

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF  
DISCIPLINARY PROCEEDINGS AGAINST

JOHN C. OUJIRI, M.D.,

RESPONDENT.

:  
:  
: FINAL DECISION AND ORDER  
: LS # 0512145 MED  
:  
:

Division of Enforcement Case # 03 MED 462

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

John C. Oujiri, M.D.  
St. Mary's Duluth-Ashland Clinic  
1625 Maple Lane  
Ashland, WI 54806

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

Medical Examining Board  
Department of Regulation & Licensing  
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 the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

## FINDINGS OF FACT

1. John C. Oujiri, M.D., (DOB 07/29/1949) is duly licensed as a physician in the State of Wisconsin (license # 20 21508). This license was first granted on April 21, 1978.
2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 1625 Maple Lane, Ashland, Wisconsin.
3. At all times relevant to this action, Respondent was working as a physician in Wisconsin.
4. On or about October 15, 2001, Respondent began seeing patient R.C., who claimed to have recently moved to the area. R.C. reported that she had a history of multiple back surgeries and had chronic neck pain radiating into the left shoulder into her hand. She had visible surgical scars on her back and neck, reduced reflexes in her legs and feet and reduced grip strength on her left side. Respondent agreed to refill R.C.'s medications, which she said were Elavil, ferrous sulfate, MS Contin 60 mg twice a day and Vicodin PRN for break through pain. Respondent told R.C. he would give no more refills until he had her medical records from her previous physician.
5. On October 26, 2001, R.C. went to the Ashland Clinic ER with a urinary tract infection. She was given 20 Vicodin as well as an antibiotic.
6. On October 29, 2001, R.C. called asking for early refills on the MS Contin and the Vicodin, claiming that she had been staying in a shelter in Duluth from October 25-27, 2001, and had left her medications there and didn't recall the name of the shelter or how to contact them. R.C. had been at the Ashland Clinic ER during the time she claimed to have been in Duluth. Respondent refused to refill the MS Contin and Vicodin.
7. On November 5, 2001, Respondent saw R.C. He had not received the prior records but states that he felt that he could not allow her to suffer without pain relief for that reason. He refilled her medications: 60 MS Contin and 120 Vicodin, prescribing the Vicodin at one four times daily.
8. On November 12, 2001, R.C. went to the ER complaining of shoulder pain. She was given additional Vicodin by the ER staff.
9. On November 28, 2001, Respondent saw R.C. again. X-rays showed bulging discs at C4-5 and C7-T1. Respondent refilled the pain medications but stated that he would start tapering the medications after R.C.'s pain clinic appointment on December 20, 2001.
10. When R.C. took her prescription to the pharmacy, the pharmacist called Respondent and informed him that R.C. had a prescription for a one month supply of Oxycontin from another physician from November 19, 2001. Although he already had

indications that R.C. was drug seeking, Respondent told the pharmacist to tell R.C. to discontinue the Oxycontin and to take the MS Contin and Vicodin, and told the pharmacy to fill the prescription.

11. On December 4, 2001, R.C. called Respondent and said that she had pain and did not have enough MS Contin. Respondent authorized an increase in her MS Contin to three times daily, and increased her prescription accordingly.

12. On Saturday December 8, 2001, R.C. went to the ER with complaints of pain in her neck and arms. The ER physician concluded that she was drug seeking, and gave her only 2 Percocet tablets and told her to see her physician on Monday.

13. On Sunday December 9, 2001, R.C. returned to the ER complaining of pain. The ER physician called Respondent and then gave R.C. a prescription for 30 tablets.

14. On December 12, 2001, R.C. called Respondent and asked for an early refill because she was going to Duluth. She asked for a larger amount of MS Contin. The larger amount was refused, but the refill was approved.

15. On December 26, 2001, R.C. came to the clinic for medication refills and saw another physician, Dr. S. That physician refilled her medication for two weeks (42 Vicodin and 28 MS Contin) and recommended that she see the Respondent in two weeks.

16. On December 28, 2001, R.C. called Dr. S. complaining of pain. Dr. S. increased her MS Contin to three times daily and prescribed enough to cover the increased dosing for two weeks.

17. On January 4, 2002, R.C. saw Respondent. Respondent refilled her prescriptions, noting that she had an appointment with the Pain Clinic on January 15, 2002 and an appointment with a neurologist.

18. On January 11, 2002, R.C. saw Dr. L. at the Pain Clinic. She presented with a prescription dated December 19, 2001 for OxyContin and told him that she had not taken any pain medication since that date and had shown no withdrawal symptoms. Dr. L. declined to prescribe pain medications without a drug dependency evaluation due to R.C.'s history of multiple chemical dependency treatments in the past. R.C. walked out upon hearing she would not get pain medications. Documentation of this visit was forwarded to Respondent's clinic and was in R.C.'s patient file.

19. On January 14, 2002, R.C. called Respondent complaining of pain. Respondent checked with the pain clinic and learned that she had walked out when they refused to prescribe pain medications. Respondent then gave R.C. a prescription for Darvocet, 1 pill four times daily for pain. R.C. agreed to see a psychiatrist for an evaluation.

20. On January 15, 2002, R.C. saw Dr. Y., a psychiatrist. R.C. was determined to be not forthcoming with her history of MS Contin and Vicodin use. Dr. Y. concluded that R.C. had possible dependence on prescription pain medications. He prescribed Remeron for sedation. Thereafter R.C. canceled three different appointments with Dr. Y. and did not return to see him.

21. On January 21, 2002, R.C. called Respondent asking for different medication. He declined, telling R.C. to keep her appointment with Dr. Y. the next day, and to also see Dr. E., the neurologist.

22. R.C. did not show up for her appointment with Dr. Y. on January 22, 2002. On January 23, 2002, she called Respondent asking for a refill of Darvocet. Respondent refilled her Darvocet prescription for 120 tablets, 4 times daily.

23. R.C. had an appointment to see Dr. Y. on January 24, 2002, but rescheduled for February 5, 2002. She did see a neurologist, Dr. E., who recommended a nerve conduction study on the left ulnar nerve and found no abnormality.

24. R.C. saw Respondent on January 29, 2002. He continued the MS Contin 60 mg twice daily.

25. On February 4, 2002, R.C. was seen by Dr. B. for abdominal pain. He told her to discontinue the Darvocet and gave her a prescription for Hydrocodone/APAP, 100 tablets.

26. On February 5, 2002, R.C. did not show for her appointment with Dr. Y.

27. On February 8, 2002, R.C. called asking for different medications, as the Hydrocodone given by Dr. B. no longer worked. Respondent added Baclofen. Respondent declined to change the Hydrocodone.

28. On February 15, 2002, R.C. called requesting Percocet. Respondent gave her Septra for a probable urinary tract infection, told her to discontinue the Baclofen, and recommended no change for her analgesia.

29. On February 16, 2002, R.C. went to the ER complaining of pain. She stated that she had left her medications at her sister's house two days earlier and wanted refills. The ER doctor suspected drug seeking and declined to refill.

30. On February 17, 2002, R.C. returned to the ER complaining of pain. The ER doctor refused to give her medications and offered admission for detoxification, which R.C. refused.

31. On February 19, 2002, records indicate that R.C. was given a refill for Vicodin 5/500 on February 18, 2002, which was a decrease from her usual prescription of 7.5/750. She asked for a prescription for MS Contin and an increase in Vicodin. That

request was denied, and an appointment was made for February 20, 2002, to discuss her medications. An appointment was also made for EMG testing.

32. On February 20, 2002, Respondent had a discussion with R.C. about addiction. He gave R.C. MS Contin 60 mg bid, 60 tablets, no refills, and did not refill her Vicodin. When she went to fill the prescription, the pharmacist called Respondent and said that on January 29, 2002, R.C. had gotten 62 MS Contin. R.C. said that she takes three daily instead of the prescribed 2. Respondent told the pharmacist to fill the prescription and noted that he would talk to R.C. later about this.

33. On February 22, 2002, a pharmacist called Respondent and told him that R.C. was getting narcotics from Dr. C. filled at L Pharmacy, from Dr. A. and Dr. K.1 at P. Pharmacy, from Respondent and Dr. B. at W. Pharmacy, from Dr. K.2 at M.S. pharmacy, and from another physician at an Ironwood, Michigan pharmacy. W. Pharmacy also called, to say that R.C. was getting a refill on the Baclofen and the Hydrocodone, although she had just gotten 60 Hydrocodone four days earlier. Respondent called W. Pharmacy and told them not to refill the Baclofen. He made a note in the file that he would not refill any more prescriptions for this patient. Respondent asserts that his intent was not to refill her prescriptions until he could talk with her and set up a plan for all prescriptions to come from him and be filled at W. Pharmacy, not that he intended to deprive her of pain medication altogether from that point forward.

34. On February 27, 2002, R.C. came in with low back pain and he refilled her Vicodin. He told her to just get her prescriptions from him, and to just have them filled at W. Pharmacy.

35. On February 28, 2002, R.C. saw Dr. E. She had a normal EMG. He determined that the pain was likely caused by strain and recommended that she be reduced to only one of the two pain medications and recommended physical therapy.

36. On March 4, 2002, R.C. saw Respondent, complaining of pain following a fall. She asked for and received an increase in her MS Contin dosage. Respondent asserts that his intent was to increase the dosage on a temporary basis and then taper thereafter.

37. On March 8, 2002, R.C. called to request something not so strong for pain. Respondent prescribed Ultram 50 mg.

38. On March 11, 2002, R.C. saw Respondent for chest wall pain. She said she did not use the Ultram because she believed it would cause seizures. Respondent continued R.C. on MS Contin and added a prescription for 120 Hydrocodone AP 7.5/750 four times daily.

39. On March 17, R.C. came to the ER with a migraine. A doctor from the Chequamegon clinic notified the ER that the patient has been seeking medications. Tigan, an anti-emetic, was administered.

40. On March 22, 2002, R.C. called and asked for Celebrex from the physician who was covering for Respondent. The physician prescribed 10 tablets of Celebrex.

41. R.C. saw Respondent on March 25, 2002. He injected her shoulder with Xylocaine and Kenalog, and continued her prescriptions. He noted that she had an appointment with the pain clinic and was also to follow up with a surgeon in Minneapolis.

42. On April 1, 2002, R.C. came in complaining of pain. Respondent refilled her Vicodin and noted that she continued on MS Contin.

43. On April 9, 2002, R.C. called and said the Vicodin was not working, and asked for Darvocet. Respondent gave her a prescription for 120 Darvocet, one every four hours. R.C. called later the same day and requested Celebrex, which Respondent also refilled.

44. On April 15, 2002, R.C. told Respondent that she had called 911 over the weekend because her headache pain was so bad. He told her to continue Darvocet and prescribed Inderal.

45. On April 22, 2002, R.C. called and asked for a refill on MS Contin. A nurse noted that R.C. had received 14 on March 19, 62 on March 25, and 8 on April 19. Still, Respondent authorized a prescription.

46. On April 30, 2002, R.C. saw Dr. B. for a mouth ulcer. She told Dr. B that she takes Vicodin but that it doesn't work, and asked for Darvocet. Dr. B. gave her 100 Darvocet.

47. On May 6, 2002, R.C. said that she hurt herself moving things around her home. Respondent added Oxycodone APAP 5/325, 2 every 4 hours for pain.

48. On May 9, 2002, Respondent wrote another prescription for MS Contin for R.C. W. Pharmacy refused to fill that prescription, because at two times per day it was too soon. R.C. called and asked that the prescription be changed to three times per day because she has pain from a fan blowing on her back. Respondent refused to change the prescription for MS Contin but added Ultram. A nurse noted that R.C. had previously said that Ultram caused seizures, and ordered the prescription held. R.C. was contacted and did not remember that Ultram caused seizures. Respondent wrote a prescription for Darvon CPD, 25, one every four hours.

49. On May 13, 2002, R.C. went to the ER with complaints of back pain. It appeared that she may also be undergoing opiate withdrawal. She was given a Vicodin starter pack and a prescription for 15 more tablets. Respondent declined to refill MS Contin, stating "No refill on MS Contin until it is time."

50. On May 15, 2002, R.C. called and said that Darvon made her confused. She requested another medication. Respondent authorized her to increase her Vicodin to every three hours for five days and gave her a prescription for another 20 tablets.

51. Dr. V.P. saw R.C. on May 16, 2002. Dr. V.P. noted that R.C. was misusing her medications, going through 120 tablets of Oxycodone in 10 days. R.C. stated that she was in terrible pain and that she had an appointment at the pain clinic in June. Dr. V.P. gave her 40 tablets of Oxycodone to last until Respondent could see her.

52. On May 20, 2002, R.C. called Respondent to request Vicodin. She stated that she is taking two tablets every four hours. Respondent gave her a prescription for 120 Vicodin.

53. On June 3, 2002, R.C. asked Dr. S. for prescription refills. He gave her a refill of Oxycodone APAP, 32 tablets, to last until the pain clinic appointment at her stated usage. Dr. S. said that he would not fill any more refills for her except at the direction of the pain clinic.

54. On June 11, 2002, R.C. called and requested refills on MS Contin. She said she did not go to the pain clinic appointment because her mother's funeral was that day. Dr. F. approved a two week dosage of MS Contin. R.C. asked W. Pharmacy to also refill the Hydrocodone prescription. They called the clinic and Dr. F refused that refill.

55. On June 17, 2002, R.C. called and asked for Vicodin. She stated that she had rescheduled her pain clinic appointment for August 1, 2002. Dr. B. refilled her Vicodin for 40 tablets, 1-2 every 6 hours.

56. On July 1, 2002, R.C. called from Minneapolis to say that she was at the neurologist's but they could not see her because they never got a referral. She asked for a refill of Oxycodone. Respondent was out, but when he returned on July 2, 2002, he did refill the Oxycodone, 120 tablets.

57. Respondent's nurse called the pain clinic and found out that R.C. had actually been seen there, months earlier, and there was no problem with the referral. R.C. had been told that she should seek chemical dependency treatment and not have Oxycodone. She was given a follow up appointment for May 1, 2002, but did not show up. On July 1, 2002, she did not have an appointment, but just showed up and asked for drug refills for the Oxycodone (her request was denied). Upon hearing this information, Respondent cancelled the refill prescription for Oxycodone placed that day.

58. On July 17, 2002, R.C. saw Respondent. She told him that she had been off narcotics since mid June (however, as noted above Respondent had refilled her Oxycodone on July 2, 2002). Respondent gave R.C. Darvocet for break through pain.



59. On July 19, 2002, R.C. called and said she didn't like Darvocet, and asked for either MS Contin or Oxycodone. She stated that she had a pain clinic appointment on August 1, 2002. She was not given any medication, and was told to keep her pain clinic appointment.

60. On July 24, 2002, Respondent saw R.C. and put her back on MS Contin, 60 mg, twice daily.

61. On July 30, 2002, R.C. was seen in the ER for sores in her mouth. She asked for and received 12 Oxycodone tablets from Dr. V.P. to last her until her pain clinic appointment on August 1, 2002.

62. Respondent saw R.C. on August 26, 2002, and gave her refills on the Oxycodone, two every four hours (240) and MS Contin, one every 12 hours (60). There was no discussion documented of the August 1, 2002 pain clinic appointment. Respondent noted that she had an appointment with a neurologist in a couple of weeks.

63. On August 30, 2002, September 3, 2002, and September 4, 2002, R.C. called requesting Vicodin. On September 4, 2002, Respondent gave her a prescription for 120 Vicodin.

64. On September 13, 2002, Respondent gave R.C. another prescription for 60 MS Contin and 120 Oxycodone/APAP.

65. On September 23, 2002, R.C. called and requested cough syrup with codeine and a refill of Darvocet. The clinic refused.

66. On September 27, 2002, R.C. called requesting Darvocet. The nurse refused and R.C. became very angry.

67. On October 4, 2002, Respondent saw R.C. for a broken thumb. He continued her pain medications and prescribed Amoxicillin.

68. On October 11, 2002, Respondent saw R.C. for the broken thumb, and changed her prescription for MS Contin 60 mg to OxyContin 40 mg.

69. On October 18, 2002, R.C. called asking for more Oxycontin, saying she had taken extra because of her thumb. Respondent refused, but offered Bextra. R.C. declined. Respondent then gave her a prescription for Tylenol #3, 30 tablets, one every four hours.

70. R.C. called on October 23, 2002 stating that the Oxycodone, Tylenol and OxyContin cause her stomach pain. She requested Vicodin. Respondent refused, and asked her to schedule an appointment to address her stomach upset.

71. Respondent saw R.C. on October 24, 2002. She was out of Percocet, having used more for her broken thumb. Respondent gave her Percocet, 90, one three times daily and MS Contin, 60, one every 12 hours. Respondent had R.C. sign a pain use agreement.

72. On October 31, 2002, R.C. requested a refill on her Vicodin. Respondent denied her request, based on the pain use agreement.

73. On November 11, 2002, R.C. saw Dr. F. for chest pain. Dr. F. gave her 30 Vicodin ES.

74. On November 12, 2002, R.C. came to the clinic asking for early refills of both MS Contin and Percocet. This was refused.

75. On November 19, 2002, R.C. saw Respondent. He refilled the MS Contin, #63, and Oxycodone, #130, as a one month supply. He also told R.C. that she must get an MRI and an EMG done. R.C. made the MRI appointment but did not keep it.

76. On December 17, 2002, R.C. called requesting refills on the MS Contin, Oxycodone and other medications. Although R.C. did not keep her MRI appointment, Respondent gave the refills, although the pain use agreement stated that no refills would be given over the telephone, and that R.C. was to keep all appointments with specialists to whom she was referred.

77. Dr. E. evaluated R.C. on December 26, 2002. He stated that there is no physical finding to support her subjective complaints of pain. He noted that R.C. commented regarding from whom she should obtain her pain medications.

78. On December 30, 2002, noting that he did not yet have the EMG studies, Respondent boosted R.C.'s dosage of medications to MS Contin 100 mg twice daily and Oxycodone/APAP 7.5/324 every four hours.

79. On January 9, 2003, R.C. called and asked to discontinue Percocet and take Vicodin for break through pain. Respondent gave her a prescription for 120 Vicodin ES, although the pain agreement stated that no refills would be given over the telephone.

80. On January 17, 2003, R.C. came in with a sore shoulder. Respondent gave her a refill of Oxycontin, 62 and Percocet, 120.

81. On January 30, 2003, R.C. called the clinic asking for a refill of Vicodin. The request was denied.

82. On February 12, 2003, R.C. saw Respondent. The documentation shows that he was inclined to give prescriptions because he believed that without them, she could not function. A later note indicates that R.C. received 120 Percocets on this date.

83. On February 21, 2003, R.C. called and said that she was going to run out of Oxycodone early because she had increased her dosage due to leg pain. Respondent wrote a prescription to W. Pharmacy, but his records do not indicate the drug or dosage.

84. On February 27, 2003, Respondent increased R.C.'s MS Contin, adding 30 mgs with the night time dosage, and continued Percocet 10/650.

85. On February 28, 2003, R.C. called and requested an early refill of Percocet. Respondent refused.

86. On March 7, 2003, R.C. called and asked for more Percocet. She said that she had an appointment on April 7, 2003 with Dr. D. Respondent gave her a prescription for 20 of the Percocet 10/650.

87. On March 9, 2003, R.C. was seen in the ER for back and leg pain. She was noted to be very somnolent and unsteady on her feet. She requested additional narcotic pain medications. Her request was denied.

88. On March 10, 2003, Respondent noted that R.C. was using more than the prescribed amount of Percocet, despite her agreement to the contrary in the pain use agreement. He refilled her Percocet at a weaker dosage (10/325) two to four times daily, and maintain the OxyContin at the previous dose.

89. On March 17, 2003, R.C. called asking for a change in her medications. She said that she wasn't using the Percocet or OxyContin because they do not help. She requested a pain patch, but the clinic refused.

90. On March 24, 2003, Respondent refilled her MS Contin at 60 mg twice a day and approved of her alternating Percocet and Vicodin for break through pain (based on a later note, he wrote refills for Vicodin ES, 120 tablets and MS Contin, 120 tablets on this date).

91. On March 31, 2003, R.C. called requesting a refill on her Percocet. She was given a refill at 240 10/325 tablets, despite the pain use agreement, which stated that no refills would be given over the telephone.

92. On April 1, 2003, W. Pharmacy called Respondent's office to remind him that he had prescribed 240 of the Percocet 10/325 tablets on March 10, 2003, and also Vicodin ES, 120 tablets, and MS Contin, 60 mg 120 tablets, on March 24, 2003. Respondent still approved the refill.

93. R.C. saw a neurosurgeon on April 7, 2003, who recommended use of an implanted stimulator. On April 11, 2003, Respondent prescribed a Duragesic patch (one every 72 hours). Respondent also prescribed Vicodin for break through pain.

94. R.C. called on April 17, 2003, stating that she was using the Duragesic patches at twice the prescribed rate because she takes so many baths and they come off. She said she had six patches remaining at that time. Respondent recommended that she tape on plastic wrap.

95. On April 18, 2003, Respondent increased R.C.'s prescription for Duragesic patches to one every 48 hours

96. On April 25, 2003, Respondent noted that R.C. was not steady on her feet. He recommended physical therapy and said he would continue Percocet for pain with the Duragesic patch.

97. On May 15, 2003, R.C. called and asked for an early refill of Percocet. Respondent declined.

98. On May 19, 2003, R.C. came in complaining of constant pain. The Duragesic patch was continued as was the Percocet.

99. On May 27, 2003, R.C. came in and said that the Percocet made her itch. She asked for Vicodin. Respondent gave her Vicodin for 10 days.

100. On June 5, 2003, R.C. came in complaining of edema with a rash from the Duragesic patches. Respondent returned her to MS Contin, twice daily and Percocet, one every six hours.

101. On June 18, 2003, R.C. returned with complaints of chronic unrelieved pain. Respondent increased the MS Contin to 120 mg, and increased Hydrocodone/APAP to 10/325 one every four hours.

102. On July 2, 2003, the clinic received a telephone call from someone stating that she was a friend of R.C.'s, who informed them that R.C. had been stealing her medications.

103. On July 8, 2003, R.C. came in stating that she was traveling for three weeks to Minneapolis and needed an early refill on her medications. Respondent gave her the requested refill: 120 MS Contin, 120 Percocet.

104. On July 16, 2003, R.C. came in to see Respondent complaining of several problems and requesting an early refill. Respondent refilled her Hydrocodone/APAP, 60 tablets, to alternate with the Percocet. This visit was within the time frame that R.C. was supposedly in Minneapolis.

105. On July 28, 2003, Respondent saw R.C. and refilled her MS Contin, 124 and Hydrocodone, 240. He noted that the MS Contin was not to be filled until August 7, 2003. He also added Amitriptyline, 500 mg at bedtime.

106. On August 22, 2003, W. Pharmacy called and said that R.C. had asked for a refill of her Amitriptyline at 4 times per day. The prescription had been filled 10 days earlier at W. Pharmacy for one per day. Respondent agreed to refill the Amitriptyline, with instructions to the patient that it just be taken at bedtime. Respondent declined R.C.'s request to refill Percocet.

107. On August 25, 2003, R.C. came in to see Respondent for chronic pain. He gave her a one month supply of MS Contin, 60 mg, four a day, and Percocet 325 mg two four times a day, and Amitriptyline 50 mg four tablets at bedtime.

108. On September 18, 2003, R.C. came in complaining of more pain. Respondent increased her MS Contin to 180 mg in the morning and 120 in the evening. He documented in the patient record that he had heard a rumor that she was to be beaten up if she didn't share her medications. R.C. denied the rumor. Respondent told her to inform him or the police if it did occur.

109. R.C. was found dead in her home on September 20, 2003. The cause of death was determined to be acute bronchopneumonia. The coroner noted several empty medication bottles in R.C.'s possession. However, toxicology studies determined that R.C. did not have any serological evidence of any drugs in her system except Tylenol.

110. It is the State's position that Respondent should have handled the patient's drug seeking behavior differently.

111. Respondent vigorously disagrees with the conclusions of law stated below and the assumptions underlying those conclusions but consents to this stipulation and this Order by the Medical Examining Board 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 R.C.

#### 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

IT IS ORDERED that the attached Stipulation is accepted.

IT IS FURTHER ORDERED that John C. Oujiri, M.D., is REPRIMANDED.

IT IS FURTHER ORDERED that the license to practice medicine and surgery of John C. Oujiri, M.D., is LIMITED as provided in Wis. Stat. § 448.02(3)(e), and in the following respects:

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: Critical Issues and Common Pitfalls of Misprescribing" at University of South Florida College of Medicine in Tampa, Florida (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). If the USF College of Medicine course is full or otherwise unavailable during the four-month stay, Respondent may petition the board to substitute a substantially equivalent course. The four-month stay will not be extended in this case.

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 One Thousand Eight Hundred Dollars (\$1,800.00). 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

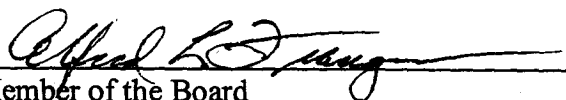
IT IS FURTHER ORDERED that violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations 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, but the limitation described above will remain in effect in such case. 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 14<sup>th</sup> day of DECEMBER, 2005.

WISCONSIN MEDICAL EXAMINING BOARD

By:

  
A Member of the Board