

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
JESSE J. VAN BOMMEL, M.D., :
RESPONDENT. :
ORDER 0006348

Division of Legal Services and Compliance Case Nos. 16 MED 361 and 17 MED 386

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

Jesse J. Van Bommel, M.D.
N51 W16911 Old Hickory Rd
Menomonee Falls, WI 53051

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 this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, 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 Jesse J. Van Bommel, M.D., (DOB April 16, 1973) is licensed in the state of Wisconsin to practice medicine and surgery having license number 41512-20, first issued on August 6, 1999, 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 N51 W16911 Old Hickory Road, Menomonee Falls, Wisconsin 53051.

2. Respondent is an anesthesiologist. Since August 2014, Respondent has owned and operated a pain management clinic located in Milwaukee, Wisconsin. Respondent began treating opiate dependent patients with suboxone in 2016. Respondent has not accepted new pain management patients since January 2016.

Prior Discipline

3. On March 20, 2013, the Board issued a Final Decision and Order (Order No. 0002362) suspending Respondent's license to practice medicine and surgery due to Respondent fraudulently obtaining controlled substances from his employer while experiencing a mental health crisis. The suspension was indefinite but permitted a stay upon Respondent showing proof of compliance with the terms of the order, which required participation in drug and alcohol monitoring with testing at a frequency of 49 times a year, as well as general supervision of his medical practice.

4. On June 3, 2013, the Board granted an initial stay of the suspension.

5. On February 28, 2014, the Board removed the stay of suspension after receiving information that Respondent was in violation of Order No. 0002362.

6. On June 23, 2014, the Board reinstated the stay of suspension after Respondent submitted proof of continuous compliance of the terms and conditions of Order No. 0002362.

7. On November 25, 2015, the Board, per Respondent's request, granted a modification of Order No. 0002362, reducing the drug and alcohol screens to twelve per year and one annual hair test.

8. On May 1, 2017, the Board denied Respondent's request for termination of drug and alcohol screens and general supervision.

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9. On August 31, 2016, the Department received a complaint from a physician regarding Respondent's prescribing practice, which led to an investigation into Respondent's overall prescribing practice.

10. The Department's investigation included a review of Respondent's prescribing practice from data obtained from the Wisconsin Prescription Drug Monitoring Program (PDMP). This revealed that Respondent regularly prescribed high doses of opioids and dangerous combinations of controlled substances to his patients.

11. Between October 9, 2014, and October 7, 2015, Respondent regularly prescribed Patient A thirty-day supplies of 30 fentanyl 75 mcg/hour transdermal 72-hour patches, 90 diazepam 10 mg tablets (three per day), and varying doses and strengths of Subsys® spray. Respondent often prescribed pregabalin and oxycodone in conjunction with these prescriptions.

12. Between March 2016, and July 2018, Respondent regularly prescribed Patient B thirty-day supplies of 120 to 180 oxycodone 30 mg tablets (four to six per day), 90 to 120 methadone 10 mg tablets (three to four per day), 90 alprazolam 2 mg tablets (three per day), and 30 zolpidem tartrate 5 mg to 10 mg tablets (one per day).

13. Between January 2016, and August 2018, Respondent regularly prescribed Patient C thirty-day supplies of 15 fentanyl 100 mcg/hour transdermal 72-hour patches, 240 oxycodone

30 mg tablets (eight per day), 90 morphine 100 mg tablets (three per day), and 30 zolpidem tartrate 10 mg tablets (one per day).

14. Between April 2016, and August 2018, Respondent regularly prescribed Patient D thirty-day supplies of 60 suboxone 8 mg sublingual films (two per day), 60 clonazepam 0.5 mg tablets (two per day), 30 zolpidem tartrate 12.5 mg tablets (one per day), and varying doses and strengths of pregabalin.

15. Between September 2017, and August 2018, Respondent regularly prescribed Patient E thirty-day supplies of 60 Suboxone 8 mg sublingual films (two per day), 60 alprazolam 0.5 mg tablets (two per day), and 30 zolpidem 10 mg tablets (one per day).

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16. On August 11, 2017, Patient F filed a complaint with the Department against Respondent regarding the pain management he received from Respondent. Patient F claimed he was wrongfully discharged as a patient by Respondent.

17. Between December 6, 2014, and November 10, 2016, Respondent provided pain management to Patient F, a male born in 1980 with cervicalgia and radiculopathy.

18. Between May 2014, and November 2014, Patient F was prescribed opioids from various treating providers.

19. On November 24, 2014, Doctor G, a physician at another clinic, prescribed Patient F fourteen-day supplies of 56 oxycodone 20 mg tablets (four per day) and 42 methadone 10 mg tablets (three per day).

20. On December 6, 2014, Respondent saw Patient F for an initial pain management consult. Patient F expressed that he injured his neck in June 2014 while lifting a couch and had undergone physical therapy. Patient F was also taking oxycodone 20 mg tablets (four per day) and methadone 10 mg tablets (three per day). An MRI was not available for Respondent's review. Respondent increased the medications based upon the physical exam and objective findings. Respondent prescribed thirty-day supplies of 180 oxycodone 20 mg tablets (six per day), 120 methadone 10 mg tablets (four per day), and 30 lorazepam 0.5 mg tablets (one per day).

21. On December 8, 2014, Respondent received Patient F's cervical spine MRI performed on July 29, 2014, which showed multilevel degenerative disc disease with moderate to severe foraminal narrowing, as well as a broad based left paracentral disc protrusion at C7-T1.

22. On January 31, 2015, Respondent saw Patient F for a follow-up office visit. Patient F's pain was mildly worse. Respondent increased Patient F's methadone from four pills a day to six per day. Respondent prescribed thirty-day supplies of 180 oxycodone 20 mg tablets (six per day), 180 methadone 10 mg tablets (six per day), and 90 lorazepam 1 mg tablets (three per day).

23. On February 28, 2015, Respondent saw Patient F for a follow-up office visit. Patient F had adequate pain control. Respondent increased the strength of Patient F's oxycodone. Respondent prescribed Patient F thirty-day supplies of 180 oxycodone 30 mg tablets (six per day),

180 methadone 10 mg tablets (six per day), and 90 alprazolam 0.5 mg tablets (three per day). Respondent continued to prescribe these prescriptions at Patient F's subsequent monthly office visits. Respondent also prescribed 90 alprazolam 0.5 mg tablets (three per day) at this visit, which Respondent increased twice at subsequent office visits.

24. On September 16, 2015, Respondent saw Patient F for a follow-up office visit. Patient F was offered a cervical fusion by a spine surgeon but opted for conservative management. Respondent increased Patient F's medication by adding an additional tablet of oxycodone 15 mg per day. Respondent prescribed Patient F thirty-day supplies of 180 oxycodone 30 mg tablets (six per day), 30 oxycodone 15 mg tablets (one per day), 180 methadone 10 mg tablets (six per day), and 90 alprazolam 2 mg tablets (three per day). This prescription was refilled at the subsequent monthly office visits. Respondent continued to prescribe these prescriptions at Patient F's subsequent monthly office visits.

25. On June 23, 2016, Respondent saw Patient F for a follow-up office visit. Patient F had somewhat inadequate pain control. Respondent increased Patient F's medication by adding an additional tablet of oxycodone 15 mg per day. Respondent prescribed Patient F thirty-day supplies of 180 oxycodone 30 mg (six per day), 60 oxycodone 15 mg (two per day), 180 methadone 10 mg tablets (six per day), and 90 alprazolam 2 mg tablets (three per day). Respondent continued to prescribe these prescriptions at Patient F's subsequent monthly office visits.

26. While treating with Respondent, Patient F submitted to monthly urine drug screens. Patient F tested positive for a marijuana metabolite (THC) on seventeen occasions. Respondent never advised Patient F to stop using marijuana.

27. On November 10, 2016, Respondent saw Patient F for a follow-up office visit. Patient F's pain control was stable. Patient F was anticipating a move out of state and was looking to establish care at another clinic. Respondent discharged Patient F with courtesy fills of his prescriptions for three months.

28. On January 31, 2019, the Department interviewed Respondent regarding these two cases. Respondent is familiar with the Board's Opioid Prescribing Guideline, and he admits his prescribing practice is inconsistent with it.

29. 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, Respondent Jesse J. Van Bommel, M.D., engaged in unprofessional conduct as defined by Wis. Admin. Code § Med 10.03(2)(b) by departing from or failing to conform to the standard of minimally competent medical practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person.

3. By the conduct described in the Findings of Fact, Respondent Jesse J. Van Bommel, M.D., engaged in unprofessional conduct as defined by Wis. Admin. Code § Med 10.03(2)(c) 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, Jesse J. Van Bommel, M.D., is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

1. The attached Stipulation is accepted.

2. The license of Jesse J. Van Bommel, M.D., to practice medicine and surgery in the state of Wisconsin (license number 41512-20) is **SUSPENDED** for seven (7) consecutive days commencing September 1, 2019.

3. The license of Jesse J. Van Bommel, M.D., to practice medicine and surgery in the state of Wisconsin (license number 41512-20) is **LIMITED** as follows:

- a. Within nine (9) months of the date of this Order, Respondent shall successfully complete the Intensive Course in Controlled Substances Prescribing offered by Case Western Reserve University School of Medicine, or successfully complete a minimum of twenty-five (25) continuing medical education hours from an equivalent course that has been pre-approved by the Board or its designee.
- b. Respondent shall be responsible for obtaining the course(s) required under this Order, for providing adequate course(s) descriptions to the Department Monitor, and for obtaining pre-approval of the course(s) from the Wisconsin Medical Examining Board, or its designee, prior to commencement of the course(s).
- c. The Board or its designee may reject any course(s) and may accept a course(s) for less than the number of hours for which Respondent seeks approval.
- d. Within thirty (30) days of completion of each educational component, Respondent shall submit proof of successful completion of the ordered education in the form of verification from the institution providing the education to the Department Monitor at the address stated below.
- e. Respondent is responsible for all costs associated with compliance with this educational requirement.

- f. None of the education completed pursuant to this requirement may be used to satisfy any other continuing education requirements that have been or may be instituted by the Board or Department.
- g. Respondent shall not prescribe controlled substances, except Respondent may prescribe buprenorphine and Suboxone (buprenorphine-naloxone) for the treatment of opioid addicted patients.
- h. Respondent is limited to prescribing buprenorphine and Suboxone to 100 patients at a time.
- i. Respondent shall not supervise physicians, physician assistants, or nurse practitioners that prescribe controlled substances.
- j. Every month 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 month.
- k. Respondent shall submit each PMR to the Board under an affidavit attesting that it accurately and completely reflects his PDMP-eligible prescribing for the preceding month.
- l. No PMR Respondent submits to the Board shall contain any patient health information but shall otherwise be submitted in the exact form generated by the PDMP.
- m. Respondent shall practice medicine and surgery only under the general supervision of another physician satisfactory to the Board. Respondent shall be responsible for submission of formal written monthly reports to the Board prepared by his supervising physician setting forth Respondent's progress in his prescribing practice.
- n. The supervising physician shall review Respondent's PMR and select charts to assess Respondent's adherence to this Order and the Board's Opioid Prescribing Guideline. The monthly report shall include any deviations from this Order, the Guideline, and any prescribing inconsistent with the standards of minimal competence. The report shall also assess Respondent's overall prescribing practice.

4. Starting two (2) years from the date of this Order, Respondent may petition the Board not more than once every one hundred eighty (180) days for modification of the PMR report, affidavits submission requirement, supervision requirement, and other limitations 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.

5. Within ninety (90) days from the date of this Order, Jesse J. Van Bommel, M.D., shall pay COSTS of this matter in the amount of \$7,054.00.

6. Proof of successful course completion, PMR reports, monthly reports, and payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department 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

You may also submit this information online via DSPS' Monitoring Case Management System, here:

<https://app.wi.gov/DSPSMonitoring>

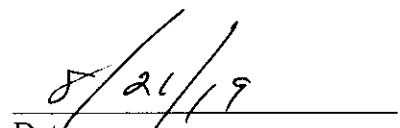
7. In the event Respondent violates any term of this Order, Respondent's license (no. 41512-20), or Respondent's right to renew his license, may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of the Order. The Board may, in addition and/or in the alternative refer any violation of this Order to the Division of Legal Services and Compliance for further investigation and action.

8. 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

JESSE J. VAN BOMMEL, M.D.
RESPONDENT.

STIPULATION

ORDER 0006348

Division of Legal Services and Compliance Case Nos. 16 MED 361 and 17 MED 386

Respondent Jesse J. Van Bommel, 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 a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation 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.

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 the matter 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 this investigation 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.



Jesse J. Van Bommel, M.D., Respondent
N51 W16911 Old Hickory Rd.
Menomonee Falls, WI 53051
License no. 41512-20

7/29/19

Date



Carley J. Peich Kiesling, Attorney
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

7/29/19

Date