WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Wisconsin Department of Safety and Professional Services
Access to the Public Records of the Reports of Decisions

This Reports of Decisions document was retrieved from the Wisconsin Department of Department of Safety and Professional Services website. These records are open to public view under Wisconsin's Open Records law, sections 19.31-19.39 Wisconsin Statutes.

Please read this agreement prior to viewing the Decision:

- The Reports of Decisions is designed to contain copies of all orders issued by credentialing authorities within the Department of Safety and Professional Services from November, 1998 to the present. In addition, many but not all orders for the time period between 1977 and November, 1998 are posted. Not all orders issued by a credentialing authority constitute a formal disciplinary action.
- Reports of Decisions contains information as it exists at a specific point in time in the Department of Safety and Professional Services data base. Because this data base changes constantly, the Department is not responsible for subsequent entries that update, correct or delete data. The Department is not responsible for notifying prior requesters of updates, modifications, corrections or deletions. All users have the responsibility to determine whether information obtained from this site is still accurate, current and complete.
- There may be discrepancies between the online copies and the original document. Original documents should be consulted as the definitive representation of the order's content. Copies of original orders may be obtained by mailing requests to the Department of Safety and Professional Services, PO Box 8935, Madison, WI 53708-8935. The Department charges copying fees. *All requests must cite the case number, the date of the order, and respondent's name* as it appears on the order.
- Reported decisions may have an appeal pending, and discipline may be stayed during the appeal. Information about the current status of a credential issued by the Department of Safety and Professional Services is shown on the Department's Web Site under "License Lookup."
  The status of an appeal may be found on court access websites at: http://ccap.courts.state.wi.us/InternetCourtAccess and http://www.courts.state.wi.us/wscca .
- Records not open to public inspection by statute are not contained on this website.

By viewing this document, you have read the above and agree to the use of the Reports of Decisions subject to the above terms, and that you understand the limitations of this on-line database.

Correcting information on the DSPS website: An individual who believes that information on the website is inaccurate may contact the webmaster at web@drl.state.wi.gov

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
PAUL E. MANNINO, M.D., RESPONDENT.	:	ORDER 0002052

Division of Enforcement Case No. 10MED170

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

Paul E. Mannino, M.D.
10235 E. Waite Road
Clinton, WI 53525

Division of Enforcement
Department of Safety and Professional Services
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

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

PROCEDURAL HISTORY

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. Paul E. Mannino, M.D. (Respondent), date of birth June 22, 1964, 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 35772-20, which was first granted July 22, 1994.

2. Respondent's last address reported to the Department of Safety and Professional Services is 10235 E. Waite Road, Clinton, Wisconsin, 53525.

Patient C.G.

3. On September 8, 2008, Patient C.G. initially presented to Respondent at the Mercy Clinic East in Janesville, Wisconsin, with complaint of knee pain following an injury the previous month and also reporting chronic low back pain. Respondent examined Patient C.G. and diagnosed knee pain and chronic low back pain for which he prescribed Vicodin. He continued to prescribe Vicodin for the knee and back pain and later added Methadone in November of 2008, after the patient had surgery on his neck.

4. Vicodin contains a combination of acetaminophen and hydrocodone. Vicodin is used to relieve moderate to severe pain. It is a Schedule III Controlled Substance pursuant to Wis. Stat. § 961.18, and has habit-forming potential.

5. Methadone is a narcotic pain reliever and is used as part of drug addiction detoxification and maintenance programs. It is a Schedule II Controlled Substance pursuant to Wis. Stat. § 961.16(2)(a)7, and has habit-forming potential.

6. On April 28, 2009, Patient C.G. again presented to Respondent for recheck of his knee and back pain and additionally reported symptoms of spinal stenosis. Respondent did not perform or document a physical examination. His diagnosis included neck pain. Respondent increased the prescription of Methadone based on the patient's reported pain level and the absence of significant side effects.

7. On August 14, 2009, Patient C.G. presented to Respondent reporting that he was doing "very well" but asking for an increase in his dose of Methadone. Respondent did not perform or document a physical examination of his neck, other than to examine the incision from a prior laminectomy. He instructed the patient that he could take an additional ½ Methadone tablet for a few weeks and then progress to a full tablet based on the patient's reported pain level, the absence of significant side effects, his improved quality of life, and use of rescue medications. (There is no indication as to level of function).

8. On November 12, 2009, Patient C.G. presented to Christopher Sturm, M.D., the neurosurgeon who performed a posterior cervical laminectomy with instrumentation spanning C5-T1, for follow up. On that date, cervical spine x-rays revealed a fracture of one of the pedicle screws at C5. Dr. Sturm's plan was to monitor the fractured pedicle screw and to refill his prescription for Percocet. At that time, Dr. Sturm's office was prescribing Oxycodone/APAP 5 mg/325 mg, 1-2 every 6 hours as needed. Dr. Sturm advised the patient he would contact Respondent regarding pain management. Respondent acknowledged receipt of this information on November 23, 2009.

9. Percocet is a combination of a narcotic and an analgesic/antipyretic. It relieves moderate to moderately severe pain. Percocet is a Schedule II Controlled Substance pursuant to Wis. Stat. § 961.16(2)(a)7, and has habit-forming potential.

10. On November 23, 2009, Patient C.G. presented to Respondent and advised that Dr. Sturm's office had switched him from hydrocodone to oxycodone. Respondent refilled his Percocet prescription that day and advised him to continue other current measures. Dr. Sturm was

in the Mercy Health System so that Respondent had access to Dr. Sturm's medical charting for Patient C.G.

11. On February 9, 2010, Patient C.G. presented to Respondent advising that he had an increase in neck pain after his dog dragged him on the ice, but did not actually fall. Respondent's only exam findings were that he had tenderness over his scar and a "protuberance of hardware." Respondent increased Patient C.G.'s Methadone and "rescue medication", which was presumably the Percocet. The change in medication was based on the patient's reported pain level and his use of rescue medications.

12. During the time that Respondent was prescribing pain medications to Patient C.G., he was filling his prescriptions at several different pharmacies and also obtaining pain medications from other physicians. Respondent did not require that Patient C.G. only receive his pain medication prescriptions from him and or that he only fill her prescriptions at one pharmacy.

13. Respondent's conduct in his treatment of Patient C.G. was below the minimum standards for the profession in the following respects: the physical examinations documented by Respondent are insufficient in that they do not support his diagnosis of neck pain and do not justify the increases in Patient C.G.'s pain medications; Respondent failed to obtain the patient's prior treatment records; and Respondent failed to require that the patient only receive prescribed pain medications from one medical provider and that he fill the prescriptions at one pharmacy.

Patient A.E.

14. On July 20, 2005, Patient A.E. presented to Respondent seeking to establish care with him. Patient A.E. requested a prescription Phentermine, stating that she had taken it previously. Respondent did not conduct a comprehensive history or physical examination and did not perform an interpreted electrocardiogram prior to prescribing Phentermine for Patient A.E. on that date. Respondent did not request medical records from prior physicians who had treated her following the motor vehicle accident, who had performed the skin graft or who had prescribed Phentermine to the patient. Patient A.E. also reported pain in her right leg following a car accident and skin graft in August of 2005. Respondent diagnosed her with right leg pain and prescribed Percocet 5/325 mg.

15. Phentermine is a psychostimulant drug of the phenethylamine class, chemically related to amphetamine. Phentermine is a Schedule V Controlled Substance pursuant to Wis. Stat. § 961.20(2m)(d).

16. On December 14, 2005, Patient A.E. presented to Respondent requesting a prescription of Phentermine. Respondent did not conduct a comprehensive history or physical examination and did not perform an interpreted electrocardiogram prior to prescribing Phentermine for Patient A.E. on that date.

17. On February 20, 2006, Patient A.E. presented to Respondent complaining of continued right leg pain. Respondent noted in his examination findings that the exact cause of her right leg pain was unknown and thought she might be developing reflex sympathetic

dystrophy or complex regional pain syndrome. His plan was to have her evaluated by a pain management physician. He gave her another prescription for Percocet.

18. On March 23, 2006, Patient A.E. was evaluated by a pain management specialist, Douglas Hobson, M.D., who diagnosed her with likely complex regional pain syndrome. His plan of treatment included continuing her on Percocet which was to only be prescribed by him in the future, absent an emergency. In addition, all controlled substances were to be prescribed by Dr. Hobson. A copy of the report was sent to Respondent.

19. In 2006, 2007 and 2008, Patient A.E. was obtaining prescriptions for controlled substance pain medications from both Dr. Hobson and Respondent. Both physicians were a part of the Mercy Health System and would have had access to each other's medical charting for Patient A.E.

20. On February 6, 2009, Patient A.E. presented to Respondent reporting that she was taking up to five Percocet tablets a day for pain related to her skin graft and car accident. She also reported that she wanted to lose weight. Examination revealed tenderness in the area of the skin graft. He refilled her prescription for Percocet and started her on Amitryptiline. Respondent also gave her a prescription for Phentermine and that date without conducting a comprehensive history or physical examination and or performing an interpreted electrocardiogram.

21. On May 29, 2009, Patient A.E. presented to Respondent and advised that she was taking eight (8) Percocet tablets a day. Respondent discussed starting Patient A.E. on Methadone as well for her leg pain.

22. At no time during Respondent's treatment of Patient A.E. did he require the patient to undergo a urine drug screen to verify that she was taking her medications as prescribed and to verify that she was not using any non-prescribed or illicit drugs. Respondent did not order the tests because Patient A.E. did not have health insurance and could not afford the drug screens. During the time that Respondent was prescribing pain medications to Patient A.E. she was filling her prescriptions at several different pharmacies and also obtaining pain medications from another physician. Respondent did not require that Patient A.E. only receive her pain medication prescriptions from him and or that she only fill her prescriptions at one pharmacy. Respondent's continued prescribing of pain medications was based on the patient's reported pain level, absence of significant side effects and her level of function.

23. Chapter Med 10.02(2)(zb), Wis. Admin. Code, provides that prescribing any anorectic drug for the purpose of weight reduction may only be done after a "comprehensive history, physical examination and interpreted electrocardiogram are performed and recorded at the time of initiation of treatment for obesity by the prescribing physician" and that the patient be "weighed at least once a month, at which time a recording is made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy."

24. Respondent's conduct in his treatment of Patient A.E. was below the minimum standards for the profession in the following respects: the physical examinations documented by Respondent are insufficient in that they do not justify the increases in Patient A.E.'s pain medications; Respondent failed to obtain the patient's prior treatment records; Respondent failed

to order any urine drug screens due to the patient's lack of insurance; and Respondent failed to require that the patient only receive prescribed pain medications from one medical provider and that she fill the prescriptions at one pharmacy.

25. As of July 6, 2012, Respondent completed 7.25 online hours of continuing medical education credits on the following topics: 1) initiating, documenting, monitoring and discontinuing opioid therapy; 2) risk assessment, patient selection and treatment planning; and 3) managing special risk populations and situations. He will not use these course credits to fulfill his Wisconsin biennial education requirements.

CONCLUSIONS OF LAW

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

2. Respondent, by engaging in any practice or conduct that tends to constitute a danger to the health, welfare, or safety of the patient or public, has committed 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, as set out above, engaged in conduct which is in violation of Wis. Admin. Code § Med 10.02(2)(zb) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

NOW THEREFORE IT IS ORDERED that the Stipulation of the parties is hereby accepted.

IT IS FURTHER ORDERED that Paul E. Mannino, M.D., is hereby REPRIMANDED.

IT IS FURTHER ORDERED that:

1. The Board recognizes the aforementioned continuing medical education courses as the equivalent of the education the Board would have otherwise required.

2. Respondent shall within 90 days of this Order pay costs of this proceeding in the amount of THREE THOUSAND SEVEN HUNDRED DOLLARS ($3,700.00). Payment shall be made to the Wisconsin Department of Safety and Professional Services, and mailed to:

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

3. Violation of any 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 (No. 35772-20) 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.

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

MEDICAL EXAMINING BOARD

By: _____ 9/19/12
A Member of the Board Date