

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



Wisconsin Department of Safety and Professional Services Access to the Public Records of the Reports of Decisions

This Reports of Decisions document was retrieved from the Wisconsin Department of Safety and Professional Services website. These records are open to public view under Wisconsin's Open Records law, sections 19.31-19.39 Wisconsin Statutes.

Please read this agreement prior to viewing the Decision:

- The Reports of Decisions is designed to contain copies of all orders issued by credentialing authorities within the Department of Safety and Professional Services from November, 1998 to the present. In addition, many but not all orders for the time period between 1977 and November, 1998 are posted. Not all orders issued by a credentialing authority constitute a formal disciplinary action.
- Reports of Decisions contains information as it exists at a specific point in time in the Department of Safety and Professional Services data base. Because this data base changes constantly, the Department is not responsible for subsequent entries that update, correct or delete data. The Department is not responsible for notifying prior requesters of updates, modifications, corrections or deletions. All users have the responsibility to determine whether information obtained from this site is still accurate, current and complete.
- There may be discrepancies between the online copies and the original document. Original documents should be consulted as the definitive representation of the order's content. Copies of original orders may be obtained by mailing requests to the Department of Safety and Professional Services, PO Box 8935, Madison, WI 53708-8935. The Department charges copying fees. *All requests must cite the case number, the date of the order, and respondent's name* as it appears on the order.
- Reported decisions may have an appeal pending, and discipline may be stayed during the appeal. Information about the current status of a credential issued by the Department of Safety and Professional Services is shown on the Department's Web Site under "License Lookup."

The status of an appeal may be found on court access websites at:

<http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wscga>

- Records not open to public inspection by statute are not contained on this website.

By viewing this document, you have read the above and agree to the use of the Reports of Decisions subject to the above terms, and that you understand the limitations of this on-line database.

Correcting information on the DSPS website: An individual who believes that information on the website is inaccurate may contact DSPS@wisconsin.gov

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
JUSTIN J. WOODS, M.D., : FINAL DECISION AND ORDER
RESPONDENT. :

0005562

Division of Legal Services and Compliance Case Nos. 14 MED 209 and 17 MED 054

The parties to these actions for the purpose of Wis. Stat. § 227.53 are:

Justin J. Woods, M.D.
3807 Spring Street
Racine, WI 53406

Wisconsin Medical Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in these matters agree to the terms and conditions of the attached Stipulation as the final disposition of these matters, 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 Justin J. Woods, M.D. (DOB March 17, 1978), is licensed in the state of Wisconsin to practice medicine and surgery, having license number 51230-20, first issued on January 28, 2008, with registration current through October 31, 2019. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 3807 Spring Street, Racine, Wisconsin 53405.

2. Respondent has no disciplinary history and is certified by the American Board of Family Medicine – General.

Division of Legal Services and Compliance Case No. 14 MED 209

3. On June 11, 2014, the Department opened this investigation based on a complaint from a pharmacist about Respondent's prescribing of controlled substances including opioids.

4. As part of its investigation, the Department reviewed Respondent's prescribing data reflected by the Wisconsin Prescription Drug Monitoring Program (WI PDMP), and subsequently gathered select patient medical records.

Patient A

5. In 2011, Respondent began providing pain management care to Patient A, a male born in 1973. Patient A had a history of neck cancer, diagnosed in 2005 and successfully treated with radiation and laryngectomy. Respondent treated Patient A for neck pain.

6. Between July 18, 2012 and August 11, 2015, Respondent saw Patient A on at least 29 occasions. Patient A consistently rated his pain as 9 or 10 out of 10, with one exception when he rated it at 8.

7. Patient A first presented to Respondent with a prescription for oxycodone 30mg #120/month. Respondent continued that prescription until September 2012, when he increased it to #180/month.

8. In March 2014, Respondent increased Patient A's oxycodone prescription to 30mg #240/month until May 2014, when Respondent decreased it to 30mg #180/month and also began prescribing Percocet® 10-325/mg #60/month.

9. In April 2015, Respondent discontinued the Percocet® and again prescribed oxycodone 30mg #240/month to Patient A.

10. Respondent's medical charting of the care he provided to Patient A does not reflect medical reasoning for the increases in the opioid pain medication he prescribed.

11. Respondent's medical charting of the care he provided to Patient A does not reflect any informed consent discussion with Patient A regarding the opioid pain medications Respondent prescribed, but Respondent contends he did discuss risks and benefits with Patient A.

12. Patient A signed a Narcotic Medication Contract, but Respondent's medical charting of the care he provided to Patient A reflects no urine drug screens, no pill counts, and no other methods to assure Patient A's compliance with the Contract or otherwise address potential diversion and/or abuse of the opioid pain medication Respondent prescribed to Patient A.

13. Respondent's medical charting of the care he provided to Patient A reflects at least seven occasions on which Patient A requested early refills of his opioid pain medication prescriptions, and that these requests were all granted.

14. Respondent's medical charting of the care he provided to Patient A reflects no referrals, imaging studies, or other efforts to explore potential cause(s) of the consistently high levels of chronic neck pain that Patient A reported.

15. Respondent's medical charting of the care he provided to Patient A reflects verbatim excerpts from prior visits, including progress notes, review of systems, objective exams, and inconsistent entries as to how Patient A presented at particular visits.

Patient B

16. In 2012, Respondent began providing pain management care to Patient B, a male born in 1959. Respondent treated Patient B for bilateral hand and neck pain due to left ulnar nerve damage with nerve stimulator placement revised in July 2011, and chronic left upper extremity pain.

17. Between June 26, 2012 and July 23, 2015, Respondent saw Patient B on at least 42 occasions. Patient B first presented to Respondent with prescriptions for Opana ER® 40mg #120/month and oxycodone 30mg #120/month. Respondent continued the prescription for oxycodone, discontinued the Opana ER® based on Patient B's report it did not work, replaced it with oxycodone IR 30mg #120/month, and then subsequently increased the oxycodone IR to 30mg #180/month.

18. Respondent's medical charting of the care he provided to Patient B does not reflect any informed consent discussion with Patient B regarding the increasing amounts of opioid pain medications Respondent prescribed, but Respondent contends he did discuss risks and benefits with Patient B.

19. Patient B signed a Narcotic Medication Contract, but Respondent's medical charting of the care he provided to Patient B reflects no urine drug screens, no pill counts, and no other methods to assure Patient B's compliance with the Contract or otherwise address potential diversion and/or abuse of the opioid pain medication Respondent prescribed to Patient B.

20. Respondent's medical charting of the care he provided to Patient B reflects at least three occasions on which Patient B claimed lost or stolen medications and requested refills of his opioid pain medication prescriptions, and that these requests were all granted.

21. Respondent's medical charting of the care he provided to Patient B reflects no functional goals or assessment of Patient B's functional level.

22. Respondent's medical charting of the care he provided to Patient B reflects verbatim excerpts from prior visits, including progress notes, review of systems, objective exams, and inconsistent entries as to how Patient B presented at particular visits.

Patient C

23. Beginning in at least 2012, Respondent provided pain management care to Patient C, a male born in 1980. Respondent treated Patient C for chronic neck and back pain. Between June 26, 2012 and August 13, 2015, Respondent saw Patient C on at least 33 occasions.

24. As of June 26, 2012, Patient C had a prescription for Percocet® 10-325mg #120/month.

25. On September 18, 2012, Respondent increased Patient C's prescription to Percocet® 10-325mg #180/month, and added a prescription of naproxen 500mg #60/month.

26. On November 19, 2012, Respondent discontinued Percocet® and prescribed oxycodone 15mg #180/month.

27. On February 6, 2013, Respondent added a prescription of oxycodone IR 30mg #180/month, and discontinued the oxycodone 15mg five days later.

28. On June 24, 2013, Respondent added alprazolam .5mg #30, and a week later increased it to 1mg #30.

29. Patient C was incarcerated from May 2014 to April 2015 for substantial battery and possession of THC. Patient C next presented to Respondent on April 14, 2015, at which time he was being prescribed Seroquel 100mg. The record of that visit reflects no discussion about Patient C's incarceration, and shows Respondent continued the Seroquel, and added monthly prescriptions for oxycodone IR 30mg #180, alprazolam 1mg #60, and ibuprofen 800mg #90.

30. On May 29, 2015, a pharmacist contacted Respondent about Patient C's claim that his oxycodone fell in the toilet. Respondent approved the refill, but his medical charting does not reflect the alleged incident.

31. On August 3, 2015, Respondent entered a new diagnosis of ADHD for Patient C and added a monthly prescription for Adderall 10mg #60/month.

32. Respondent's medical charting of the care he provided to Patient C references a signed narcotic agreement and Respondent contends one was signed, but no agreement is found in the Patient C's chart.

33. Respondent's medical charting of the care he provided to Patient C does not reflect any informed consent discussion with Patient C regarding the controlled substances Respondent prescribed, but Respondent contends he did discuss risks and benefits with Patient C.

34. Respondent's medical charting of the care he provided to Patient C reflects no urine drug screens, no pill counts, and no other methods to address potential diversion and/or abuse of the controlled substances Respondent prescribed to Patient C.

35. Respondent's medical charting of the care he provided to Patient C reflects no functional goals or assessment of Patient C's functional level.

36. The prescribing at issue in 14 MED 209 was also the subject of an investigation by the United States Drug Enforcement Administration, which concluded with no formal action against Respondent.

Division of Legal Services and Compliance Case No. 17 MED 054

37. While the investigation of 14 MED 209 was pending, the Department opened the investigation of Division of Legal Services and Compliance Case No. 17 MED 054, based on a complaint that was filed regarding Respondent's prescribing practices.

38. The investigation of 17 MED 054 looked at Respondent's prescribing in 2016 and reflects some improvements to Respondent's prescribing practice, but still some of the same concerns noted in 14 MED 209.

39. In May 2017, Respondent opened a solo practice, Woods Family Practice, in Mount Pleasant, Wisconsin.

40. In June 2017, Respondent completed the Case Western University School of Medicine Intensive Course in Controlled Substance Prescribing.

41. Respondent's practice website has a tab for "Pain Management" which features links to AODA information and treatment, and a "Chronic Pain Management Policy" which states in part:

Prescription pain medication misuse and abuse has become a serious public health concern . . . We must work with the dedicated local, State and Federal employees that have worked tirelessly over the past several years to identify and implement a plan of action that will correct this issue. We must act now and we must act together to stop the PAIN PILL EPIDEMIC. We understand that you very well may require the medication you have been taking. However, to get control of the current situation we must adhere to the requirements set forth by State and Federal officials. We will NOT prescribe ANY opioid pain medication for the purpose of long-term pain control. ABSOLUTELY NO EXCEPTIONS WILL BE MADE. We are committed to being part of the solution.

42. The Department has reviewed Respondent's prescribing practices as reflected in data obtained via the WI PDMP for May 1 – November 1, 2017, the time that Respondent has operated Woods Family Practice. During that time period, Respondent issued five PDMP-eligible prescriptions with one opioid, a one-day supply of Vicodin® 5mg.

43. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

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 which occurred before October 1, 2013, Respondent Justin J. Woods, M.D., engaged in unprofessional conduct as defined by Wis. Admin. Code § Med 10.02(2)(h) (Nov. 2002) by any practice or conduct which tends to constitute a danger to the health, welfare, or safety of patient or public.

3. By the conduct described in the Findings of Fact which occurred on or after October 1, 2013, Respondent Justin J. Woods, M.D., engaged in unprofessional conduct as defined by Wis. Admin. Code § Med 10.03(2)(c) (Oct. 2013) by prescribing, ordering, dispensing, administering, supplying, selling, giving, or obtaining any prescription medication in any manner that is inconsistent with the standard of minimal competence.

4. As a result of the above conduct, Justin J. Woods, M.D., is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

1. The attached Stipulation is accepted.

2. Respondent Justin J. Woods, M.D., is REPRIMANDED.

3. The Board accepts Respondent's completion of the Case Western University School of Medicine Intensive Course in Controlled Substance Prescribing as the education it would have otherwise ordered.

4. The license of Justin J. Woods, M.D., to practice medicine and surgery in the state of Wisconsin (license no. 51230-20) is LIMITED as follows:

- a. Every ninety (90) days for a period of no less than two (2) years from the date of this Order, Respondent shall submit his Wisconsin Prescription Drug Monitoring Program (PDMP) Prescriber Metrics Report (PMR) reflecting his prescribing for the preceding quarter.
- b. Respondent shall submit each PMR under an affidavit attesting that it accurately and completely reflects his PDMP-eligible prescribing for the preceding quarter.
- c. No PMR Respondent submits shall contain any patient health information, but shall otherwise be submitted in the exact form generated by the PDMP.

5. Starting one (1) year from the date of this Order, Respondent may petition the Board every ninety (90) days for modification of the PMR report submission requirement set out above. Denial of a modification petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stat. § 227.01(3)(a), and Respondent shall have no right to further hearings or proceedings on the denial under Wis. Stat. § 227.42 or any other law.

6. Respondent shall be responsible for all costs associated with compliance with the terms of this Order.

7. Within ninety (90) days from the date of this Order, Justin J. Woods, M.D., shall pay COSTS of these matters in the amount of \$3,025.00.

8. PMR submissions and payment of costs shall be made to the Wisconsin Department of Safety and Professional Services Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

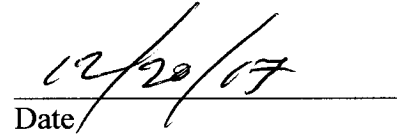
9. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit written reports or fails to timely submit payment of costs as ordered, Respondent's license to practice medicine and surgery in the State of Wisconsin (51230-20) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with the submission of written reports and payment of costs.

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

WISCONSIN MEDICAL EXAMINING BOARD

by:


A Member of the Board


Date

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY
PROCEEDINGS AGAINST

JUSTIN J. WOODS, M.D.,
RESPONDENT.

:
:
:
:
:
:

STIPULATION

0005562

Division of Legal Services and Compliance Case No. 14 MED 209 and 17 MED 054

Respondent Justin J. Woods, M.D., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of pending investigations by the Division of Legal Services and Compliance. Respondent consents to the resolution of these investigations by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation. Respondent is represented by Attorney Mark Larson.


4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Medical Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and these matters shall then be returned to the Division of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.


6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in these investigations may appear before the Board in open or closed session, without the presence of Respondent, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

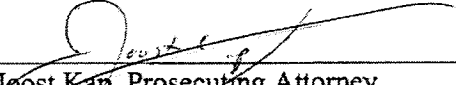
8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.


Justin J. Woods, M.D., Respondent
3807 Spring Street
Racine, WI 53406
License no. 51230-20

11/28/2017
Date


Mark Larson, Attorney for Respondent
Gutglass, Erickson, Bonville & Larson
735 North Water Street, Suite 1400
Milwaukee, WI 53202

11/28/17
Date


Joost Kap, Prosecuting Attorney
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

11/29/17
Date