

BEFORE THE IOWA BOARD OF MEDICINE

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IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

RANDY R. ROBINSON, M.D., RESPONDENT

FILE No. 02-13-609

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STATEMENT OF CHARGES AND SETTLEMENT AGREEMENT  
(Combined)

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COMES NOW the Iowa Board of Medicine (Board) and Randy R. Robinson, M.D., (Respondent), on September 16, 2016, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4) enter into this combined Statement of Charges and Settlement Agreement to resolve this matter.

STATEMENT OF CHARGES

1. **Iowa Medical License:** Respondent was issued Iowa medical license no. 29686 on January 7, 1994. Respondent's Iowa medical license is active and will next expire on October 1, 2016.
2. **Jurisdiction:** The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148 and 272C.

## COUNT I

3. **Improper Pain Management:** Respondent is charged pursuant to Iowa Code sections 148.6(2)(i) and 653 IAC 13.2 for willfully or repeatedly violating a lawful rule or regulation adopted by the Board when he violated the standards of practice for appropriate pain management.\_

### STATEMENT OF MATTERS ASSERTED

4. **Practice Setting:** Respondent is an Iowa-licensed physician who currently practices family medicine in Clinton, Iowa.

#### **Standards of Practice for Appropriate Pain Management (Adopted in 2011):**

**653 IAC 13.2(5) Effective management of chronic pain.** Prescribing controlled substances for the treatment of chronic pain should only be accomplished within an established physician-patient relationship and should be based on clearly diagnosed and documented unrelieved pain. To ensure that chronic pain is properly assessed and treated, a physician who prescribes or administers controlled substances to a patient for the treatment of chronic pain shall exercise sound clinical judgment and establish an effective pain management plan in accordance with the following:

a. **Patient evaluation.** A patient evaluation that includes a physical examination and a comprehensive medical history shall be conducted prior to the initiation of treatment. The evaluation shall also include an assessment of the pain, physical and psychological function, diagnostic studies, previous interventions, including medication history, substance abuse history and any underlying or coexisting conditions. Consultation/referral to a physician with expertise in pain medicine, addiction medicine or substance abuse counseling or a physician who specializes in the treatment of the area, system, or organ perceived to be the source of the pain may be warranted depending upon the expertise of the physician and the complexity of the presenting patient. Interdisciplinary evaluation is strongly encouraged.

b. **Treatment plan.** The physician shall establish a comprehensive treatment plan that tailors drug therapy to the individual needs of the patient. To ensure proper evaluation of the success of the treatment, the plan shall clearly state the objectives of the treatment, for example, pain relief or improved physical or psychosocial functioning. The treatment plan shall also indicate if any further diagnostic

evaluations or treatments are planned and their purposes. The treatment plan shall also identify any other treatment modalities and rehabilitation programs utilized. The patient's short- and long-term needs for pain relief shall be considered when drug therapy is prescribed. The patient's ability to request pain relief as well as the patient setting shall be considered. For example, nursing home patients are unlikely to have their pain control needs assessed on a regular basis, making prn (on an as-needed basis) drugs less effective than drug therapy prescribed for routine administration that can be supplemented if pain is found to be worse. The patient should receive prescriptions for controlled substances from a single physician and a single pharmacy whenever possible.

**c. Informed consent.** The physician shall document discussion of the risks and benefits of controlled substances with the patient or person representing the patient.

**d. Periodic review.** The physician shall periodically review the course of drug treatment of the patient and the etiology of the pain. The physician should adjust drug therapy to the individual needs of each patient. Modification or continuation of drug therapy by the physician shall be dependent upon evaluation of the patient's progress toward the objectives established in the treatment plan. The physician shall consider the appropriateness of continuing drug therapy and the use of other treatment modalities if periodic reviews indicate that the objectives of the treatment plan are not being met or that there is evidence of diversion or a pattern of substance abuse. Long-term opioid treatment is associated with the development of tolerance to its analgesic effects. There is also evidence that opioid treatment may paradoxically induce abnormal pain sensitivity, including hyperalgesia and allodynia. Thus, increasing opioid doses may not improve pain control and function.

**e. Consultation/referral.** A specialty consultation may be considered at any time if there is evidence of significant adverse effects or lack of response to the medication. Pain, physical medicine, rehabilitation, general surgery, orthopedics, anesthesiology, psychiatry, neurology, rheumatology, oncology, addiction medicine, or other consultation may be appropriate. The physician should also consider consultation with, or referral to, a physician with expertise in addiction medicine or substance abuse counseling, if there is evidence of diversion or a pattern of substance abuse. The board encourages a multidisciplinary approach to chronic pain management, including the use of adjunct therapies such as acupuncture, physical therapy and massage.

**f. Documentation.** The physician shall keep accurate, timely, and complete records that detail compliance with this subrule, including patient evaluation, diagnostic studies, treatment modalities, treatment plan, informed consent, periodic review, consultation, and any other relevant information about the patient's condition and treatment.

**g. Pain management agreements.** A physician who treats patients for chronic pain with controlled substances shall consider using a pain management agreement with each patient being treated that specifies the rules for medication use and the consequences for misuse. In determining whether to use a pain management agreement, a physician shall evaluate each patient, taking into account the risks to the patient and the potential benefits of long-term treatment with controlled substances. A physician who prescribes controlled substances to a patient for more than 90 days for treatment of chronic pain shall utilize a pain management agreement if the physician has reason to believe a patient is at risk of drug abuse or diversion. If a physician prescribes controlled substances to a patient for more than 90 days for treatment of chronic pain and chooses not to use a pain management agreement, then the physician shall document in the patient's medical records the reason(s) why a pain management agreement was not used. Use of pain management agreements is not necessary for hospice or nursing home patients. A sample pain management agreement and prescription drug risk assessment tools may be found on the board's Web site at [www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov).

**h. Substance abuse history or comorbid psychiatric disorder.** A patient's prior history of substance abuse does not necessarily contraindicate appropriate pain management. However, treatment of patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care and communication with the patient, monitoring, documentation, and consultation with or referral to an expert in the management of such patients. The board strongly encourages a multidisciplinary approach for pain management of such patients that incorporates the expertise of other health care professionals.

**i. Drug testing.** A physician who prescribes controlled substances to a patient for more than 90 days for the treatment of chronic pain shall consider utilizing drug testing to ensure that the patient is receiving appropriate therapeutic levels of prescribed medications or if the physician has reason to believe that the patient is at risk of drug abuse or diversion.

**j. Termination of care.** The physician shall consider termination of patient care if there is evidence of noncompliance with the rules for medication use, drug diversion, or a repeated pattern of substance abuse.

**653 IAC 13.2(7) Prescription monitoring program.** The Iowa board of pharmacy has established a prescription monitoring program pursuant to Iowa Code sections 124.551 to 124.558 to assist prescribers and pharmacists in monitoring the prescription of controlled substances to patients. The board recommends that physicians utilize the prescription monitoring program when prescribing controlled substances to patients if the physician has reason to believe that a patient is at risk of

drug abuse or diversion. A link to the prescription monitoring program may be found at the board's Web site at [www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov).

5. **Improper Pain Management:** The Board alleges that Respondent violated the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to multiple patients in Clinton, Iowa.

#### SETTLEMENT AGREEMENT

6. **CITATION AND WARNING:** Respondent is hereby **CITED** for violating the laws and rules governing the practice of medicine when he failed to provide appropriate pain management to multiple patients in Clinton, Iowa. Respondent is hereby **WARNED** that such practice in the future may result in further formal disciplinary action, including suspension or revocation of his Iowa medical license.

7. **CIVIL PENALTY:** Respondent shall pay a \$5,000 civil penalty within twenty (20) days of the date of this order. The civil penalty shall be paid by delivery of a check or money order, to the executive director of the Board, payable to the Treasurer of Iowa. The civil penalty shall be deposited into the State General Fund.

8. **CHRONIC PAIN MANAGEMENT COURSE:** Respondent shall complete a Board-approved course on appropriate prescribing of controlled substances for the treatment of chronic pain within one hundred and twenty (120) days of the date of this Order. Respondent is responsible for all costs associated with the course.

9. **RECORD KEEPING COURSE:** Respondent shall complete a Board-approved medical record keeping course within one hundred and twenty (120) days of the date of this Order. Respondent is responsible for all costs associated with the course.

10. **PRESCRIBING AUDITS:** Respondent shall fully comply with Board-approved audits of his Schedule II narcotics prescribing for a period of two years. Respondent shall submit the names of all patients he has prescribed Schedule II narcotics for each quarter. From that list, the Board shall select 10 patients quarterly. Respondent shall provide the Board copies of the medical records for each patient selected for review.

11. Respondent voluntarily submits this Order to the Board for consideration.

12. Respondent agrees that the State's counsel may present this Order to the Board for consideration.

13. This Order constitutes the resolution of a contested case proceeding.

14. Respondent shall submit a list of all medical licensing boards where he holds a medical license, whether active or not, to the Board within thirty (30) days of the date of this order. Respondent shall submit a written statement to the Board which demonstrates that he has shared a copy of this order with all such medical licensing boards within thirty (30) days of the date of this order.

15. Respondent shall submit a list of all hospitals and clinics where he practices medicine to the Board within thirty (30) days of the date of this order. Respondent shall submit a written statement to the Board which demonstrates that he has shared a copy of this order with all such hospitals and clinics within thirty (30) days of the date of this order.

16. Respondent understands that by entering into this Order, he has a right to legal counsel in this matter, voluntarily waives any rights to a contested case hearing on the allegations in the Statement of Charges, and waives any objections to the terms of this

Order. 17. Respondent understands that by entering into this Order, he cannot obtain a copy of the investigative file. Pursuant to Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.

18. Periods in which Respondent resides or practices outside the state of Iowa, does not practice medicine or fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board.

19. Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank.

20. Respondent understands that this Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22 and 272C.

21. This Order is subject to approval of the Board. If the Board fails to approve this Order it shall be of no force or effect to either party.

22. The Board's approval of this Order shall constitute a Final Order of the Board.



Randy R. Robinson, M.D., Respondent

Subscribed and sworn to before me on 9/2, 2016.

Notary Public, State of Iowa.

This Order is approved by the Board on September 16, 2016.

*Diane L. Clark*

Diane L. Clark, R.N., M.A., Chair  
Iowa Board of Medicine  
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*Laura J. Bice*

