

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF THE LICENSE OF	:	FINAL DECISION & ORDER
	:	FOR REMEDIAL EDUCATION
MARK D. STANNARD, M.D.,	:	<b>ORDER 0001970</b>

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Division of Enforcement Case No. 11MED404

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

Mark D. Stannard, M.D.  
Hudson Physicians  
403 Stageline Road  
Hudson, WI 54016

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

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 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. Mark D. Stannard, M.D. (D.O.B. July 16, 1969), 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 39942-20. This license was granted on June 26, 1998.

2. Dr. Stannard's practice specialty is family practice and his most recent address on file with the Wisconsin Medical Examining Board is Hudson Physicians, 403 Stageline Road, Hudson, Wisconsin 54016.

3. On January 31, 2008, Patient A, 92 years old and weighing 118.2 pounds, initially presented to Dr. Stannard with a history of reflex sympathetic dystrophy in the right foot after an episode of shingles. The pain from this condition was being controlled with Oxycodone ER 20 mg bid and Hydrocodone as needed for breakthrough pain #121 per month.

4. Oxycodone ER is a narcotic and non-steroidal anti-inflammatory combination used to treat short term, moderate to severe pain and is a Schedule II Controlled Substance pursuant to Wis. Stat. § 961.16(2)(a)11, with habit-forming potential.

5. Hydrocodone is a narcotic analgesic used for relief of moderate to moderately severe pain and is a Schedule II Controlled Substance pursuant to Wis. Stat. § 961.16(2)(a)11, with habit-forming potential.

6. On February 12, 2009, Patient A presented to Dr. Stannard for continued evaluation of her condition. At that time, Dr. Stannard continued the patient on Oxycodone ER 20 mg bid, discontinued Vicodin (hydrocodone), with the intent of adding Lyrica, and added Percocet 5/325.

7. Percocet is a brand name for oxycodone, a narcotic, and acetaminophen combination used to relieve moderate to moderately severe pain and is a Schedule II Controlled Substance pursuant to Wis. Stat. § 961.16(2)(a)11, with habit-forming potential.

8. In March 2009, when Dr. Stannard learned that Medicare would not authorize the use of Lyrica, he continued the prescription of Vicodin for the patient.

9. Vicodin is a brand name for hydrocodone, a narcotic analgesic, and acetaminophen used to relieve moderate to severe pain and is a Schedule II Controlled Substance pursuant to Wis. Stat. § 961.16(2)(a)7, and has habit-forming potential.

10. From March 2009 to May 2011, pharmacy records revealed that Dr. Stannard prescribed #121 Vicodin 5 mg-500 mg, #121 Percocet 5 mg-325 mg, and 61 oxycodone ER 20 mg. on a monthly basis for Patient A.

11. On May 20, 2011, Patient A, weighing 97 pounds, presented to Dr. Stannard for a follow-up evaluation of pain. The quality of Patient A's pain was described as being unchanged from the previous visit. There had been no patient visits since March 2009. Patient A's average pain was rated 6 out of 10 on the pain scale and was constant and chronic. Dr. Stannard increased the oxycodone ER 20 mg from 61 to 90 monthly and ordered an ambulatory surgical boot.

12. On July 6, 2011, Dr. Stannard's partner was asked to refill the Vicodin and Percocet. He renewed them, but charted, "also I would not treat a pt with both Vicodin and oxycodone."

13. In October 2011, Dr. Stannard prescribed 240 Vicodin 5 mg-500 mg, 240 Percocet 5 mg-325 mg, and 91 oxycodone ER 20 mg. There had been no patient visit since June 2011 and no documented reason for the increase.

14. In November 2011, Dr. Stannard prescribed 240 Vicodin 5mg-500mg and 240 Percocet 5mg-325mg. There was no patient visit since June 2011 and no documented reason for the increase.

15. In late November, 2011, Patient A's grandson left comments on Dr. Stannard's website indicating that Dr. Stannard was not filling his grandmother's medications as needed.

16. On November 30, 2011, Dr. Stannard's nurse spoke with Patient A and with Patient A's granddaughter to ascertain how many pain pills Patient A was actually taking. Patient A indicated that she no longer took the oxycodone and the granddaughter believed the patient only took 1 Vicodin daily.

17. On December 5, 2011, Patient A presented to Dr. Stannard for follow-up evaluation of pain. Patient A informed Dr. Stannard she only took 4 tabs Vicodin daily and one tab of oxycodone ER 20 mg at night. Based on this usage information and Dr. Stannard's concern that the drugs may have been diverted, Dr. Stannard discontinued the Percocet and reduced the other pain medications by prescribing 120 Vicodin and 30 oxycodone ER 20 mg monthly. Dr. Stannard's records reflect that he intended a follow up appointment in two months.

18. The minimum standard of care for prescribing controlled substances for chronic pain patients and for increasing the levels of pain medication requires adequate monitoring of the patient's drug usage and pain response on a frequent and continued basis; most commonly every three months absent documented circumstances where a shorter or lengthier time period would be appropriate.

19. This Final Decision and Order does not constitute a disciplinary action against Dr. Stannard.

#### CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction in this proceeding pursuant to Wis. Stat. § 448.02.

2. The Wisconsin Medical Examining Board has authority to resolve this proceeding by stipulation without an evidentiary hearing pursuant to Wis. Stat. § 227.44(5).

ORDER

IT IS HEREBY ORDERED THAT the stipulation of the parties is accepted.

IT IS FURTHER ORDERED that:

1. Mark D. Stannard, M.D., will, within six (6) months of the date of this Order, successfully complete 4 hours of continuing medical education, which has been preapproved by the Board or its designee, in the prescribing of controlled substances for treatment of chronic pain, with an emphasis on appropriate monitoring and documentation.

2. Within 30 days of completion of the continuing education, Dr. Stannard shall provide proof sufficient to the Board, or its designee, of satisfactory completion. Dr. Stannard is prohibited from applying any of the hours of education completed to satisfy the terms of this Order toward satisfaction of the continuing education required for any biennial registration renewal.

3. All requests, notices, reports and payments required by this Order shall be provided to:

Department Monitor  
Department of Safety and Professional Services  
Division of Enforcement  
1400 East Washington Avenue  
P.O. Box 8935  
Madison, WI 53708-8935  
Fax (608) 266-2264  
Tele. (608) 267-3817

4. 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 Dr. Stannard'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 Dr. Stannard fails to comply with the ordered continuing education as set forth above, the Dr. Stannard's license (#39942-20) may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Dr. Stannard completed the continuing education.

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

Wisconsin Medical Examining Board

By:

A Member of the Board

Date

8/15/12