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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
DONALD R. BEAVER, D.O., RESPONDENT.	:	ORDER 0002140

Division of Legal Services and Compliance[1] Case No. 12 MED 193

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

Donald R. Beaver, D.O.
7700 Portland Road, Apt. 325
Wauwatosa, WI 53213

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Medical Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Donald R. Beaver, D.O., (dob April 10, 1933), is licensed in the State of Wisconsin to practice Medicine and Surgery, having license number 21-21611, first issued on July 14, 1978 with registration current through February 28, 2014. Donald R. Beaver's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 11040 W. Bluemound Road, Ste. 102, Wauwatosa, Wisconsin 53226.

[1] The Division of Legal Services and Compliance was formerly known as the Division of Enforcement.

Patient A

2. Patient A, a now 26 year old female, initially presented to Respondent's office for treatment on November 5, 2010, at which time she reported a five year history of low back pain brought on by a motor vehicle accident six years ago and a history of ADHD. On that date, Respondent did not perform or document a physical examination. He diagnosed adult ADD and chronic low back pain secondary to MVA. Respondent prescribed Oxycodone 30 mg (#150), to be taken two tablets three times a day, and Adderal 20 mg (#60), to be taken twice a day. Patient A signed an authorization to obtain medical records on that date, however, there is no indication that Respondent's office attempted to obtain Patient A's prior treatment records.

3. On November 26, 2010, Patient A next presented to Respondent complaining of low back pain. Respondent did not perform or document a physical examination or a diagnosis. He prescribed Oxycodone 30 mg, two tablets three times a day, and Adderall 20 mg, two tablets a day.

4. On the following consecutive visit dates, Patient A presented to Respondent complaining of low back pain: 12/3/10, 12/24/10, 1/21/11, 2/18/11, 3/18/11, 4/15/11, 5/13/11, 6/10/11, 7/8/11, 8/5/11, 9/2/11, 9/30/11, 10/28/11, 11/23/11, 12/21/11, 1/18/12, 2/15/12 and 3/14/12. Respondent failed to perform or document a physical examination on all of those dates. He wrote prescriptions for Oxycodone 30 mg, two tablets three times a day, and Adderall 20 mg, two tablets a day, on all of those dates. Respondent did not order a urine drug screen on any of those dates to confirm that Patient A was taking the medications as prescribed and was not taking any non-prescribed medications or drugs.

5. Respondent's conduct in his treatment of Patient A was below the minimum standards for the profession in the following respects: Respondent failed to perform or document a physical examination to support the diagnoses given and to justify the medications prescribed; Respondent failed to order urine drug screens to ensure that the patient was taking the medication and that the patient was not taking any illicit or non-prescribed controlled substances; and/or Respondent prescribed a large amount of opiate pain medications to a patient without obtaining/reviewing the patient's prior treatment records.

Patient B

6. Patient B, a now 44 year old female, initially presented to Respondent's office for treatment of her low back pain on May 28, 2010, at which time she complained of a rash and arthritis in her back. She reported that her current medications included Oxycodone, Vicodin and Adderal from another physician. On that date, Respondent did not perform or document a physical examination. He diagnosed low back pain secondary to degenerative joint disease. Respondent prescribed Oxycodone 30 mg (#120), one tablet every four hours, Vicodin 10/325 (#60), one tablet twice a day, and Adderal 10 mg (#90), one tablet three times a day. Respondent did not attempt to obtain Patient B's prior treatment records.

7. On June 25, 2010, Patient B next presented to Respondent complaining of low back pain and ADD. Respondent did not perform or document a physical examination or a

diagnosis. He prescribed Oxycodone 30 mg (#120), one tablet every four hours, Vicodin 10/325 (#60), one tablet twice a day, and Adderall 10 mg (#90), one tablet three times a day.

8. On the following consecutive visit dates, Patient B presented to Respondent complaining of chronic pain in her low back: 7/23/10, 8/20/10, 9/17/10, 10/8/10, 11/5/10, 11/26/10, 12/24/10, 1/14/11, 2/11/11, 3/11/11, 5/5/11, 6/3/11, 7/1/11, 7/29/11, 8/26/11, 9/9/11, 10/19/11, 11/6/11, 12/14/11, and 1/19/12. Respondent failed to perform or document a physical examination on all of those dates. He wrote prescriptions for Oxycodone, Vicodin and Adderall on all of those dates.

9. Respondent's conduct in his treatment of Patient B was below the minimum standards for the profession in the following respects: Respondent failed to perform or document a physical examination to support the diagnoses given and to justify the medications prescribed; and/or Respondent prescribed a large amount of opiate pain medications to a patient without obtaining/reviewing the patient's prior treatment records.

Patient C

10. Patient C, a now 45 year old female, initially presented to Respondent's office for treatment of her low back pain on August 6, 2010, at which time she complained of low back pain and chronic stomach pain. She reported that her current medications included Oxycodone 30 mg and Oxycodone 5 mg. On that date, Respondent did not perform or document a physical examination. His diagnosis is illegible. Respondent did not attempt to obtain Patient C's prior treatment records.

11. On August 27, 2010, Patient C next presented to Respondent complaining of chronic low back pain and depression. Respondent did not perform or document a physical examination and did not document a diagnosis.

12. On September 17, 2010, Patient C next presented to Respondent complaining of chronic low back pain. Respondent did not perform or document a physical examination and did not document a diagnosis. Respondent prescribed Oxycodone 30 mg (#180), one tablet every four hours, and Oxycodone 5 mg (#120), one tablet every four hours.

13. On the following consecutive visit dates, Patient C next presented to Respondent complaining of chronic pain in her low back: 11/12/10, 12/10/10, 1/7/11, 2/4/11, 3/4/11, 4/1/11, 4/29/11 and 5/27/11. Respondent failed to perform or document a physical examination on all of those dates. Respondent prescribed Oxycodone 30 mg (#180), one to two tablets every three hours, and Oxycodone 5 mg (#120), one tablet four times a day, for the November 11th visit and Oxycodone 30 mg (#180), one tablet six times a day, and Oxycodone 5 mg (#120), one tablet six times a day for the remaining visits.

14. On June 24, 2011, Patient C presented to Respondent and he performed a physical examination in which he noted no paraspinal muscle tenderness or muscle spasm and limited range of motion of Patient C's upper back; normal deep tendon reflexes and normal gait. Handwritten notes on that examination form are illegible. Respondent prescribed Oxycodone 30 mg (#180), one tablet six times a day, and Oxycodone 5 mg (#180), one tablet six times a day.

15. On the following consecutive visit dates, Patient C next presented to Respondent complaining of chronic pain in her low back: 7/22/11, 8/19/11, 9/16/11, 10/14/11, 11/9/11, 11/30/11, 12/7/11, 12/30/11, 1/27/12, 2/24/12 and 3/23/12. Respondent failed to perform or document a physical examination on all of those dates. Respondent prescribed Oxycodone 30 mg (#180), one tablet six times a day, and Oxycodone 5 mg (#120), one tablet six times a day for the remaining visits.

16. Respondent's conduct in his treatment of Patient C was below the minimum standards for the profession in the following respects: Respondent failed to perform or document a physical examination to support the diagnoses given and to justify the medications prescribed; and/or Respondent prescribed a large amount of opiate pain medications to a patient without obtaining/reviewing the patient's prior treatment records.

Patient D

17. Patient D, a now 27 year old female, initially presented to Respondent's office for treatment of her low back pain on November 12, 2010, at which time she complained of low back pain following a motor vehicle accident. She reported that her current medications included Oxycodone. On that date, Respondent did not perform or document a physical examination and he did not document a diagnosis. Respondent did not attempt to obtain Patient D's prior treatment records. Respondent prescribed Oxycodone 30 mg (#240), two to four times a day.

18. On the following consecutive visit dates, Patient D next presented to Respondent complaining of low back pain: 11/12/10, 12/10/10, 1/7/11, 2/4/11, 2/25/11, 3/25/11, 4/22/11, 5/13/11, 5/20/11, 6/10/11 and 8/5/11. Respondent failed to perform or document a physical examination on all of those dates. Respondent prescribed Oxycodone 30 mg (#240), two to four times a day, on each of these dates.

19. Respondent's conduct in his treatment of Patient D was below the minimum standards for the profession in the following respects: Respondent failed to perform or document a physical examination to support the diagnoses given and to justify the medications prescribed; and/or Respondent prescribed a large amount of opiate pain medications to a patient without obtaining/reviewing the patient's prior treatment records.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Respondent Donald R. Beaver, D.O., engaged in unprofessional conduct pursuant to Wis. Admin. Code § MED 10.02(2)(h).

3. As a result of the above conduct, Donald R. Beaver, D.O., is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

1. The attached Stipulation is accepted.

2. Respondent Donald R. Beaver, D.O., is REPRIMANDED.

3. The medicine and surgery license issued to Donald R. Beaver, D.O. (license number 21-21611) is LIMITED as follows:

a. Respondent is prohibited from prescribing, dispensing, administering or ordering controlled substances, in any schedule.

b. Respondent shall take and complete a multi-day education program addressing controlled substance management, which has been approved by the Board or its Designee. The following course is preapproved:

1) "Intensive Course in Controlled Substance Management," offered by Case Western Reserve University School of Medicine in Cleveland, Ohio, which is next offered on December 4-7, 2012.

c. Respondent is responsible for all costs associated with compliance with this educational requirement.

d. None of the education completed pursuant to this requirement may be used to satisfy any other continuing education requirements that have been or may be instituted by the Board or Department.

e. This limitation shall remain in place until the successful completion of the education ordered in paragraph b.1 and upon a successful petition to the Medical Examining Board for removal of this limitation.

4. Within 90 days from the date of this Order, Donald R. Beaver, D.O., shall pay COSTS of this matter in the amount of $1,275.00.

5. Payment of costs shall be made payable to the Wisconsin Department of Safety and Professional Services and sent to the Department Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 8935, Madison, WI 53708-8935
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

6. 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 costs as ordered, Respondent's license (no. 21-21611) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of costs.

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

WISCONSIN MEDICAL EXAMINING BOARD

by: _____ 11/14/12

A Member of the Board Date