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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	FINAL DECISION AND ORDER LS0906053MED
GEORGE D. SONCRANT, D.O., RESPONDENT.	:	

Division of Enforcement Case Nos. 06MED192 & 09MED195

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

George D. Soncrant, D.O.
1120 Aldrin Street
DePere, WI 54115

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Medical Examining Board
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The Notice of Hearing and Complaint were filed and served on June 5, 2009. The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Medical Examining Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. George D. Soncrant, D.O., Respondent, date of birth December 3, 1949, is licensed and currently registered by the Wisconsin Medical Examining Board to practice medicine and surgery in the state of Wisconsin pursuant to license number 38789, which was first granted May 23, 1997.

2. Respondent's last address reported to the Department of Regulation and Licensing is 1120 Aldrin Street, DePere, WI 54115.

3. Respondent is Board Certified in Psychiatry.

COUNT I (06MED192)

4. On September 20, 2005, Respondent was an employee of Bellin Psychiatric Center in Green Bay. On that day, Respondent performed an initial psychiatric evaluation of DS, whose chief complaint was "I need help with methadone." DS reported that for about a month, she had been receiving 80 mg of methadone per day for maintenance treatment of her opioid addiction from Wausau Health Services, a licensed methadone clinic. Methadone maintenance treatment can be legally provided only at licensed methadone clinics. Neither Respondent nor the clinic he was working in was licensed and Respondent was prohibited by law [21 CFR 1306.04(c)] from prescribing any controlled substance for maintenance purposes. DS said a practitioner had suggested she see Respondent in order to avoid the cost and distance of traveling to Wausau.

5. DS reported that she had automobile accidents in 1995 and 1999 and had herniated disks at L4-5 and L5-S1. She said she began abusing the OxyContin that was prescribed to her and obtained additional doses by doctor shopping and on the street. She said that in 2003, she had been hospitalized in Stevens Point for 3 days to be detoxified from the OxyContin. She said that after the detox, she was prescribed oxycodone, which she also began abusing and purchasing on the street. As a result, she was sent to the methadone treatment program. She said that the methadone helped with her pain and her withdrawal symptoms.

6. Respondent diagnosed DS with: 1) "narcotic dependence controlled with prescription medication" and "pain syndrome." Respondent told her that he could not prescribe methadone for her maintenance, but would prescribe it for her pain. He had her sign his standard pain treatment agreement.

7. In evaluating DS, Respondent:

   a. Performed no physical examination.

   b. Neither performed nor ordered any diagnostic test or procedure.

   c. Did not perform a drug screen to determine what drugs DS was actually taking.

   d. Did not attempt to verify the history or seek information from any collateral source, such as a family member.

   e. Made no attempt to contact any prior health care providers or obtain their records to confirm the history given by DS.

   f. Made no attempt to contact Wausau Health Services about her history. Had he done so, he would have learned that she was continuing to obtain methadone from that licensed methadone clinic.

   g. Did not check the Circuit Court Access System, which showed that a month earlier on August 9, 2005, DS was convicted in Shawano County Circuit Court of obtaining a controlled substance by fraud.

8. At the first appointment on September 20, Respondent provided DS a prescription for 540 units of methadone 10 mg, with instructions to take 60 mg every 8 hours for pain. He instructed her to return to see him in 6 or 8 weeks. On October 17 and November 12, he provided her with prescriptions for the same medication and with the same instructions, but did not see her. On December 5, DS called Respondent's clinic and said she had lost her prescription for methadone. Respondent authorized an additional prescription for 540 units of methadone with a message for her that he would not prescribe methadone early for her again.

9. On December 7, DS was scheduled to see Respondent for her second appointment, but did not show up or cancel. The previous day, the State Methadone Authority had called Bellin Psychiatric Center and told them that DS was obtaining methadone from both Wausau Health Services and Respondent. Respondent was advised of this and on December 7, he charted that if DS had appeared, he would have told her he would no longer treat her and would not give her any refills of medication.

10. During December 2005, Respondent's employment at Bellin Psychiatric Center ended and he began practicing at Marriage and Family Therapy Center. On December 29, 2005, DS had an appointment with Respondent at that location. At that time, Respondent noted that he was treating DS for chronic pain syndrome and that she had previously been treated by a Dr. Webb in Wausau with 120 mg of methadone twice a day. Respondent provided DS a prescription for 540 units of methadone 10 mg, with instructions to take 60 mg every 8 hours for pain. Respondent had DS sign consents to release of information that allowed him to obtain her records from Bellin Psychiatric Center. His plan is noted to see her again in about 12 weeks.

11. Respondent had DS sign consents to release information which allowed him to obtain copies of her records at Bellin Psychiatric Center where he had treated her and which allowed him to provide information to the State Methadone Authority about DS. He did not ask her to sign any others.

12. The next morning, December 30, 2005, Respondent called the telephone number DS had written on her Patient Information sheet and he was told it was not her number. He then wrote on the back of the Patient Information sheet: "I just realized this AM that this was the patient who had caused all the recent trouble with getting and apparently abusing methadone. She is to be given no further Rx's until I clear this up."

13. On January 24, 2006, Respondent had a telephone conversation with the State Methadone Authority about DS and immediately terminated his treatment of DS.

COUNT II (06MED192)

14. On March 24, 2006, while Respondent was practicing at Marriage and Family Therapy Center, BD had an initial appointment with him. BD was 26 years old and his chief complaint was noted as "I'm on a Methadone Maintenance plan."

15. BD related a history of having been diagnosed with ADD in 7th grade and bouts of depression. He said he had outpatient AODA treatment while he was in his teens and had 4 OWIs in one month in 1998 and had quit drinking alcohol in 2000.

16. BD reported that in 2002, he was diagnosed with carcinoma of the appendix and had a hemicolectomy, and three additional bowel resections because of scarring and adhesions. BD said he had had residual pain from the surgeries and had been taking 80 mg of OxyContin 3 times a day and morphine as needed. He said his physician wanted to reduce his medication and discontinued the OxyContin, which caused withdrawal symptoms.

17. BD said he was on methadone maintenance treatment at QAM in Green Bay and was receiving 100 mg of methadone a day and morphine sulfate about twice a month as needed for break through pain. [Methadone maintenance programs are prohibited from providing narcotics for pain relief.] He said he had changed his work hours and as a result, QAM's hours were inconvenient for him to receive his methadone. He told Respondent he didn't like being on methadone because it made him feel dull, took away his libido, gave him constant sweats and because he didn't like being treated like an addict.

18. Respondent diagnosed BD with: 1) pain syndrome and 2) opioid dependence with a medical etiology. Respondent noted BD was on a daily methadone dose equivalent to 270 mgs of Avinza (morphine sulfate time release). He planned to start BD on 60 mg of Avinza twice a day along with 30 mg doses of MSIR (morphine sulfate immediate release) and titrate the Avinza up to 120 mg twice a day. On that day, he issued prescriptions for 120 units of Avinza 60 mg with instructions to take 2 a day for chronic pain and 240 units of MSIR 30 mg with instructions to take 2 q 6 hrs prn for pain.

19. In evaluating BD, Respondent:

a. Performed no physical examination.

b. Neither performed nor ordered any diagnostic test or procedure.

c. Did not perform a drug screen to determine what drugs BD was actually taking.

d. Did not attempt to verify the history or seek information from any collateral source, such as a family member.

e. Made no attempt to contact any prior health care providers or obtain their records to confirm the history given by BD.

f. Did not attempt to contact QAM to confirm the circumstances of BD's methadone maintenance. Had Respondent obtained BD's records from the QAM methadone maintenance program, he would have discovered:

1) BD had been jailed for a drug offense at age 15.

2) BD reported: "I've been in a lot of trouble & been in one jail or another almost ½ my life."

3) BD had AODA treatment at Brown County Mental Health in 1997.

4) BD had used heroin in 1999.

5) BD saw multiple physicians for prescriptions.

6) BD visited ERs for drugs.

7) BD reported in January 2006 that he was a daily marijuana smoker and had been since 1998.

20. BD's second appointment with Respondent was on March 31, 2006. The note from that appointment indicates that BD's insurance would not pay for Avinza so on March 27, Respondent had BD exchange the Avinza prescription for a substitute prescription for 120 units of 60 mg MS Contin (morphine sulfate time release), with instructions to take 2 units twice a day. On March 31, BD reported he had pain relief from the morphine, but it was causing stomach pains and constipation. Respondent switched his medications and gave him a prescription for 90 units of 80 mg OxyContin to be taken three times a day and 180 units of 5 mg oxycodone, with instructions to take 1 or 2 as needed every 8 hours.

21. On April 7, BD had a medication check with Respondent. He reported pain and Respondent provided him with a sample of 400 mcg Actiq (oral transmucosal fentanyl) for the really bad pain to see how it worked. On April 17, Respondent did not see BD, but provided him with prescriptions for 15 units of 800 mcg Actiq to take as needed and 30 units of 40 mg OxyContin with instructions to take one at bedtime. On April 19, Respondent did not see BD, but provided him prescriptions for 120 units of 800mg Actiq to take one four times a day and 90 units of 80 mg OxyContin to be filled after April 29 with instructions to take every 8 hours.

22. On May 8, BD had an appointment with Respondent. Respondent issued prescriptions for 30 units of 40 mg and 90 units of 80 mg OxyContin, which were not to be dispensed before May 29. He also provided a prescription for 120 units of 800mcg Actiq to be taken 4 times a day, which was not to be filled until May 21.

23. At the May 8 appointment, BD complained he had no appetite and had lost 30 pounds over the past few months. Respondent did not weigh BD at any time during his treatment. To stimulate BD's appetite, Respondent prescribed 90 units of 10 mg Marinol (synthetic THC), with 2 refills, with instructions to take 3 a day, one before meals. BD filled the prescriptions on May 9, May 31 and June 15 and he was out on June 22. What should have been a 3 month supply was gone in a month and 1/2. Respondent refused to issue another prescription for Marinol until August 1.

24. BD had an appointment with Respondent on June 2 and told Respondent that two weeks earlier, he had left his medications in a Chicago hotel room and his wife had thrown out the prescription orders that he could have filled on May 29. Respondent issued new prescriptions for OxyContin and Actiq and said he would not issue early prescriptions again. On June 22, Respondent mailed BD prescriptions for OxyContin and Actiq.

25. BD had an appointment with Respondent on July 17 and told him that his wife had torn up his prescription orders, but he taped them together and filled them. He said his wife then flushed the drugs down the toilet. Respondent provided BD a prescription dated July 18 for 120 units of 20 mg OxyContin.

26. BD had an appointment with Respondent on July 24 and Respondent provided a prescription for 90 units of 40 mg OxyContin. For the first time, Respondent asked BD to obtain and provide him with documentation of the surgical history and a follow-up appointment was scheduled for October 3, 2006.

27. On August 13, Respondent mailed BD prescriptions for 90 units of Marinol with 2 refills. On August 23, he mailed BD prescriptions for 40 mg and 20 mg OxyContin. On

August 30, BD called and said he had left the Marinol in the car and they had melted and asked for an early refill, which Respondent refused.

28. BD never provided Respondent with documentation of his alleged surgical history and was a no show for the October 3, 2006. On October 4, 2006 Respondent sent BD a letter notifying him that his treatment was being terminated because he had missed numerous scheduled appointments.

COUNT III (09MED195)

29. Respondent provided professional services to NK from January 5, 2007 to June 4, 2009. Respondent's records show that at the initial appointment, NK reported:

a. He had back pain for about three years, had been diagnosed with degenerative joint disease and compression of L5 with nerve impingement and there was no surgical option.

b. An internist had prescribed Vicoden, Fentanyl patch and OxyContin the dosage of which was as high as 30 mg three times a day.

c. Five months earlier he had seen a pain specialist who gave him an injection in his back which had helped.

d. The pain specialist told him he was on too much OxyContin, changed him to oxycodone and began gradual withdrawal.

e. He had withdrawal symptoms and he returned to the internist who put him on a slower withdrawal. He was down to 30 to 50 mg a day of oxycodone and according to the withdrawal plan he was to be down to one tablet (dose unspecified) a day by the next week.

f. Because he was having difficulty with withdrawal, he went to a psychiatrist who was treating his wife for depression and received a prescription for Methadone from him and was taking about 20 mg a day.

g. In the past few months while his physicians were attempting the withdrawal he had purchased OxyContin and morphine illegally to try to control his pain.

h. Other than the opioids, medications he had taken for his pain were Tramadol, which he stopped using, and Lyrica, which he took briefly but stopped because of the cost.

i. His mood was happy. The thought of suicide had crossed his mind, but he would never do that. In the fall and winter he wants to sleep more, becomes more isolated and eats more junk food.

30. At the first visit:

a. Respondent diagnosed NK with: Axis I: Opioid Dependent; Major Depression, recurrent, mild; Seasonal Affective Disorder and Pain Syndrome. Axis III: DJD and compression of L5 with nerve impingement and subsequent severe pain.

b. As a treatment plan he gave NK the options of either slowly reducing the opioids until he was off of them or staying on the opioids at an adequate dose. Respondent told NK that he is not a pain specialist and doesn't offer the range of treatments NK could

receive at a pain clinic. He told NK that if he chose to stay on the opioids that it was likely he could not receive treatment at the pain clinic in the future. Respondent also told him that the pain clinic would probably terminate his care if they discovered NK had been receiving opioids from the internist and psychiatrist, while the pain clinic was attempting to titrate NK off opioids.

c. NK said he would decide which option to take by the following week. Respondent prescribed: Methadone with instructions to take 20-40 mg a day; Cymbalta (an anti-depressant) 30-60 mg morning or night and Klonopin (an anxiolytic) 5 mg, ½ or 1 tablet before bed.

31. In evaluating NK, Respondent:

a. Performed no physical examination.
b. Neither performed nor ordered any diagnostic test or procedure.
c. Did not perform a drug screen to determine what drugs NK was actually taking.
d. Did not attempt to verify the history or seek information from any collateral source, such as a family member.
e. Made no attempt to contact any prior health care providers or obtain their records to confirm the history given by NK.

32. NK returned to Respondent on January 9, 2007 and Respondent increased the methadone doses to 40 mg twice a day and 80 mg at bedtime and continued the other medications. He also added oxycodone 5 mg 4 to 6 per day. In a January 30, 2007 telephone call NK complained of sexual dysfunction which was attributed to the anti-depressant. There were additional appointments and continued prescribing of the medications on February 20, March 20.

33. On April 2, 2007, NK called Respondent and reported he had been feeling depressed, upset and anxious and had purchased and used cocaine illegally. At an April 3, 2007 appointment, NK told Respondent he had engaged in considerable physical labor fixing up a property before a deadline which increased his pain. He also reported that he had used cocaine illegally for several days because he had been "just hanging on having no energy." Respondent told NK that because this was his first non-compliance with treatment he would continue to treat him, but would terminate his care if it happened again. Respondent added to the already prescribed medications an amphetamine, Adderall XR 40 mg in the morning and 20 mg at noon. Respondent's notes do not indicate what condition the amphetamine was treating.

34. NK had appointments on April 25 with the same drugs prescribed with adjustment of doses and on May 4 when OxyContin was substituted for the methadone and a methylphenidate transdermal patch was first prescribed. The patch was not effective and NK continued on the Adderall XR. On June 5, the Cymbalta was discontinued because of continued sexual dysfunction. On August 24, NK reported increased depression and he was started on another antidepressant, Lexapro 10 mg at night, along with the Adderall, Klonopin and OxyContin. NK reported nausea from the Lexapro and discontinued taking it. On October 5, Respondent gave NK a trial of another amphetamine, Vyvanse, but NK did not like it and returned to Adderall on October 26. At that appointment NK was also given lidocaine patches for pain. On November11, NK was begun on another antidepressant, Wellbutrin XL, but stopped it when he developed mouth sores.

35. On February 1, 2008, Respondent saw NK and maintained his medications of Adderall 30 mg at morning and noon, Klonopin .25 mg as needed at night, Lidoderm patch as needed, OxyContin 80 mg ever 8 hours and oxycodone 15 mg every 8 hours as needed. Because NK continued to complain of pain, on May 2, Respondent added a 15 mg dose of Adderall at 2 pm, increased the doses of oxycodone from15 mg to 30 mg and provided him samples of a Flector patch. On June 16 and September 22, Respondent continued the medications. On December 8, they discussed that NK was often seeking early refills of his pain medication. NK said he would prefer not to go to a pain specialist until the following spring.

36. On April 23, 2009, Respondent noted they had been struggling for months with NK running out of medications early. NK was taking 320 mg of OxyContin and 90 mg. of oxycodone daily. They were supposed to begin weaning him off narcotics but NK was leaving for Florida the next day. Respondent prescribed OxyContin to last through the vacation. Then NK was to see Respondent and he would begin conversion to methadone. On May 4, NK's significant other called Respondent and told him NK had purchased illegal drugs 2 weeks earlier and had also used her prescribed narcotics. At a May 19 appointment Respondent noted the conversion from OxyContin to Methadone 60 mg every 8 hours had occurred and they were going to try to reduce his dose to 30 mg a day and then switch him to Suboxone, if his pain was controlled. NK said he was scheduled for an AODA evaluation on May 26 at Bellin. NK did not come to his next appointment on June 4. He called and said he did not have transportation. NK never returned for an appointment.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3), and has authority to enter into this stipulated resolution of this matter pursuant to Wis. Stat. § 227.44(5).

2. Respondent by prescribing controlled substances to DS as set out in Count I, has engaged in conduct which tends to constitute a danger to the health, welfare, or safety of a patient and the public, which is unprofessional conduct as defined by Wis. Admin. Code § MED 10.02(2)(h) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

3. Respondent by prescribing controlled substances to BD as set out in Count II, has engaged in conduct which tends to constitute a danger to the health, welfare, or safety of a patient and the public, which is unprofessional conduct as defined by Wis. Admin. Code § MED 10.02(2)(h) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

4. Respondent by prescribing controlled substances to NK as set out in Count III, has engaged in conduct which tends to constitute a danger to the health, welfare, or safety of a patient and the public, which is unprofessional conduct as defined by Wis. Admin. Code § MED 10.02(2)(h) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

1. George D. Soncrant, D.O., is hereby REPRIMANDED for the above conduct.

2. The license of George D. Soncrant, D.O. to practice medicine and surgery in the State of Wisconsin is LIMITED, as follows:

Prohibition on Use of Opioids and Opiates

a. Beginning 3 months from the date of this Final Decision and Order, Respondent shall not order, prescribe, or administer any opioid or opiate, including any product containing tramadol, for any patient for more than 30 days in any 12 month period. The three month period is intended to allow Respondent to taper his patients off those medications or to refer the patients to other practitioners.

b. The Board shall issue an order removing this limitation prohibiting the use of opioids and opiates upon Respondent petitioning the Board and providing proof sufficient to the Board that Respondent has completed training or education that has provided him with the fund of knowledge in the area of pain medicine which is necessary to practice in that area with reasonable safety for patients and the public.

3. Respondent shall, within 180 days of the date of this Order, pay to the Department of Regulation and Licensing the costs of this proceeding in the amount of $3,575.00 pursuant to Wis. Stat. § 440.22(2).

4. All payments, requests and evidence of completion of the education required by this Order shall be mailed, faxed or delivered to:

Department Monitor
Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264
Telephone (608) 267-3817

5. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of the costs as ordered or fails to comply with the ordered continuing education as set forth above, the Respondent's license may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs or completion of the continuing education.

6. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: _____ MD MBA 10/20/10

A Member of the Board Date