorder. Other uses include as an add-on treatment in major depressive disorder, tic disorders and irritability associated with autism. It is taken by mouth or by injection into a muscle. Aripiprazole is a dangerous drug pursuant to California Business and Professions Code section 4022.

13. Dextroamphetamine-Amphetamine – Generic name for Adderall XR, Mydayis. Dextroamphetamine-Amphetamine is used to treat attention deficit hyperactivity disorder and narcolepsy. It is a combination medication containing four (4) salts of amphetamine, and works as a central nervous system stimulant. Dextroamphetamine-Amphetamine is a Schedule 2 controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12 and Health and Safety Code, section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code, section 4022.

14. Hydromorphone hydrochloride – Generic name for the drug Dilaudid. Hydromorphone hydrochloride ("hcl") is a potent opioid agonist that has a high potential for abuse and risk of producing respiratory depression. Hydromorphone hcl is a short-acting medication used to treat severe pain. Hydromorphone hcl is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12, and 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(b).

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15. Lamotrigine – Generic name for the drug Lamictal, among others. Lamotrigine is an anticonvulsant medication used to treat epilepsy and bipolar disorder. Epileptic symptoms treated include focal seizures, tonic-clonic seizures, and seizures in Lennox-Gastaut syndrome. In bipolar disorder, it is used to treat acute episodes of depression and rapid cycling in bipolar type II and to prevent recurrence in bipolar type I. Lamotrigine is a dangerous drug, pursuant to Business and Professions Code, section 4022.

16. Lorazepam – Generic name for Ativan. Lorazepam 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 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

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

18. Oxycodone – Generic name for OxyContin, Roxicodone, and Oxecta. Oxycodone carries a high risk for addiction and dependence, and can cause respiratory distress and death when taken in high doses or when combined with other substances, especially alcohol. Oxycodone is a short-acting opioid analgesic used to treat moderate to severe pain. OxyContin ER is a long-acting opioid formulation consisting of an extended-release mechanism. 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(b).

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19. Sertraline – Generic name for the drug Zoloft, is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. It is used to treat major depressive disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, premenstrual dysphoric disorder, and social anxiety disorder. Sertraline is a dangerous drug pursuant to Business and Professions Code, section 4022.

20. Temazepam – Generic name for Restoril. Temazepam is an intermediate-acting benzodiazepine used to treat insomnia. Temazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). 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.

21. Zolpidem Tartrate – Generic name for Ambien. Zolpidem Tartrate is a sedative and hypnotic used for short-term treatment of insomnia. Zolpidem Tartrate is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). 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.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

22. Respondent Thomas Jerome Lancaster, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code in that Respondent committed act(s) and/or omission(s) amounting to gross negligence. The circumstances are as follows:

Patient A

23. Beginning on or about March 5, 2014, Respondent was working as a contract physician at Butte County Behavioral Health (BCBH), in Oroville, California, where his duties consisted of providing psychiatric care to minor patients.

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24. On or about March 5, 2014, Respondent began treating Patient A, the grandfather of a BCBH patient. Patient A was not himself a BCBH patient, and Respondent did not have authorization from BCBH to use its facilities and/or property to treat Patient A. Patient A was a personal friend of Respondent, who had been a BCBH employee for several years, but no longer worked there.

25. During Respondent's care and treatment of Patient A, Respondent agreed to treat him without recording his medical information on a BCBH chart. Instead, Respondent kept separate, handwritten records of their meetings in his desk at BCBH. These records existed outside of the BCBH records system, and were unknown and inaccessible to anyone other than Respondent.

26. The Board obtained certified pharmacy profiles pertaining to Patient A from the dates of March 5, 2014, to September 13, 2016. During that time period, Respondent prescribed large amounts of a variety of controlled substances to Patient A. For example, between March 5, 2014, and September 13, 2016, Respondent prescribed or refilled the following controlled substances to Patient A:

Date Filled	Prescription	Quantity	Dosage	Schedule
March 5, 2014	Alprazolam	60 tablets	0.5 mg.	IV
April 3, 2014	Alprazolam	60 tablets	0.5 mg.	IV
May 20, 2014	Alprazolam	60 tablets	0.5 mg.	IV
July 11, 2014	Alprazolam	120 tablets	1 mg.	IV
August 10, 2014	Alprazolam	120 tablets	1 mg.	IV
September 6, 2014	Alprazolam	120 tablets	1 mg.	IV
September 16, 2014	Zolpidem tartrate	30 tablets	10 mg	IV
September 28, 2014	Alprazolam	120 tablets	1 mg.	IV
October 21, 2014	Zolpidem tartrate	30 tablets	10 mg	IV
October 24, 2014	Temazepam	30 capsules	30 mg.	IV
October 26, 2014	Alprazolam	120 tablets	1 mg.	IV

November 23, 2014	Zolpidem tartrate	30 tablets	10 mg	IV
November 23, 2014	Alprazolam	120 tablets	1 mg.	IV
December 12, 2014	Temazepam	30 capsules	30 mg.	IV
December 21, 2014	Alprazolam	120 tablets	1 mg.	IV
January 9, 2015	Temazepam	30 capsules	30 mg.	IV
January 17, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
January 20, 2015	Alprazolam	120 tablets	1 mg.	IV
February 8, 2015	Temazepam	30 capsules	30 mg.	IV
February 17, 2015	Alprazolam	120 tablets	1 mg.	IV
March 5, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
March 17, 2015	Alprazolam	120 tablets	1 mg.	IV
March 23, 2015	Temazepam	30 capsules	30 mg.	IV
April 2, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
April 14, 2015	Alprazolam	120 tablets	1 mg.	IV
April 21, 2015	Temazepam	30 capsules	30 mg.	IV
May 6, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
May 21, 2015	Temazepam	30 capsules	30 mg.	IV
June 4, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
June 12, 2015	Alprazolam	120 tablets	1 mg.	IV
June 18, 2015	Temazepam	30 capsules	30 mg.	IV
July 2, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
July 10, 2015	Alprazolam	120 tablets	1 mg.	IV
July 30, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
August 10, 2015	Alprazolam	120 tablets	1 mg.	IV
August 26, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
September 9, 2015	Alprazolam	120 tablets	1 mg.	IV
September 23, 2015	Zolpidem tartrate	30 tablets	10 mg	IV

October 13, 2015	Alprazolam	120 tablets	1 mg.	IV
October 21, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
November 11, 2015	Alprazolam	120 tablets	1 mg.	IV
November 17, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
December 1, 2015	Dextroamphetamine-Amphetamine	30 tablets	10 mg	II
December 3, 2015	Alprazolam	120 tablets	1 mg.	IV
December 15, 2015	Dextroamphetamine-Amphetamine	60 tablets	10 mg	II
December 17, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
December 30, 2015	Alprazolam	120 tablets	1 mg.	IV
January 13, 2016	Dextroamphetamine-Amphetamine	60 tablets	10 mg	II
January 15, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
February 3, 2016	Amphetamine salt combo	60 tablets	20 mg	II
February 3, 2016	Alprazolam	120 tablets	1 mg.	IV
February 3, 2016	Temazepam	30 capsules	30 mg.	IV
February 8, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
February 24, 2016	Amphetamine salt combo	60 tablets	30 mg	II
February 29, 2016	Alprazolam	120 tablets	1 mg.	IV
February 29, 2016	Temazepam	30 capsules	30 mg.	IV
March 7, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
March 25, 2016	Temazepam	30 capsules	30 mg.	IV
March 25, 2016	Alprazolam	120 tablets	1 mg.	IV
April 8, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
April 26, 2016	Methylphenidate HCL	30 tablets	20 mg	II
May 9, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
May 9, 2016	Alprazolam	120 tablets	1 mg.	IV
May 10, 2016	Methylphenidate HCL	60 tablets	20 mg	II

June 2, 2016	Alprazolam	120 tablets	1 mg.	IV
June 2, 2016	Temazepam	30 capsules	30 mg.	IV
June 6, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
June 6, 2016	Methylphenidate HCL	60 tablets	20 mg	II
June 30, 2016	Temazepam	30 capsules	30 mg.	IV
June 30, 2016	Alprazolam	120 tablets	1 mg.	IV
June 30, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
July 1, 2016	Methylphenidate HCL	60 tablets	20 mg	II
July 29, 2016	Methylphenidate HCL	60 tablets	20 mg	II
August 9, 2016	Temazepam	30 capsules	30 mg.	IV
August 9, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
August 9, 2016	Alprazolam	120 tablets	1 mg.	IV
September 13, 2016	Alprazolam	120 tablets	1 mg.	IV
September 13, 2016	Temazepam	30 capsules	30 mg.	IV

27. During the aforementioned time period, Patient A was also being prescribed large amounts of Oxycodone HCL, Hydromorphone HCL, and Morphine Sulfate by other medical practitioners.

28. Although Respondent had prescribed Patient A high doses of benzodiazepines, stimulants, sleep medicine, and opioids during the aforementioned time period—which required intensive monitoring—Respondent only saw Patient A during his visits with the patient's grandchild, who was a BCBH patient. Those visits with the BCBH patient, which lasted approximately thirty (30) minutes, required Respondent to address the BCBH patient's medical problems, which were extensive. Each of the prescriptions issued to Patient A by Respondent were from BCBH prescription pads. Additionally, during Respondent's care and treatment of

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Patient A, Respondent solely used the BCBH facility and BCBH's property. Respondent failed to coordinate the care and treatment of Patient A with his other medical providers. This failure deprived Patient A from ancillary services that could have helped address his underlying issues.

29. On or about April 14, 2016, Patient A's wife called BCBH staff on the telephone. During the telephone call, she was irate and yelled at staff members for not having completed a PAR/TAR[1] for Patient A. The staff member responded that BCBH was unable to do anything without first speaking with Respondent.

30. On or about May 10, 2016, Patient A arrived at the BCBH waiting room. He was upset, and loudly banged on the lobby door and yelled as he attempted to gain entry through the locked door. He then telephoned Respondent, who arrived shortly after, walked with Patient A to the facility's parking lot, and gave Patient A an envelope. Patient A then left the facility.

31. On May 31, 2016, Respondent authored a progress note regarding Patient A, which stated, "[Patient A] called and asked for a 3 mos supply of meds-wrote them out but informed, no more, after today, thus encouraging them to get care elsewhere, ASAP." Nonetheless, Respondent continued to prescribe controlled substances to Patient A, without any clinical documentation or charting, until September 13, 2016.[2]

32. Following notice that he was the subject of an investigation by the Department of Consumer Affairs (DCA) Division of Investigation (DOI), on or about February 20, 2019, Respondent drafted retroactive records related to his care and treatment of Patient A, and provided the records to the assigned investigator. The records, which pertained to five (5) patient visits, which began in "Spring 2015" and ended on February 9, 2016, were inaccurate and did not cover the complete timeframe during which Patient A was seen. They additionally do not cover critical events, such as when Patient A acted disruptively at BCBH, or why Patient A's benzodiazepine dose was quadrupled shortly into his treatment. The notes additionally failed to list all of the medications prescribed to Patient A.

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[1] A Participating Provider (PAR) has an agreement with a particular health insurance payer. A Treatment Authorization Request (TAR) is submitted to Medi-Cal, in order to receive authorization for a particular medical action.

[2] Respondent's contract with BCBH was terminated on June 10, 2016.

Patient B

33. On or about May 24, 2016, Respondent treated Patient B, a then eight (8) year old foster child. During the visit, Patient B's foster mother stated that she had repeatedly attempted to obtain the drug, Abilify, for Patient B, however, Medi-Cal repeatedly denied the requests. Respondent asked Patient B's mother if she had private insurance, to which she replied that she did. Respondent replied that he would write a prescription for Abilify in her name, so that she could fill it and administer the Abilify for the use of Patient B.

34. Although he was aware of its illegality, before ending the visit, Respondent wrote, on a BCBH prescription pad, a prescription for three (3) refills of thirty (30) Abilify tablets, in twenty (20) milligram doses, in Patient B's foster mother's name.

35. Following the visit with Patient B and Patient B's foster mother, Respondent entered a treatment note, which stated the following:

"Subjective: [redacted] never got the Risperdal since it wasn't covered but have been relying on samples of Abilify with excellent results. No PTSD symptoms, no cycling, no suicidal/homicidal thoughts and no side effects. Sleep, interest, energy, concert, appetite are fine.

"oh: relax, verbal, broad affect.

"A: PTSD, rule out mood disorder NOS.

"plan: stop the Risperdal and go back to Abilify, continue clonidine and return to clinic in three months."

Respondent additionally entered in Patient B's treatment notes that he had prescribed Abilify to Patient B's mother.

36. Despite the fact that Respondent's notes pertaining to the May 24, 2016, visit with Patient B contain the basic elements of the SOAP[3] format, the notes failed to adequately convey many necessary aspects of the examination, such as compliance or objective findings—specifically, speech, attention, and/or thought process. More importantly, Respondent's notes

[3] The SOAP note is a method of documentation employed by health care providers to transcribe notes in a patient's chart. The standard SOAP note format consists of the subjective component, objective component, assessment, and plan.

failed to convey why Patient B was in need of extreme medications that are not authorized by Medi-Cal. Nor do the notes mention the guidelines Respondent was following in treating Patient B. Respondent's notes fail to address whether laboratory monitoring is being done and whether benefits of treatment outweigh the risks for Patient B.

37. Following notice that he was the subject of an investigation by DOI, on or about April 29, 2019, Respondent provided a retroactive chart regarding his care and treatment of Patient B. In the chart, Respondent admitted to prescribing Abilify to Patient B's foster mother, which was intended for Patient B, and that Patient B's foster mother was never his patient.

38. On or about June 12, 2019, Respondent participated in an interview with DOI. During the interview, Respondent stated that he prescribed the Abilify, which was intended for Patient B, to Patient B's foster mother, because he was "worried about her hurting herself or others or having to require hospitalization." When asked if the agreement to prescribe to Patient B's foster mother was documented, Respondent replied that it all occurred verbally. After being shown the prescription, Respondent acknowledged that there did not appear to have been an emergency. He additionally acknowledged that the amount prescribed should have lasted Patient B over a year, which appeared inconsistent with an emergency scenario. Further, he acknowledged that he was aware that it was inappropriate to prescribe for one person with the intent of the prescription being used by another person.

Patient C

39. On or about May 31, 2016, Respondent began treating Patient C at BCBH. Patient C was a minor teenager, who was taking prescribed Zoloft, Abilify, Lamictal, and Ativan, from a previous medical provider. Prior to concluding the visit, Respondent wrote two (2) Zoloft prescriptions to Patient C, which resulted in Patient C receiving 400 milligrams of Zoloft daily.[4] Due to the high amount of Zoloft prescribed by Respondent, Patient C's daily Zoloft dose exceeded the recommended limit. This resulted in Patient C's insurance refusing to cover the full amount of the Zoloft prescription. In response, Respondent wrote one prescription for thirty (30)

[4] Respondent stated in his June 16, 2019, interview with DOI that he had an understanding with Patient C's mother that Patient C was to only take 300 milligrams of Zoloft daily.

200-milligram tablets of Zoloft, to be processed through Patient C's mother's insurance company. Respondent also wrote a second prescription for sixty (60) 100-milligram tablets of Zoloft, to be paid for in cash.

40. When transcribing the two Zoloft prescriptions, Respondent failed to adequately or accurately document important information. Specifically, when writing the sixty (60) tablet prescription for Zoloft, Respondent should have documented it as a once-a-day dosage. Additionally, since two (2) different pill strengths of the same medication were intended to be taken concurrently, Respondent should have stated in both prescriptions that they were being used in conjunction.

41. Following the visit, Respondent entered the following progress notes regarding his care and treatment of Patient C:

> "Subjective: [redacted] is doing very good with the current meds combination but still has some OCD [obsessive compulsive disorder] symptoms of skin picking and is enuretic [bedwetting] at night but mom does not want to change any of the meds. No depression, no significant mood swings, is happy overall and sleep, interest, energy, concentration, and appetite are fine. No suicidal or homicidal thoughts and no side effects. [sic]
>
> "Oh: chunky, lesions on arms from skin picking, blunted affect.
>
> "A: mood disorder NOS, OCD, Asperger's.
>
> "Plan: continue Zoloft, Lamictal, Rexulti and Ativan and return to clinic in three months."

42. Respondent failed to document accurate and adequate treatment notes for Patient C. Despite the fact that Respondent's notes contain the basic elements of the SOAP format, the notes failed to adequately convey many necessary aspects of the examination, such as compliance or objective findings—specifically, speech, attention, and/or thought process. More importantly, Respondent's notes failed to convey why Patient C, a minor patient, was in need of extreme medications and high doses. Although Respondent stated in his interview that he believed that he might have discussed decreasing the Zoloft doses to Patient C's mother, Respondent's notes lack

any documentation of the discussion. Respondent additionally failed to clearly document in the notes that he was issuing two prescriptions for the same medication, with the intention for the medications to be filled concurrently. Moreover, Respondent failed to properly document his reasons for prescribing such an unusual dosage of Zoloft to Patient C.

43. Respondent committed the following acts of gross negligence regarding Patient A:

a.) Respondent provided unauthorized psychiatric care for a personal friend at BCBH;

b.) Respondent engaged in substandard record keeping and documentation; and

c.) Respondent overprescribed controlled substances.

44. Respondent committed gross negligence regarding Patient B, in that Respondent wrote a prescription for Patient B's mother, which was intended for Patient B.

45. Respondent committed gross negligence regarding Patient C, in that Respondent engaged in substandard record keeping and documentation.

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. The circumstances are set forth in paragraphs 23 through 45, above, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

47. Respondent committed repeated negligent acts regarding Patient B in that Respondent engaged in substandard record keeping and documentation.

THIRD CAUSE FOR DISCIPLINE

(Creating False Records)

48. Respondent's license is subject to disciplinary action under section 2262 in that he created false medical records with fraudulent intent. The circumstances are set forth in paragraphs 33 through 38, which are incorporated here by reference as if fully set forth.

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FOURTH CAUSE FOR DISCIPLINE

(Signing False Records)

49. Respondent's license is subject to disciplinary action under section 2261 in that he signed a false medical record. The circumstances are set forth in paragraphs 33 through 38, which are incorporated here by reference as if fully set forth.

FIFTH CAUSE FOR DISCIPLINE

(False Claims to Medi-Cal, Dishonesty)

50. Respondent's license is subject to disciplinary action under section 810, subdivisions (a)(1) and (a)(2), and 2234, subdivision (e), in that Respondent knowingly submitted false claims to Medi-Cal and knowingly created false treatment records to support those false claims. The circumstances are set forth in paragraphs 33 through 38, which are incorporated here by reference as if fully set forth.

SIXTH CAUSE FOR DISCIPLINE

(Failure to Maintain Accurate and Adequate Records)

51. Respondent's license is subject to disciplinary action under section 2266, in that he failed to maintain adequate and accurate records. The circumstances are set forth in paragraphs 23 through 45, which are incorporated here by reference as if fully set forth.

DISCIPLINARY CONSIDERATIONS

52. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about January 26, 2007, in a prior disciplinary action entitled *In the Matter of the Accusation Against Thomas Jerome Lancaster, M.D.* before the Medical Board of California, in Case Number 02-2003-149423, Respondent's license was placed on probation for five (5) years—which included several terms and conditions—for gross negligence, repeated negligent acts, incompetence, and prescribing without a good faith examination, in the care and treatment of multiple patients. That decision is now final and is 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. G 70162, issued to Thomas Jerome Lancaster, M.D.;

2. Revoking, suspending or denying approval of Thomas Jerome Lancaster, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Thomas Jerome Lancaster, 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: July 26, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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