IN THE MATTER OF
DISCIPLINARY PROCEEDINGS AGAINST
DONALD EUGENE RIEMER, M.D.
RESPONDENT.

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

Donald Eugene Riemer, M.D.
5670 Gable Dr # 2
Eau Claire, WI 54701

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

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

PROCEDURAL HISTORY

A disciplinary proceeding was commenced in this matter by the filing of a Notice of Hearing and Complaint with the Board on May 7, 2012. Prior to the hearing on the Complaint, the parties in this matter agreed to the terms and conditions of the attached Stipulation as the final disposition 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, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Donald Eugene Riemer, M.D. (dob 5/5/40) is licensed in the State of Wisconsin as a physician and surgeon pursuant to license number 20-16138, first issued on 9/1/67 and current through 10/31/13. Respondent is a family practitioner in solo practice, and is not currently certified by any board recognized by the American Board of Medical Specialties; he was formerly certified by the American Board of Family Practice, but chose not to maintain that certification. Respondent was formerly licensed in Minnesota.
2. In the years 2010-11, Respondent repeatedly prescribed controlled substances over several months for chronic conditions, without adequate histories and physical examinations, to persons he should have known were not legitimate patients. At no time did he take standard precautions to avoid diversion such as by urine drug screens, prescribing agreements, pill counts, contacting collateral sources, use of extended-release products, medication sheets, etc.

3. On October 20, 2011, Respondent provided medical care to patient A. During the patient encounter, the patient stated that he was acquainted with a different patient of Respondent's, patient B. Respondent then informed patient A that patient B had been intoxicated during his last visit with Respondent, and that Respondent suspected that patient B was abusing his methylphenidate. At no time had patient B consented to providing any kind of information to patient A.

4. Respondent has, on or about the following dates, self-prescribed, or issued a prescription to obtain a supply for general office dispensing for, the following controlled substances:

<table>
<thead>
<tr>
<th>Dispensing Date</th>
<th>Drug Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-30-10</td>
<td>zolpidem 5 mg # 30</td>
</tr>
<tr>
<td>6-28-10</td>
<td>zolpidem 5 mg # 30</td>
</tr>
<tr>
<td>7-28-10</td>
<td>zolpidem 5 mg # 30</td>
</tr>
<tr>
<td>8-27-10</td>
<td>zolpidem 5 mg # 30</td>
</tr>
<tr>
<td>9-25-10</td>
<td>zolpidem 5 mg # 30</td>
</tr>
<tr>
<td>1-12-11</td>
<td>APAP/codeine 300/60 # 30</td>
</tr>
</tbody>
</table>

5. Commencing on a date unknown, Respondent engaged in a personal relationship with person C, a woman born in 1981, including by living with her and employing her as a receptionist in his professional office, while prescribing the following controlled substances and prescription drugs to her, and while failing to keep a patient health care record for her:
<table>
<thead>
<tr>
<th>Dispensing Date</th>
<th>Drug Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-16-10</td>
<td>alprazolam 2 mg tablets, # 48</td>
</tr>
<tr>
<td>12-31-10</td>
<td>alprazolam 2 mg tablets, # 90</td>
</tr>
<tr>
<td>1-3-11</td>
<td>omeprazole 40 mg, # 30 (1 refill)</td>
</tr>
<tr>
<td>1-22-11</td>
<td>levothyroxine 0.075 mg, # 30 (2 refills), escitalopram 20 mg, #45</td>
</tr>
<tr>
<td>2-3-11</td>
<td>alprazolam 1 mg, # 30</td>
</tr>
<tr>
<td>2-27-11</td>
<td>alprazolam 1 mg tablets, # 60</td>
</tr>
<tr>
<td>2-27-11</td>
<td>escitalopram 20 mg, # 60, ranitidine 150 mg, # 60</td>
</tr>
<tr>
<td>4-14-11</td>
<td>APAP/codeine 300/60 mg, # 30, alprazolam, 1 mg, # 30</td>
</tr>
<tr>
<td>5-26-11</td>
<td>alprazolam 1 mg, # 30</td>
</tr>
<tr>
<td>10-2-11</td>
<td>APAP/codeine 300/60 mg, # 30</td>
</tr>
<tr>
<td>10-16-11</td>
<td>promethazine 25 mg, # 24</td>
</tr>
<tr>
<td>11-1-11</td>
<td>APAP/codeine 300/60 mg, # 30</td>
</tr>
<tr>
<td>11-16-11</td>
<td>APAP/codeine 300/60 mg, # 60</td>
</tr>
<tr>
<td>12-6-11</td>
<td>APAP/codeine 300/60 mg, # 60</td>
</tr>
<tr>
<td>12-27-11</td>
<td>APAP/codeine 300/60 mg, # 60</td>
</tr>
</tbody>
</table>

6. On October 7, 2011, Respondent was visited at his professional office by patient D, a woman seeking professional services. Respondent examined her and noted that she had track marks on her arm. Respondent prescribed methadone to the patient for her opiate addiction, although he did not have a DEA registration as an opioid treatment program.

7. On March 7, 2011, Respondent ordered a 30 day supply of a Schedule II stimulant to patient E. This supply should have been sufficient to carry the patient to April 6, 2011. On April 4, 2011, Respondent ordered another 30 day supply, which, based upon the dosage instructions, should have been sufficient to carry the patient until May 6, 2011. On April 29, 2011, Respondent ordered another 30 day supply for the patient, which should have been sufficient to carry the patient until June 6, 2011. On May 23, 2011, Respondent ordered another 30 day supply, which should have been sufficient to carry the patient until July 6, 2011. On June 17, 2011, Respondent ordered another 30 day supply, which should have been sufficient to carry the patient until August 5, 2011. On July 12, 2011, Respondent ordered an additional 30 day supply, which should have been sufficient to carry the patient until September 6, 2011. On August 10, 2011, Respondent ordered another 30 day supply, which should have been sufficient to carry the patient until October 6, 2011. On September 6, 2011, Respondent ordered an additional 30 day supply, which should have been sufficient to carry the patient until November 5, 2011. On October 5, 2011, Respondent ordered another 30 day supply, which should have been sufficient to carry the patient until December 5, 2011. On November 2, 2011, Respondent ordered an additional 30 day supply, which should have been sufficient to carry the patient until January 5, 2012. On November 29, 2011, Respondent ordered an additional 30 day supply, which should have been sufficient to carry the patient until February 4, 2012. The patient's chart did not contain a medication sheet.

8. A similar pattern of prescribing occurred with several other patients.
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 engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h), (n), (p), (z), (za), and (zd), and violated 21 C.F.R. §§ 1306.04(b) and (c), and 1306.07(a) and (b), and Wis. Stat. § 961.38(5).

3. As a result of the above violations, Respondent is subject to disciplinary action pursuant to Wis. Stat. § 448.02(3).

ORDER

1. The attached Stipulation is accepted.

2. Respondent Donald Eugene Riemer, M.D. is REPRIMANDED.

3. The physician license issued to Donald Eugene Riemer, M.D. (license number 20-16138) is LIMITED as follows:

   a. Within 90 days of this order, Respondent shall obtain a comprehensive neuropsychological evaluation by a practitioner acceptable to the Board. Before the evaluation is conducted, the division of enforcement shall provide to the examiner materials from the investigative file which are believed to be relevant to the evaluation; Respondent's attorney shall receive a copy of all such materials. If the evaluation finds that Respondent has any deficits, the Board may impose any additional limitations which the Board, in its sole discretion, deems necessary to protect the public or rehabilitate Respondent. Respondent shall have the opportunity to be heard before any such additional limitations are imposed.

   b. Within one year of the date of this Order, Respondent shall demonstrate successful completion of a course in maintenance of professional boundaries which shall have been preapproved by the Board or its designee, including taking and passing any exam offered for the course. The following courses are preapproved, and Respondent may propose others which are the substantial equivalent of any of the following:

      • Intensive Course in Medical Ethics, Boundaries, and Professionalism, offered by the Case Western Reserve University School of Medicine, CME Department.

      • Maintaining Proper Boundaries, jointly sponsored by the University of Texas Southwestern Medical Center and the Santé Institute of Professional Education and Research.
• Maintaining Proper Boundaries, offered by Vanderbilt University School of Medicine.

c. Within one year of the date of this Order, Respondent shall demonstrate successful completion of a course in making and keeping health care records, which shall include a component dealing with confidentiality, which shall have been preapproved by the Board or its designee, including taking and passing any exam offered for the courses, and any follow-up component. The following courses are preapproved, and Respondent may propose others which are the substantial equivalent of any of the following:

• Intensive Course in Medical Record Keeping with Individual Preceptorships offered by the Case Western University School of Medicine; or

• Medical Record Keeping Course offered by the University of California at San Diego, School of Medicine, Physician Assessment and Clinical Education Program.

• Patient Care Documentation Seminar including the Personalized Implementation Program, offered by the Center for Personalized Education for Physicians, Denver, Colorado.

d. Within one year of the date of this Order, Respondent shall demonstrate successful completion of a course in professional ethics which shall have been preapproved by the Board or its designee, including taking and passing any exam offered for the courses. The following courses are preapproved, and Respondent may propose others which are the substantial equivalent of any of the following:

• Intensive Course in Medical Ethics, Boundaries, and Professionalism, offered by the Case Western Reserve University School of Medicine, CME Department.

• Maintaining Proper Boundaries, jointly sponsored by the University of Texas Southwestern Medical Center and the Santé Institute of Professional Education and Research.

• Maintaining Proper Boundaries, offered by Vanderbilt University School of Medicine.

e. Respondent shall submit proof of successful completion of the education in the form of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department.
f. This limitation shall be removed from Respondent's license after satisfying the Board or its designee that Respondent has successfully completed all of the ordered education.

4. The physician license issued to Donald Eugene Riemer, M.D. (license number 20-16138) is further LIMITED as follows:

a. Respondent shall not prescribe, dispense, administer or order any controlled substances. Respondent shall surrender to the Drug Enforcement Administration any DEA registration to prescribe, dispense, administer and order controlled substances. Respondent shall not make reapplication for DEA registration. This limitation is permanent.

b. Respondent shall furnish a copy of this Order to all present employers immediately upon issuance of this Order, to any hospital at which he has privileges or at which he applies for privileges, and to any prospective employer when Respondent applies for employment as a health care provider.

c. Respondent shall practice only under the oversight of a Professional Mentor approved by the Board.

d. Respondent is responsible for obtaining a Professional Mentor acceptable to the Board. A Professional Mentor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the Mentor to render fair and unbiased reports to the Department (including but not limited to any bartering relationship, mutual referral of patients, etc.). A Professional Mentor shall be actively practicing in Respondent’s field of practice, hold a valid Wisconsin license, shall be board certified by an ABMS-recognized board in a specialty relevant to Respondent’s field of practice, and shall have read this Final Decision and Order and agree to be Respondent’s Professional Mentor.

e. Oversight by the Professional Mentor shall include weekly meetings, review of charts selected by the Professional Mentor, and any other actions deemed appropriate by the Professional Mentor to determine that Respondent is practicing in a professional and competent manner.

f. Respondent shall arrange for his Professional Mentor to provide formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance. Respondent's Professional Mentor shall immediately report to the Department Monitor any conduct or condition of Respondent which may constitute unprofessional conduct, a violation of this Order, or a danger to the public or patient. If a report indicates poor performance, the Board may institute appropriate corrective limitations, or may revoke a stay of the suspension, in its discretion.

g. The Professional Mentor may designate another qualified physician or other health care provider acceptable to the Board to exercise the duties and responsibilities of the Professional Mentor in an absence of more than three weeks.
h. In the event that the Professional Mentor is unable or unwilling to continue to serve as Respondent's professional mentor, the Board may in its sole discretion select a successor Professional Mentor.

i. The Professional Mentor shall have no duty or liability to any patient or third party, and the Mentor's sole duty is to the Board.

j. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.

k. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any failures of the Professional Mentor to conform to the terms and conditions of this Order. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Respondent.

l. Every three (3) months, Respondent shall notify the Department Monitor of Respondent’s compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

m. Respondent may petition the Board on an annual basis for modification of the terms of this Order, however no such petition for modification shall occur earlier than one year from the date of this order, and the prohibition on holding a DEA registration is permanent. Any petition for modification shall be accompanied by a written recommendation from Respondent's Professional Mentor expressly supporting the specific modifications sought. Denial of a 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 not have a right to any further hearings or proceedings on the denial.

n. Respondent shall be responsible for all costs and expenses incurred in conjunction with the testing, education, mentoring and any other expenses associated with compliance with the terms of this Order.

5. No later than September 5, 2013, Donald Eugene Riemer, M.D., shall pay partial COSTS of this matter in the amount of $12,000.

6. Proof of successful course completion, reports, petitions, 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 Enforcement
Department of Safety and Professional Services
P.O. Box 8935, Madison, WI 53708-8935
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov
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 submit payment of the costs as ordered, fails to submit proof of successful completion of the ordered education, fails to cause the professional Mentor to submit the required reports, or fails to submit the quarterly statement of compliance, as set forth above, Respondent’s license (no. 20-16138) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs and completion of the education.

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

WISCONSIN MEDICAL EXAMINING BOARD

[Signature]

by: [Signature]
A Member of the Board

September 19, 2012
Date