

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	FINAL DECISION AND ORDER
	:	
WILLIAM HISGEN, M.D.,	:	LS0410281MED
Respondent.	:	

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

William Hisgen, MD  
202 S. Park St. 2 North  
Madison, WI 53715

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

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

PROCEDURAL HISTORY

A formal complaint was filed in this matter on October 28, 2004, which the Respondent answered and contested. The parties in this matter agree to resolve the formal proceeding with 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 in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Respondent William Hisgen (d.o.b. 6/20/1941) is and was at all times relevant to the facts set forth herein a physician in good standing licensed in the State of Wisconsin pursuant to license #16404, first granted on 7/10/1968. Respondent specializes in internal medicine.
2. Respondent’s last address on file with the Department of Regulation and Licensing is 202 S. Park St. 2 North, Madison, WI 53715.
3. At all times relevant to this action, Respondent was working as a physician at 20 S. Park Street, Madison, WI 53715.
4. Respondent became the primary physician of patient A.B. in or about 1998. Prior to 1998 patient A.B. had been seen by others at Respondent’s clinic and was suspected by some others of drug seeking behaviors. The suspected drug seeking behaviors were documented in A.B.’s chart.
5. Patient A.B. was diagnosed with bulging discs in her back and a very tender sciatic nerve, aggravated by a motor vehicle accident, which caused her severe pain. The patient had radiographic evidence of bulging discs and also was diagnosed with a chronic mental illness. She claimed that her pain was not controlled with “normal” doses of pain medication.

6. A number of approaches were taken to address Patient A.B.'s pain, including physical therapy, rheumatology consultation, Spine Clinic consultation, nonsteroidal anti-inflammatory drugs, muscle relaxers, chiropractic care, physical medicine and rehab evaluation, steroid injections, and prescribed narcotic analgesics. Patient A.B. was sporadically compliant with these therapies and requested high doses of narcotic analgesics to control her pain. Patient A.B. was receiving narcotic analgesics that had been prescribed by her previous primary care physician at the time Respondent assumed her care.

7. On March 19, 1998, Patient A.B. was evaluated for addiction by an addiction specialist, Dr. Michael Miller. Dr. Miller found no evidence of addiction and recommended against ongoing addiction counseling.

8. There were signs that may have suggested that A.B. was drug-seeking, including but not limited to:

- (a) Patient appearing in office charts under two names;
- (b) Patient denying or altering personal information during interviews;
- (c) Patient frequently visiting ER requesting pain medications;
- (d) Patient not showing up for referrals to pain clinic and other treaters;
- (e) Patient claiming to have lost medication, disposed of medication or had medication stolen and asking for early refills on several occasions;
- (f) Patient requesting early refills on a frequent basis because of alleged increases in her pain;
- (g) Patient requesting early refill because she left her pills at home when visiting new grandchild (yet she lived near the hospital where the grandchild was born);
- (h) Patient requesting early refills at times with no clear explanation for running out of medication;
- (i) Patient showing 5/5 Waddell signs (signs indicating possibly non-organic pain);
- (j) Patient appeared to some to be very medicated, with slurred speech and slowed movement (although Respondent and others did not witness this);
- (k) Patient reportedly has a "tendency to lie";
- (l) Patient lost custody of children for reportedly giving her medications to her four year old child;
- (m) Patient quoted by others as having "jars of morphine tablets at home."

9. Although Respondent was aware of several of the behaviors described above (and all such behaviors were documented in Patient A.B.'s chart), his clinical evaluation of the patient (which was based on clinical examinations, pain assessments, referrals as described above, Dr. Miller's addiction assessment, and evaluation of sedative/euphoric effects of the medication) was that Respondent was not a drug seeker and simply had a high tolerance for opiates. Respondent believed that the patient was the most accurate source of information for determining the presence and intensity of her pain. Some other providers also were of the opinion that A.B. was not abusing her medication, despite the fact that she was on high doses of opiates for pain relief.

10. Respondent utilized a variety of approaches to manage A.B.'s pain, including x-ray and CT diagnostic testing, using medications other than or in addition to opiates (including neuropathy medications and nonsteroidal anti-inflammatory drugs – to which A.B. had reactions), referrals to the Meriter Pain Management Center (e.g., 2/3/99; 10/25/99, 11/17/99, 6/9/00, 7/7/00); referral for possible LESI therapy, referral to rehab, orthopedic evaluation, referral for psych consultation, physical therapy referrals (e.g. 9/27/01), ordering egg crate top for mattress, and referrals for piriformis injections (e.g., 10/06/00, 11/16/00, 4/06/01, 1/17/02).

11. Respondent did not implement certain measures to monitor A.B. for addiction, such as:

- (a) Conducting a formal risk assessment;
- (b) Keeping an agreement regarding her medication use and drug-seeking behaviors in her chart;
- (c) Requiring A.B. to undergo drug testing to determine what and how much she was taking;
- (d) Requiring A.B. to bring in her medications at each clinic visit for a pill count.

12. Respondent himself made the following notations in A.B.'s chart regarding her drug-seeking behaviors:

- (a) "She does have a tendency to lie according to her friends. This seems to be a pathological habit. It does not

- mean that she does not have any pain, it is just that it makes her appear to be less trustworthy.” 5-18-99
- (b) “Part of the problem with [A.B.] is that she loses control. She clearly has pain but becomes very desperate when pain medication does not work and then takes the pain medication in excess. This certainly exhibits addictive behavior despite the fact that she has a real reason for pain.”

13. Patient A.B. was arrested on or about August 24, 2001 for allegedly diverting her narcotics to her son. A.B.’s son and his girlfriend both separately stated to the police that A.B. had given her son pills to sell. Respondent believed that A.B.’s son later recanted his initial story that a.B. gave him the pills and instead signed an affidavit stating that he stole them from A.B. A. B. was not charged with respect to the incident.

14. Prior to A.B.’s arrest, Respondent had spoken to two physicians familiar with A.B. about A.B.’s complicated case and high tolerance of opiates and all agreed that she might be best managed by a specialist in physical medical and rehabilitation. On October 24, 2001, Respondent arranged for a physician at a pain clinic to take over management of A.B.’s pain medication.

15. On November 17, 2001, shortly after another physician had taken over management of A.B.’s pain medications, A.B. called Respondent stating that her medications were stolen, and Respondent wrote her a new prescription. Respondent wrote the prescription to cover a weekend in which he believed the other physician was not available because he did not want A.B. to undergo withdrawal symptoms.

16. Respondent disagrees with the conclusions of law but consents to this stipulation and the entry of this Order by the Medical Examining Board solely for the purpose of resolving this matter and without any admission by Respondent of negligence or unprofessional conduct in connection with his care of patient A.B. \_

17. Respondent acknowledges the importance of careful and appropriate monitoring of patients for whom narcotic analgesics are prescribed as exemplified by, for example, the model physician guidelines promulgated by the Federation of State Medical Boards and the Guidelines for the Assessment and Management of Chronic Pain that were published by the Wisconsin Medical Society in 2004.

### 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. The conduct described above constitutes a violation of Wis. Admin. Code § Med 10.02(2)(p) and is the basis for the imposition of discipline against Respondent’s license pursuant to Wis. Stat. § 448.02(3)(c).

### ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED, that William Hisgen, M.D., is REPRIMANDED.

IT IS FURTHER ORDERED, that the license to practice medicine and surgery of William Hisgen, M.D., is LIMITED as provided in § 448.02(3)(e), Wis. Stats., and in the following respect:

1. Respondent shall not prescribe any controlled substance until after he has taken and passed the following: the 24 hour course entitled “Prescribing Controlled Drugs: a Continuing Medical Education course for physicians and other prescribing professionals” at Vanderbilt University Center of the Professional Health (Respondent shall take both the pre and post tests, even if the course makes such tests optional, and such scores shall be reported to the Board).

2. This limitation on prescribing controlled substances is STAYED for four months from the date of this Order to permit Respondent to complete this course: the limitation shall then come into effect automatically and without further board action unless Respondent has provided proof to staff that he has satisfactorily completed the required course.

3. Respondent shall cause the course sponsors to report his performance in the course directly to the Board, through the Department Monitor.

IT IS FURTHER ORDERED, that Respondent shall follow model physician guidelines promulgated by the Federation of State Medical Boards for appropriate prescribing of narcotics.

IT IS FURTHER ORDERED that Respondent shall, within sixty (60) days from the date of this Order, pay costs of this proceeding in the amount of \$4,000.00 (Four Thousand dollars). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

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

IT IS FURTHER ORDERED that 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. A decision by Respondent not to complete the above-noted course within four months shall not be construed as a violation of this Order. In the event Respondent fails to timely pay costs as ordered, the Respondent's license SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

Dated this 16<sup>th</sup> day of February, 2005.

WISCONSIN MEDICAL EXAMINING BOARD

Alfred Franger  
A Member of the Board