



January 8, 2025

Case number: 25-CRF-0001

William M. Boros, M.D.
6711 Gates Mills Blvd
Gates Mills, Ohio 44040
borosw@ccf.org

Dear Doctor Boros:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke or suspend your license or certificate, or refuse to grant or register or issue the license or certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) In your routine course of your practice from in or around 2014 to in or around 2022, you provided care and treatment for Patients 1 through 10, as identified on the attached Patient Key. **(The Patient Key is confidential and to be withheld from public disclosure.)** You failed to appropriately treat and/or failed to appropriately document your treatment of these patients.
 - (2) Specific examples of such treatment and/or conduct identified in paragraph (1) include, but are not limited to, the following:
 - (a) From in or about November 2013, until at least in or about January 2022, you provided care and treatment for Patient 1, for conditions that included post laminectomy syndrome, lumber herniated disc without myelopathy, cervical spondylosis with myelopathy, cervical spinal stenosis, anxiety, depression and fibromyalgia. In the course of your treatment of Patient 1, your documentation supporting the treatment plan was inadequate throughout the treatment, and you failed to provide an explanation or rationale for the prescribing of large quantities of two long-acting opioids simultaneously with short acting opioids. Further, you failed to document a clear, detailed, and informative assessment and plan for each of the diagnoses associated with the medications being prescribed. Further, in the course of your treatment of Patient 1 for chronic pain, you failed to document a full physical examination and assessment, failed to establish treatment goals, failed to require toxicology screens, failed to consider alternative therapies, failed to attempt to wean Patient 1 from opioid medications, failed to review OARRS reports, and failed to discuss with the patient the potential for addiction, abuse, misuse or diversion.
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- (b) From in or about August 2012, until at least in or about August 2021, you provided care and treatment for Patient 2, for conditions that included cervicalgia, lumbar radiculopathy, chronic thoracic back pain and arthritis. In the course of your treatment of Patient 2, your documentation supporting the treatment plan was inadequate throughout the treatment, your documentation of the history of the present illness, and of the symptoms warranting and supporting medication therapy was inadequate. Further, you failed to provide an explanation or rationale for the prescribing of large quantities of long-acting opioids simultaneously with short acting opioids. In the course of your treatment of Patient 2, the progress notes were unmodified across multiple visits. Further, in the course of your treatment of Patient 2 for chronic pain, you failed to fully document a complete physical examination including a musculoskeletal or neurological exam and assessment. Further, you failed to establish treatment goals, failed to require toxicology screens, failed to consider alternative therapies, failed to review OARRS reports, and failed to discuss with Patient 2 the potential for addiction, abuse, misuse or diversion.
- (c) From in or about April 2016, until at least in or about January 2022, you provided care and treatment for Patient 3, for conditions that included post laminectomy syndrome, lumbar radiculopathy, anxiety, panic attacks, insomnia, obesity, chronic pain, bronchitis and sciatica. In the course of your treatment of Patient 3, your documentation supporting the treatment plan was inadequate throughout the treatment, your documentation of the history of present illness provided insufficient details, and your documentation of symptoms warranting and supporting medication therapy was inadequate. Further, in the course of your treatment of Patient 3 for chronic pain, you failed to fully document Patient 3's history and failed to complete an appropriate physical examination commensurate with Patient's 3 presenting problem. Further, you failed to document or failed to consider Patient 3's previous weight history and previously attempted non-pharmacological weight loss efforts. Further, you failed to counsel Patient 3 on lifestyle modifications or to discuss the potential adverse side effects and potential for drug interactions while using weight loss medication. Further, you failed to establish treatment goals, failed to require toxicology screens, failed to consider alternative therapies, failed to review OARRS reports, and failed to discuss with Patient 3 the potential for addiction, abuse, misuse or diversion.
- (d) From in or about May 2016, until at least in or about January 2022, you provided care and treatment for Patient 4, for conditions that included daytime somnolence, primary narcolepsy with cataplexy, hypermobility arthralgia, primary insomnia, chronic neck pain, ureteral stone, depression and restless leg syndrome. In the course of your treatment of Patient 4, your documentation supporting the treatment plan was inadequate throughout the treatment, and your documentation of the history of present illness and of the assessment and plan provided insufficient details. Further, you failed to document the reason for prescribing stimulant medications in excessive doses for the diagnosis of Narcolepsy, and you failed to document the reason for prescribing sedative medications of the diagnosis of Insomnia. Further, you failed to collaborate with Patient 4's pain management specialist while you prescribed an opioid for acute pain. Further, the patient record documented multiple calls from pharmacists who

expressed concern about the controlled medications you prescribed to Patient 4 and several declined to fill any more prescriptions. Further, you failed to appropriately act when presented with possible signs of patient drug abuse. Further, you prescribed high doses of stimulants, benzodiazepines, and opioid medication, however you failed to document the symptoms of Patient 4's diagnoses, which would warrant such prescribing. Further, you failed to review OARRS reports.

- (e) From in or about December 2016, until at least in or about January 2022, you provided care and treatment for Patient 5, for conditions that included trigeminal neuralgia pain, fibromyalgia, lumbar spondylosis with myelopathy, cough and stress. In the course of your treatment of Patient 5, your documentation supporting the treatment plan was inadequate throughout the treatment, and your documentation of the history of present illness, of a physical examination including musculoskeletal examination, of an assessment and plan was insufficient in detail. Further, your treatment and/or medical management were not appropriate for the complaints/diagnoses of fibromyalgia, stress and a cough. Further, you failed to establish treatment goals, failed to require toxicology screens or pill/patch counts, failed to consider alternative therapies including non-narcotic treatments or other modalities, failed to review OARRS reports, and failed to discuss with Patient 5 the potential for addiction, abuse, misuse or diversion.
- (f) From in or about August 2011, until at least in or about April 2021, you provided care and treatment for Patient 6, for conditions that included primary insomnia, ADD without hyperactivity, foot pain, weight gain and anxiety. In the course of your treatment of Patient 6, your documentation supporting the treatment plan was inadequate throughout the treatment. Further, you failed to sufficiently document the history of the present illnesses and failed to document an assessment and plan. Further, you failed to document the symptoms that supported the diagnoses and the corresponding medication therapy. Further, you documented that you conducted telehealth virtual visits with Patient 6, however, you failed to conduct any in-person visits. Further, you prescribed sedative hypnotics, benzodiazepines, stimulants and opioids, however you failed to document a sufficient or supportive history and to perform an appropriate physical examination to support the diagnoses and the medication therapies. Further, you failed to establish treatment goals, failed to require toxicology screens, failed to consider alternative therapies including non-narcotic treatments or other modalities, failed to review OARRS reports, and failed to discuss with Patient 6 the potential for addiction, abuse, misuse or diversion.
- (g) From in or about August 2017, until at least in or about January 2022, you provided care and treatment for Patient 7, for conditions that included ADHD combined type and ADD without hyperactivity. In the course of your treatment of Patient 7, you failed to document the historical context of the diagnosis and the rationale for the corresponding medication therapy, and you failed to document an assessment and plan. Further, despite prescribing controlled medication, you failed to document the rationale for the increase in dosage, failed to establish treatment goals, failed to require toxicology screens, failed to address signs of

possible diversion, failed to review OARRS reports, and failed to discuss with Patient 7 the potential for addiction, abuse, misuse or diversion.

- (h) From in or about January 2018, until at least in or about January 2022, you provided care and treatment for Patient 8, for conditions that included polyneuropathy, Charcot foot due to diabetes mellitus, diabetic autonomic neuropathy, type 2 diabetes with long term polyneuropathy with long term current use of insulin, acute shoulder pain, narcotic dependence, cough, bronchitis and primary insomnia. In the course of your treatment of Patient 8, your documentation supporting the treatment plan was inadequate throughout the treatment. Further, you failed to sufficiently document the history of the previous therapies, explain their failures and the rationale for the use of opioid medication to treat neuropathic pain. Further you failed to document an assessment of the treatment with opioids or a treatment plan. Further, you prescribed Tramadol and/or opioid-containing cough syrup simultaneously with Percocet. Further, you failed to document an adequate or detailed neuromuscular exam commensurate with the listed diagnoses. Further, despite treating Patient 8 for chronic pain, you failed to document the history of the diagnosis, an assessment and treatment plan or attempt alternative therapies including non-narcotic treatment. Further, despite prescribing controlled medication, you failed to require toxicology screens, to address signs of possible diversion and/or abuse, to review OARRS reports, and to discuss the potential for addiction, abuse, misuse, drug interactions or diversion.
- (i) From in or about January 2018, until at least in or about October 2021, you provided care and treatment for Patient 9, for conditions that included chronic knee pain, disc degeneration, infection and inflammatory reaction due to internal joint prosthesis, insomnia, anxiety and panic attacks. In the course of your treatment of Patient 9, your documentation of the treatment plan, goals and assessments were inadequate throughout the treatment. Further, you failed to document the historical context of the diagnoses, how the diagnoses were derived and evidence of a multimodal pain management approach. Further, despite treating Patient 9 for chronic pain and prescribing controlled medication, you failed to require toxicology screens, conduct pill counts, address signs of possible diversion and/or abuse, failed to review OARRS reports, failed to discuss the potential for addiction, abuse, misuse, drug interactions especially the risk of respiratory depression, or diversion. Further, you failed to attempt alternative therapies such physical therapy or refer Patient 9 to a pain management specialist.
- (j) From in or about September 2014, until at least in or about January 2022, you provided care and treatment for Patient 10, for conditions that included chronic knee pain, anxiety, insomnia and lumbar back pain. In the course of your treatment of Patient 10, your documentation of the treatment plan, goals and assessments were inadequate throughout the treatment. Further, you failed to document the history of the diagnoses, how the diagnoses were derived, attempt alternative therapies including non-narcotic treatment, refer Patient 10 to a pain management specialist or provide evidence of a multimodal pain management approach. Despite treating Patient 10 with opioid medication for a musculoskeletal problem, you failed to conduct a thorough musculoskeletal

examination. Further, you simultaneously prescribed Tramadol and Percocet, and benzodiazepines and opioids without documenting a rationale. Further, you failed to sufficiently document the history of the previous therapies, explain their failures and the rationale for the use of opioid medication. Further, despite treating Patient 10's chronic pain with controlled medication, you failed to require toxicology screens, conduct pill counts, address signs of possible diversion and/or abuse, failed to review OARRS reports, failed to discuss the potential for addiction, abuse, misuse, diversion or drug interactions and the potential additive effects of using opioids with other opioids, benzodiazepines and sedative hypnotics.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2)(a) through (j) above, individually and/or collectively, constitute "[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) (a) through (j) above, individually and/or collectively, constitute a "departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after August 31, 2017, as alleged in paragraphs (1) and (2) (a) through (j) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as in effect from August 31, 2017, through December 22, 2018. Furthermore, pursuant to Rule 4731-11-02(E), Ohio Administrative Code, as in effect at that time, any violation of Rule 4731-11-02 also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code. Additionally, violation of paragraph (C) of the aforementioned rule also constitutes a violation of Section 4731.22(B)(3), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after December 23, 2018, as alleged in paragraphs (1) and (2) (a) through (j), individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as in effect from December 23, 2018 to present. Furthermore, pursuant to Rule 4731-11-02(E), Ohio Administrative Code, as in effect at that time, any violation of Rule 4731-11-02 also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code. Additionally, violation of paragraph (C) of the aforementioned rule also constitutes a violation of Section 4731.22(B)(3), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after February 29, 2016, as alleged in paragraphs (1) and (2) (c) and (f) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of,

or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: Short term anorexiant for weight reduction, Rule 4731-11-04, Ohio Administrative Code, as in effect from February 29, 2016 to present.

Further, your acts, conduct, and/or omissions that occurred on or after December 31, 2015, as alleged in paragraphs (1) and (2)(f) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: Chronic weight management, Rule 4731-11-04.1, Ohio Administrative Code, as in effect from December 31, 2015 to present.

Additionally, your acts, conduct, and/or omissions that occurred on or after December 31, 2015, as alleged in paragraphs (1) and (2) (a) through (j), individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Standards and Procedures for Review of “Ohio Automated Rx Reporting System” (OARRS), Rule 4731-11-11, Ohio Administrative Code, as currently in effect.

Further, your acts, conduct, and/or omissions that occurred on or after October 30, 2020, as alleged in paragraphs (1) and (2)(c) and (d) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: Prescribing of opiate analgesics for acute pain, Rule 4731-11-13, Ohio Administrative Code, as in effect from August 31, 2017 to present.

Further, your acts, conduct, and/or omissions that occurred on or after October 30, 2020, as alleged in paragraphs (1) and (2) (a), (b), (c), (e), (f), (h), (i) and (j) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: Prescribing for subacute and chronic pain, Rule 4731-11-14, Ohio Administrative Code, as in effect from December 23, 2018 through October 30, 2020.

Further, your acts, conduct, and/or omissions that occurred on or after October 31, 2020, as alleged in paragraphs (1) and (2) (a), (b), (c), (e), (f), (h), (i) and (j) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: Prescribing for subacute and chronic pain, Rule 4731-11-14, Ohio Administrative Code, as in effect from October 31, 2020 through July 31, 2023.

Further, your acts, conduct, and/or omissions that occurred on or after October 31, 2020, as alleged in paragraphs (1) and (2) (a), (b), (c), (e), (f), (h), (i) and (j) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised

Code, to-wit: Treatment of chronic pain, Rule 4731-21-02, Ohio Administrative Code, as in effect from August 31, 2017 to December 22, 2018.

Furthermore, for any violations that occurred on or after September 29, 2015, the Board may impose a civil penalty in an amount that shall not exceed twenty thousand dollars, pursuant to Section 4731.225, Ohio Revised Code. The civil penalty may be in addition to any other action the Board may take under section 4731.22, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of service of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of service of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke or suspend your license or certificate, or refuse to grant or register or issue the license or certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice medicine and surgery, or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant or issue a license or certificate to practice to an applicant, revokes an individual's license or certificate to practice, refuses to renew an individual's license or certificate to practice, or refuses to reinstate an individual's license or certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a license or certificate to practice and the board shall not accept an application for reinstatement of the license or certificate or for issuance of a new license or certificate."

Copies of the applicable sections are enclosed for your information.

Sincerely,


Kim G. Rothermel, M.D.
Secretary

per authorization

KGR/MAP/lv
Enclosures

Via Email: borosw@ccf.org

**IN THE MATTER OF
WILLIAM M. BOROS, M.D.**

25-CRF-0001

**JANUARY 8, 2025, NOTICE OF
OPPORTUNITY FOR HEARING -
PATIENT KEY**

**SEALED TO
PROTECT PATIENT
CONFIDENTIALITY**