STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

DANA A. DEWITT, D.O.
License No. 51-01-012782,

File No. 51-17-148073

Respondent.

ORDER OF SUMMARY SUSPENSION

The Department filed an *Administrative Complaint* against Respondent as provided by the Public Health Code, MCL 333.1101 *et seq*, the rules promulgated under the Code, and the Administrative Procedures Act, MCL 24.201 *et seq.*

After careful consideration and after consultation with the Chairperson of the Board of Osteopathic Medicine and Surgery pursuant to MCL 333.16233(5), the Department finds that the public health, safety, and welfare requires emergency action.

Therefore, IT IS ORDERED that Respondent's license to practice osteopathic medicine and surgery in the state of Michigan is SUMMARILY SUSPENDED, commencing the date this *Order* is served.

MCL 333.7311(6) provides that a controlled substance license is automatically void if a licensee's license to practice is suspended or revoked under Article 15 of the Code.

Under Mich Admin Code, R 792.10702, Respondent may petition for the dissolution of this *Order* by filing a document clearly titled **Petition for Dissolution of Summary Suspension** with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 5-9, 2018

By: Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

DANA A. DEWITT, D.O.
License No. 51-01-012782,

File No. 51-17-148073

Respondent.

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs by Cheryl Wykoff Pezon, Acting Director, Bureau of Professional Licensing, complains against Respondent Dana A. DeWitt, D.O. as follows:

1. The Michigan Board of Osteopathic Medicine and Surgery is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline licensees for Code violations.

2. Respondent holds a Michigan license to practice osteopathic medicine and surgery. Respondent also holds an active controlled substance license.

3. At times relevant to this Complaint, Respondent practiced from an office in Jackson, Michigan.

4. After consultation with the Board Chairperson, the Department found that the public health, safety, and welfare requires emergency action. Therefore, the Department summarily suspended Respondent's license to practice medicine in the state

of Michigan pursuant to MCL 333.16233(5), effective on the date the accompanying Order of Summary Suspension was served.

5. Fentanyl is an extremely potent opioid schedule 2 controlled substance. Subsys is fentanyl in sublingual spray form. Subsys is an extremely dangerous drug, due to its high addiction potential and capacity for abuse. It is indicated only for treatment of breakthrough pain in cancer patients.

6. Hydrocodone is an opioid. Hydrocodone combination products (e.g., Norco), are Schedule 2 controlled substances due to their high potential for abuse.

7. Methadone is a commonly abused and diverted opioid schedule 2 controlled substance used to treat pain and to aid in detoxification in people with opioid dependence.

8. Carisoprodol (Soma) is a muscle relaxant and a schedule 4 controlled substance. Carisoprodol has significant potential for abuse, dependence, overdose, and withdrawal, particularly when used in conjunction with opioids and benzodiazepines.

9. Codeine preparations (e.g., codeine/promethazine syrup) are schedule 5 controlled substances prescribed for treating cough and related upper respiratory symptoms. Codeine/promethazine syrup is a highly sought-after drug of abuse, and is known by the street names "lean," "purple drank," and "sizzurp."

10. Oxycodone (e.g., Percocet), a schedule 2 controlled substance, is an opioid used to treat pain, and is commonly abused and diverted.

11. Benzphetamine (e.g., Didrex), a schedule 3 controlled substance, is a stimulant similar to amphetamine used to suppress the appetite.

12. The federal Centers for Disease Control and Prevention guidelines for opioid prescribing direct providers to use "extra precautions" when prescribing opioids with a daily morphine milligram equivalent (MME) of 50 or more. Those guidelines also direct providers to "avoid or carefully justify" increasing dosage to a daily MME of 90 or more.

13. The federal Centers for Disease Control and Prevention (CDC) guidelines for opioid prescribing direct providers to avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

MAPS Data

14. Department reviewed data from the Michigan Automated Prescription System (MAPS), the State of Michigan's prescription monitoring program, which gathers data regarding controlled substances dispensed in Michigan.

15. The Department looked at Respondent's MAPS data from 2017 and found that he consistently outranked other providers in Jackson County in terms of the volume of prescriptions issued for the most commonly abused and diverted medications. See table below:

Drug	2017 Jackson County ranking	Medication units
Carisoprodol 350mg	1	18,260 tablets
Methadone (all strengths)	3	67,492 tablets
Promethazine with codeine syrup	1	40,015 mL

(a) The Department also noted that Respondent issued more prescriptions for promethazine with codeine syrup than the next three ranking Jackson County doctors combined.

Investigative interview

16. On or about December 14, 2017, Respondent was interviewed by a Department investigator about overprescribing controlled substances and other risky practices.

17. Respondent indicated he is Board certified in Family Practice. Respondent was not familiar with the Michigan Guidelines on Prescribing of Controlled Substances.

18. Respondent indicated he was not familiar with "red flags" associated with drug diversion.

19. Respondent stated he was unfamiliar with informed consent regarding the risks and benefits of pain medications.

20. Respondent was questioned as to why he had not requested any MAPS reports in the last year and stated that has an "office girl" do it for him. Respondent was not able to recall the name of this person.

21. Respondent estimated that one-percent of his patients have no insurance coverage. MAPS data revealed that over 10% of Respondent's patients pay cash for their prescriptions.

22. Respondent acknowledged that he has received phone calls from family members of patients regarding concerns for the patients' controlled substance regimens.

23. Respondent stated that, since his records were subpoenaed by the Department, he has started to obtain urine drug screens, pain contracts, and MAPS reports on his patients.

24. Because of the newly-implemented drug screens, Respondent reported on or about December 14, 2017, he had discharged two of his patients, PS and RW[1].

25. Contrary to Respondent's statement, MAPS data showed that Respondent has continued to issue controlled substance prescriptions for RW (18 total) up through April 12, 2018 and for PS (15 total) up through April 23, 2018.

Expert overview of Respondent's practice

26. As part of an investigation of Respondent's practices, the Department received and analyzed medical records of ten (10) of Respondent's patients.

27. An expert reviewed the individual medical files Respondent produced and discovered the following deficiencies consistently across files:

(a) Respondent failed to document patient histories. Respondent also failed to obtain medical records by previous providers.

(b) Respondent's records lack critical information regarding patients' history, pain, functional status, medication efficacy, medication side effects, or psychiatric status.

(c) Respondent frequently prescribed opioids with benzodiazepines, contrary to CDC guidelines, putting his patients at greater risk of overdose and death.

(d) Respondent's records lack medication lists and critical information about the patients' status and treatment.

(e) Respondent's records consistently lack evidence that he ordered diagnostics tests or exams related to patient conditions.

(f) Diagnoses were generally a word or two and did not follow from any specific history.

(g) Respondent did not document any rationale for treatment and failed to provide any justification for the medications he prescribed or any

[1] This Complaint identifies patients by their initials to protect confidentiality.

subsequent changes in dosage. The expert noted that many of the changes in medications seemed "random" and showed a clear lack of knowledge of appropriate opioid dosing.

(h) Respondent's records, in some cases, indicate continuous treatment regimens, unchanged for years at a time.

(i) Respondent failed to document any urine testing or pill counting, which is often indicated when prescribing controlled substances because of their high potential for abuse.

(j) Respondent's careless practice habits and general lack of medical knowledge puts his patients at risk for worse pain, poor quality of life, addiction, and opioid overdose and death.

28. The expert found deficiencies in patient care in individual patient files. Examples include, but are not limited to, instances where Respondent:

(a) Prescribed 27 methadone 10 mg tablets per day to patient RW. The expert notes that this is dangerous and "beyond ridiculous."

(b) Prescribed 450 days-worth of Benzphetamine to patient RW over a 200-day period. The expert noted that this is an indicator of a person being involved in drug diversion.

(c) Prescribed a dangerous combination to patient LI, including two different strengths of OxyContin, hydrocodone, and 250 mg of fentanyl. This has an MME of 980, which is more than 10 times what the CDC recommends as safe. Respondent also noted LI had large adrenal masses but failed to document any kind of follow up.

(d) Failed to follow up with SI following blackouts that resulted in emergency department visits and eventually coronary bypass surgery.

(e) Prescribed inappropriately high levels of steroid injections to WW without any kind of indication that he addressed the high risk of causing diabetes, bone loss, and fractures.

(f) Failed to follow up with GD, regarding his diabetes and foot ulcers, which puts him at serious risk of amputation.

COUNT I

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, in violation of MCL 333.16221(a).

COUNT II

Respondent's conduct fails to conform to minimal standards of acceptable, prevailing practice for the health profession in violation of MCL 333.16221(b)(i).

COUNT III

Respondent's conduct, as set forth above, constitutes selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of MCL 333.16221(c)(iv).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer it in writing and to show compliance with all lawful requirements for retention of the license. Respondent shall submit the written answer to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this complaint. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 5-9, 2018

By: Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing