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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
JOHN G. SCHUETZ, M.D.,	:	
RESPONDENT.	:	ORDER 0000717

Division of Enforcement Case No. 08 MED 091

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

John G. Schuetz, M.D.
6 Apple Hill Circle
Madison, WI. 53717

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 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 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. John G. Schuetz, M.D., Respondent, date of birth June 19, 1953, 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 29301-20, which was first granted May 25, 1988.

2. Respondent's address of record with the Wisconsin Medical Examining Board is 6 Apple Hill Circle, Madison, WI. 53717.

3. At all times relevant to this matter, Respondent was working as a physician at Dean Health Systems, 1313 Fish Hatchery Road, Madison, WI 53715.

4. From 1996, through September 16, 2008, the Respondent was Patient M.J.'s physician and managed her narcotic requests during that period, with the following exception: Respondent appropriately referred Patient MJ to physical rehabilitative medicine for chronic pain management. At the time, Dean Clinic did not have a chronic pain clinic or a physician specializing in chronic pain. A physician there prescribed Vicodin/hydrocodone, and Tylenol 3. The subsequent physician recommended a trial of methadone, which Respondent discussed with Patient MJ but she was not interested in taking the medication. The subsequent physician followed Patient MJ for approximately two years and ultimately referred Patient MJ back to Respondent.

5. Patient M.J. has a history of chronic back pain including three different back surgeries due to severe multi-level disk degeneration. She had a lower lumbar laminectomy in 1985, a lower lumbar fusion in 1996 and C4-C5, C5-C6 anterior discectomy with fusion in 1996. She also suffered from chronic back and neck pain prior to seeking care with Respondent, as well as reporting bouts of unrelenting abdominal pain and a history of migraine headaches.

- a. On April 23, 2001, Respondent referred Patient M.J. for physical therapy, which was then unsuccessful. Patient M.J. was unable to tolerate anti-inflammatory medications. Patient M.J. did not have any further referrals to physical therapy after April 23, 2001.
- b. In the summer of 2007, the Patient M.J. fractured both hips and both wrists in three separate falls in less than one year.
- c. In approximately June of 2007, Patient M.J. began calling for early refills on Soma® (Carisoprodol) and Valium® (Diazepam).
- d. February 22, 2008 a family member called Respondent's office and stated she observed Patient M.J. and was concerned about the number of narcotics and sedatives she takes.

6. On October 8, 2008, Dr. R.H., a subsequent treating physician, saw Patient M.J. and questioned the amount of narcotics prescribed, as well as the use of diazepam under the circumstances as he saw them.

7. Respondent retired from the active practice of medicine and surgery on September 26, 2008, and no longer has hospital privileges.

8. In the 7 years before his retirement, Respondent provided substantial amounts of pain medications to Patient M.J. without documenting functional treatment goals for the patient or documenting assessment of progress toward those goals. During that same period of time, lack of documentation makes it unclear whether or not, Respondent did: refer Patient M.J. for physical therapy, facilitate assessment for surgical interventions, require a narcotics contract, nor provide options for alternative treatment.

9. The Medical Examining Board encourages physicians to view effective pain assessment and management, which may include the use of opioid analgesics, as part of quality medical care for all patients with pain, including patients with a history of drug abuse. Because opioid analgesics are subject to abuse by individuals who seek them for mood altering effects, physicians who prescribe these drugs should be diligent and incorporate established safeguards into their practices to minimize the potential for their diversion and abuse. The standard of minimal competence in pain management in the circumstances of this case required toxicology testing and other objective measurement of Patient M.J.'s compliance with the physician's orders; a narcotics contract, requiring, inter alia, that the patient receive medications from one physician and at one pharmacy; and consideration of surgical intervention.

10. Respondent neither admits nor denies the violation set forth below, but is willing to stipulate to this outcome.

11. This is Respondent's first discipline. Respondent has fully complied with the Board's investigation.

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. Stats. §§ 227.44(5) and 448.02(5).

2. Respondent's failure to document and maintain records of narcotics agreements, functional treatment goals and the patient's progress toward those goals constitutes a violation of Wis. Admin. Code § MED 21.03, which is unprofessional conduct as defined by Wis. Admin. Code § MED 10.02(2)(za), and he is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that John G. Schuetz, M.D. is hereby REPRIMANDED.

IT IS FURTHER ORDERED that the license to practice medicine and surgery of John G. Schuetz, M.D. is LIMITED as follows:

1. If Respondent returns to the active practice of medicine and surgery in any capacity, whether paid or unpaid, he shall, at least thirty days before commencing practice, inform the Board or its designee of the nature of his position, as well as the name, address and telephone number of his employer.

2. Before Respondent returns to active practice in any capacity, he shall first present proof, acceptable to the Board or its designee, that he has successfully completed a comprehensive course in medical record-keeping. The Intensive Course in Record Keeping, with Individual Preceptorships (13.5 cr) offered by Case Western Reserve University School of Medicine is preapproved. If Respondent elects to take another substantially similar course, Respondent shall obtain prior approval from the Medical Examining Board or its designee.

3. If Respondent returns to active practice in any capacity that requires him to prescribe narcotics, Respondent shall first successfully complete at least 8 hours of continuing medical education on pain management or pain management in general practice. The online course on "Responsible Opioid Prescribing", sponsored by the University of Wisconsin School of Medicine and Public Health (7.25 AMA PRA Category 1 Credits) is preapproved, contingent upon Respondent earning a score on the course post-test of at least 85%.

4. Respondent shall, within 30 days of completion, file an affidavit with the Medical Examining Board stating under oath that he has attended and satisfactorily completed the pre-approved course(s) in its entirety. Also within 30 days of completion, Respondent shall provide proof of successful completion from the sponsoring organization. All certifications, affidavits or other documents required to be filed with the Medical Examining Board will be deemed filed upon receipt by the Department Monitor. Requests for preapproval, the affidavit of attendance and the supporting documentation of attendance shall be filed with:

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

5. Respondent will be responsible for paying the full cost of remedial education activities. Respondent will not apply any of the continuing education credits earned in satisfaction of this Order toward satisfaction of the Wis. Stat. § 448.13 biennial training requirements.

6. 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 fourteen (\$1814.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing and mailed to the Department Monitor at the address provided above.

7. 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 satisfy any part of the Order as set forth above, the Respondent's license (No. 29301-20) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with the relevant terms of the Order.

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

MEDICAL EXAMINING BOARD

By:

SKailapMD M&A
A Member of the Board

3/18/11
Date