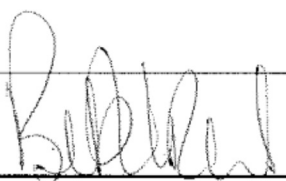


**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Beth Cramton on behalf of Attorney Joost Kap Division of Legal Services and Compliance		2) Date When Request Submitted: October 14, 2015 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 8 work days before the meeting for Medical Board ▪ 8 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: October 21, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Designation of Hearing Official in Case Number 15 MED 261, Charles R. Szyman, D.O.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Timothy Westlake, M.D.	
10) Describe the issue and action that should be addressed: If the Board Orders the Summary Suspension for Respondent, then the Board, or its appointed delegates, must designate a member of the Board, an employee of the Department or an administrative law judge employed by the Department of Administration to preside over a hearing to show cause and issue the Order for Designation of Hearing Official.			
11)		Authorization	10-14-15
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

BOARD APPEARANCE REQUEST FORM

Board Name: Medical Examining Board

Board Meeting Date: October 21, 2015

Person Submitting Agenda Request: Beth Cramton, Paralegal for DLSC

Person requesting an appearance: Joost Kap, Attorney for DLSC

Mailing address: 1400 E. Washington Avenue, Madison, WI 53703

Email address: Joost.Kap@wisconsin.gov

Telephone #: (608) 261-4464

Reason for Appearance: Consideration of Petition for Designation of Hearing Official in case number 15 MED 261, Charles R. Szyman, D.O.

Is the person represented by an attorney? If so, who?

Attorney's mailing address:

Attorney's e-mail address:

Phone Attorney:

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
: DLSC CASE NO. 15 MED 261
CHARLES R. SZYMAN, D.O., :
RESPONDENT. :

PETITION FOR DESIGNATION OF HEARING OFFICIAL

Joost Kap, the attorney assigned to this matter, on behalf of the Department of Safety and Professional Services, Division of Legal Services and Compliance, requests the Wisconsin Medical Examining Board designate under Wis. Stat. § 227.46(1), a member of the Board, an employee of the Department or an administrative law judge employed by the Department of Administration to preside over a hearing to show cause provided for in Wis. Admin. Code § SPS 6.09. This request is made pursuant to Wis. Admin. Code §§ SPS 6.09 and 6.11(1)(a) and is based on the following:

1. The Petition for Summary Suspension, with accompanying attachments, in this matter was filed with the Medical Examining Board on October 14, 2015.

2. On October 14, 2015, Respondent was provided notice of the time and place of the presentation of the Petition for Summary Suspension by certified mail with a return receipt requested in an envelope properly stamped and addressed to Respondent at his address of record at 515 N. 4th Street, Manitowoc, Wisconsin 54220, by regular mail in an envelope properly stamped and addressed to Respondent at his address of record at 515 N. 4th Street, Manitowoc, Wisconsin 54220, and by email to Respondent at his email address of record at dadszyman@yahoo.com.

3. The Petition for Summary Suspension will be presented to the Medical Examining Board on October 21, 2015, at which time Respondent and the prosecuting attorney may be present and will have the opportunity to be heard during the determination of probable cause by the Medical Examining Board.

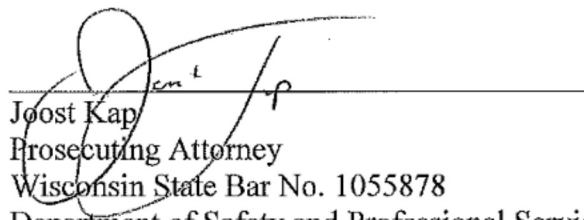
4. On October 21, 2015, the Order of Summary Suspension may be issued by the Medical Examining Board.

5. Pursuant to Wis. Stat. § 448.02(4)(b), Respondent is entitled to a hearing to show cause why an Order of Summary Suspension should not be continued.

6. Petitioner requests the Board designate, under Wis. Stat. § 227.46(1), an administrative law judge employed by the Department of Administration to preside over a

hearing to show cause provided for in Wis. Admin. Code § SPS 6.09, in the event such hearing is requested.


Dated in Madison, Wisconsin, this 14th day of October, 2015.



Joost Kap
Prosecuting Attorney
Wisconsin State Bar No. 1055878
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 261-4464

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Beth Cramton on behalf of Attorney Joost Kap Division of Legal Services and Compliance		2) Date When Request Submitted: October 14, 2015 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 8 work days before the meeting for Medical Board ▪ 8 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: October 21, 2015	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Summary Suspension in Case Number 15 MED 261, Charles R. Szyman, D.O.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Timothy Westlake, M.D.	
10) Describe the issue and action that should be addressed: The Board must decide whether to grant the Petition for Summary Suspension. Respondent has the right to appear during open session presentation to be heard [Wis. Stat. § 448.02(4)]. The Board must decide whether there is probable cause to believe that: 1. Respondent has violated the Board's statutes and rules; 2. It is necessary to suspend Respondent's license immediately to protect the public health, safety or welfare.			
11) Authorization			
 Signature of person making this request		10.14-15 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

BOARD APPEARANCE REQUEST FORM

Board Name: Medical Examining Board

Board Meeting Date: October 21, 2015

Person Submitting Agenda Request: Beth Cramton, Paralegal for DLSC

Person requesting an appearance: Joost Kap, Attorney for DLSC

Mailing address: 1400 E. Washington Avenue, Madison, WI 53703

Email address: Joost.Kap@wisconsin.gov

Telephone #: (608) 261-4464

Reason for Appearance: Presentation of Notice and Petition for Summary Suspension in case number 15 MED 261, Charles R. Szyman, D.O.

Is the person represented by an attorney? If so, who?

Attorney's mailing address:

Attorney's e-mail address:

Phone Attorney:

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
: DLSC CASE NO. 15 MED 261
CHARLES R. SZYMAN, D.O., :
RESPONDENT. :

PETITION FOR SUMMARY SUSPENSION
[Wis. Stat. § 448.02(4) and Wis. Admin. Code ch. SPS 6]

Joost Kap, being duly sworn on oath, upon information and belief, deposes and states as follows:

1. I am an attorney employed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance (Department) and in the course of my job duties have been assigned to the investigation and prosecution of 15 MED 261 against Respondent Charles R. Szyman, D.O., for the Wisconsin Medical Examining Board (Board).

2. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is Post Office Box 7190, Madison, Wisconsin 53707-7190.

3. Respondent Charles R. Szyman, D.O. (DOB February 27, 1951), is licensed in the state of Wisconsin to practice medicine and surgery, having license number 29228-21, first issued on April 22, 1988, with registration current through February 29, 2016. Respondent's most recent address on file with the Department is 515 N. 4th Street, Manitowoc, Wisconsin 54220.

4. At all times relevant to this matter, Respondent has been and continues to be employed as a pain management physician by a pain clinic associated with Holy Family Memorial Hospital in Manitowoc, Wisconsin.

5. Respondent's profile on the website maintained by his employer identifies his practice specialties as pain management and sleep medicine. It also claims Respondent is a board certified anesthesiologist, but a certification query on the American Board of Anesthesiology website does not confirm that.

6. Respondent is the subject of an ongoing investigation by the United States Drug Enforcement Administration (DEA) which began in June 2013 and has involved, among other things, investigative interviews with Respondent, his current and former patients, and undercover law enforcement agents posing as Respondent's patients.

7. The DEA has provided the Department with 515 pages of reports and other evidence gathered in the course of its investigation of Respondent. This information was provided by the DEA to initiate and assist the Department in its investigation and prosecution of 15 MED 261.

8. I have personally reviewed the DEA materials and base this Petition largely thereon. In the interest of limiting disclosure of the DEA materials, I will only make them available to the Board upon request during the closed session of the Board's October 21, 2015 meeting.

9. The Department has also gathered Respondent's treatment records for 47 patients, including those referenced in the DEA materials. I have reviewed patient records to confirm the information referenced in the DEA materials for Patients A and B below, and will make them available to the Board upon request during the closed session of the Board's October 21, 2015 meeting.

10. On October 7, 2015, I spoke with Lieutenant David Remiker, the law enforcement officer in charge of investigations for the Manitowoc County Sheriff's Department Metro Drug Unit. At my request, Lt. Remiker authored a narrative report detailing his experience investigating drug activity in Manitowoc County, where Respondent practices. Lt. Remiker's report was then converted to the sworn affidavit attached to this petition as Exhibit A.

11. The DEA materials, Respondent's treatment records and Exhibit A establish that Respondent has prescribed and continues to prescribe unusually large amounts of controlled substances, opioids in particular, without adequate or any medical support, without adequate or any physical examinations or medical testing, while allowing patients to request specific drugs and dosages, and when he knows or should know the prescriptions he writes are being diverted, abused, and are causing the accidental and intentional deaths of his patients and others in the community where he practices.

Undercover Investigation

12. Between November 2013 and February 2015, the DEA and local law enforcement agencies used undercover agents who posed as patients presenting to Respondent.

13. In November 2013, an undercover local law enforcement agent (Agent) presented to Respondent as a new patient. The report of the encounter states as follows:

- a. Agent completed forms and answered questions from a nurse inquiring about pain. Agent repeatedly denied any pain and the nurse began asking questions in the past tense. Agent was photographed and told it was common practice because Respondent's clinic sees approximately 70 patients a day.
- b. When Respondent entered the exam room, he inquired why Agent was there if reporting no pain. Agent indicated the desire to establish care in case of future pain. Respondent asked more questions about pain, which Agent denied, and Respondent then asked Agent what he wanted for pills. Agent

suggested Percocet and Respondent gave Agent a prescription for Percocet 5mg #60.

14. In February 2014, Agent presented to Respondent as a returning patient. The report of the encounter states as follows:

- a. Agent completed forms and answered questions from a nurse inquiring about pain. Agent repeatedly denied any pain. The nurse took Agent's blood pressure and vitals, and again asked about pain. Agent again denied any pain.
- b. When Respondent entered the exam room, he asked Agent if there were any changes. Agent replied that the Percocet 5mg was not working well, and Respondent suggested Agent increase to Percocet 10mg. Respondent also indicated he would increase the amount from #60 to #120.
- c. Respondent gave Agent two prescriptions for Percocet 10mg #120, one for the date of the visit, and one which was postdated. Respondent instructed Agent to fill the second one within 60 days even if not needed because otherwise it would expire.

15. In April 2014, Agent presented to Respondent as a returning patient. The report of the encounter states as follows:

- a. Agent completed forms and answered questions from a nurse inquiring about pain. Agent repeatedly denied any pain. The nurse took Agent's blood pressure and vitals, and again asked about pain. Agent again denied any pain and the nurse asked Agent to "give her something" as most people have some pain when they present, but that she would let Respondent figure it out.
- b. When Respondent entered the exam room, he asked Agent if there were any changes. Agent replied that the Percocet 10mg was not working well, but Agent had recently tried a "30" and liked it. Respondent chuckled and stated "everybody likes those."
- c. Respondent stated the only issue with "30s" is Agent would be subject to pill counts. Respondent advised Agent that if called for a pill count, saying there were too many is good, but having too few is not good. Respondent gave Agent three prescriptions for Oxycodone 30mg, one for each of the next three months.

16. In June 2014, Agent presented to Respondent as a returning patient, and this time with another local law enforcement agent posing as a friend ("Agent 2"). The report of the encounter states as follows:

- a. Agent completed forms and answered questions from a nurse inquiring about pain. Agent repeatedly denied any pain. The nurse took Agent's

blood pressure and heart rate, and again asked about pain. Agent again denied any pain.

- b. When Respondent entered the exam room, he greeted Agent who introduced Agent 2. Respondent asked Agent if there were any changes, which Agent denied. Respondent asked if Agent had "picked up" today and Agent indicated Agent had dropped off, but not yet picked up. Respondent appeared to be calculating dates in his head and stated "I will get you your scripts and get you the heck out-of-here."
- c. Agent asked Respondent how Agent 2 could establish care. Respondent indicated Agent 2 should check in with the front desk. Respondent left the exam room and returned several minutes later with three Oxycodone 30mg prescriptions for Agent. Respondent asked Agent 2 "so, what ails you?" to which Agent 2 responded "nothing." Agent 2 was directed to front desk staff who instructed Agent 2 on how to get a referral to Respondent.

17. In September 2014, Agent and Agent 2 presented to Respondent. The report of the encounter states as follows:

- a. Agent was asked by front desk staff to confirm a phone number and prescription for Oxycodone 30mg. No forms were offered although a nurse asked Agent questions about pain, to which Agent indicated no pain for the last two years.
- b. When Respondent entered the room, he engaged Agent in casual conversation, after which Respondent indicated Agent would receive three prescriptions for Oxycodone 30mg.
- c. Agent indicated Agent 2 could not get referred to Respondent despite having completed all the requirements, apparently because Agent 2 did not have chronic pain. Respondent stated he could not do it right now and that it would have to be done with "political sensitivity." Respondent gave Agent 2 a piece of paper and asked Agent 2 to provide a name, date of birth, phone number and a short description of pain or problem. Respondent stated that "when the stars are aligned just right," Agent 2 will get a spot.

18. In November 2014, Agent 2 presented to Respondent as a new patient. The report of the encounter states as follows:

- a. Agent 2 completed new patient registration forms and paid \$75 in cash. Agent 2 was shown to an exam room and was asked questions by a nurse about reported shoulder pain. Agent 2 denied any pain at the time, but rated past pain as 3-5/10, and stated Motrin does not help. The nurse took blood pressure and vital signs.
- b. When Respondent entered the exam room, he asked Agent 2 "how's the shoulder doing?" Agent 2 reported no pain at the moment, confirmed that

Motrin does not work, and stated Agent 2 “takes Oxy 30’s from other people.”

- c. Respondent briefly manipulated Agent 2’s shoulder and asked about frequency of pain, to which Agent 2 responded 2-4 times every 1-2 months. Respondent diagnosed a shoulder problem although Agent 2 has never in fact suffered from any shoulder problem. Respondent stated “so, Oxy 30’s?” Agent 2 responded yes and Respondent prescribed Oxycodone 30mg #90.

19. In February 2015, Agent 2 presented to Respondent as a returning patient. The report of the encounter states as follows:

- a. Agent 2 paid \$75 cash and filled out forms on which Agent 2 circled no pain to all questions, except for “pain will occasionally wake me up at night.” A nurse took Agent 2’s blood pressure and asked more questions about pain, which Agent 2 all denied and indicated a pain level of 0 out of 10.
- b. When Respondent entered the exam room, he asked Agent 2 “what’s going on with you?” to which Agent 2 replied “nothing today, feeling fine today.” Respondent made small talk and asked “so, did that last you?” to which Agent 2 replied “well I had to use the free refills, so maybe if we could up it, so I won’t have to come back.”
- c. Respondent and Agent 2 engaged in a discussion about how many pills Agent 2 was using per month and Respondent stated “you’re going to have to think about getting insurance because if the police come look at me and see that I’m giving you a free pass, it won’t be good for me. That’s like if I’m doing a regular patient and my impression of this was that it was for the occasional shoulder pain, but that’s not what’s happening. And if you’re taking that much they should be doing drug testing on you and pill counts.”
- d. Respondent and Agent 2 engaged in a discussion about how Agent 2 could receive more Oxycodone and Respondent indicated “we’ll just do it a different way. Just slow down cowboy. . . so if you call ten days before April 16th and ten days before May 16th you can just come in and get your scrips and then I won’t see you until June. You’re all set.” Agent 2 was then given two prescriptions for Oxycodone IR 30mg #90, one written for the date of the visit and one for a month later.

Patient A

20. Patient A, a female born in 1956, was treated by Respondent for chronic back pain for thirteen years between August 2001 and the time of her death in December 2014, at which point Respondent was prescribing the following medications on a monthly basis:

- a. Morphine Sulfate ER 200mg #600

- b. Morphine Sulfate IR 30mg #1080
- c. Hydrocodone-Acetaminophin 10-325 #270
- d. Clonazepam 2mg #30
- e. Adderall 20mg #60

21. The Manitowoc County Coroner's report states that Patient A had a known history of chronic drug abuse and identifies the cause of Patient A's death as Mixed Drug Intoxication.

Patient B

22. Patient B, a female of unknown age, was interviewed by DEA on June 18, 2013. Patient B reports treating with Respondent for "degenerative back pain." Patient B states she first treated with Respondent after her prior provider discharged her for non-compliance with prescriptions for hydromorphone and morphine.

23. Patient B stated the discharge from her prior provider caused her to attempt suicide by morphine overdose. Patient B states she has on other occasions attempted suicide by overdose with the medications prescribed to her by Respondent.

24. Patient B reported multiple psychiatric hospitalizations, and stated Respondent is aware of her overdose attempts and hospitalizations, but has never attempted an "intervention" of any type.

25. Patient B stated that Respondent prescribes her "28 Oxy 30's a day" and used to prescribe her "40 Oxy 30's a day, 1200 a month." Patient B stated she only follows her prescriptions when she anticipates a urine screen, and is "half passed out" when she does so.

26. Patient B stated that before Oxycontin was reformulated, Respondent prescribed it for her as follows: "6 Oxy 80's, 4 Oxy 60's, 4 Oxy 40's, and 8 Oxy 30's a day."

27. Patient B stated that Respondent allows her to request specific drugs and dosages.

28. Patient B stated her appointments with Respondent last approximately five minutes and that Respondent no longer asks about her pain level. Instead, Respondent asks if "everything is OK." When Patient B answers "yes," Respondent will refill her prescription and post-date another prescription for the following month.

29. Patient B stated that Respondent does not perform any physical exam or order any imaging or testing, and often forgets who Patient B is.

30. Patient B stated she used to see Respondent every four months, and in the interim would call a prescription "hotline" to request her prescriptions for pick up a week later.

Patient Deaths

31. The DEA materials contain a January 22, 2015 report from the Manitowoc County Coroner's Office which reflects that between February 22, 2013 and December 5, 2014, seven of Respondent's patients died of the following causes: (1) accident: morphine toxicity, oral ingestion of morphine, chronic substance abuse; (2) acute methadone intoxication; (3) suicide; (4) mixed drug toxicity; (5) accidental overdose of prescription medications; (6) mixed drug toxicity; and (7) mixed drug toxicity.

Affidavit of David E. Remiker

32. The sworn Affidavit of David E. Remiker is attached hereto as Exhibit A. It speaks for itself and highlights the significant concern with Respondent's prescribing.

Respondent's Recorded Interview Testimony

33. On March 19, 2015, Respondent was interviewed by agents from the DEA and the Manitowoc County Sheriff's Department Metro Drug Unit regarding Respondent's treatment of pain management patients, and his prescribing of controlled substances, specifically opioids. The report summarizing the interview states as follows:

- a. Respondent's specialty is anesthesia and he is board certified in anesthesia.
- b. Respondent graduated from medical school in 1984, completed his residency in Olympia Fields, Illinois, and worked in a hospital anesthesia department for approximately one year before moving to his current practice in Manitowoc, Wisconsin.
- c. Respondent practices in a pain clinic affiliated with his employer, Holy Family Memorial Hospital. Clinic hours are typically 7:30 a.m. to 5:15 p.m., Monday – Friday.
- d. Respondent performs examinations on all patients, but not at every visit. Respondent states that all patients "get examined" by coming into an exam room where Respondent "can see them" although he does not "necessarily push and pull on everyone." All patients have vitals taken by a nurse.
- e. A new patient examination consists of Respondent examining the eyes, ears, nose and throat, and a check for hair infestation. Respondent will ensure the trachea is in the middle and the chest wall is symmetrical, and he performs a manual examination of the spine on "spots that are injured or hurt." Respondent will "push or pull where [he] needs to" and will "usually" review any prior charts and studies. New patients without medical records will be seen and Respondent just "starts from scratch" with them.
- f. Respondent sees approximately 20-25 patients per day.¹

¹ This is inconsistent with the nurse's statement of 70 patients per day, reflected in paragraph 13(a) above.

- g. Respondent does not see patients in pairs.²
- h. If a patient is “good to go”—meaning Respondent sees no reason to distrust the patient—he allows those patients to pick up prescriptions without seeing them. Respondent maintains a prescription “hotline” whereby patients who are “good to go” may leave a message requesting their prescriptions, which a nurse then processes for the patient or their designated representative to pick up.
- i. Respondent typically checks state court records for any “legal issues” and checks with “people in the community” in order to determine if a patient is “good to go.”
- j. Respondent does not request prescription profiles from local pharmacies, and will review the Wisconsin Prescription Drug Monitoring Program only if he becomes suspicious about something.
- k. About 4-5 months prior to the interview, Respondent began calling patients in for pill counts, which were previously done only for cause. Respondent was unsure whether his office has a “set policy” for how pill counts are conducted. Respondent has always wanted to conduct regular pill counts, but has lacked the manpower for what he describes as a “full time job.”
- l. Respondent primarily prescribes oxycodone, morphine, fentanyl, buprenorphine, hydromorphone and hydrocodone.
- m. Respondent recognizes there are “a bunch of people coming through here whose full time job it is to scam [him]” and he “doesn’t believe what people tell [him] for the most part.”
- n. Respondent requires new patients to complete an “Opioid Risk Assessment” form, but acknowledges the “whole joke” is that it relies on the patient providing truthful answers. Respondent “would never turn anyone away” based on their responses on the risk assessment form.
- o. Respondent believes his patients are dependent on the medications he prescribes, and that some are addicted to them. Respondent does not, however, know who his addicted patients are because he wouldn’t necessarily be treating them the way he is if he knew they were addicted to their medications.
- p. Respondent stated that if the medication dose is too high, the patient becomes “stupid,” but if the dose is too low, Respondent “hasn’t achieved anything.”
- q. Respondent previously had no ceiling on the dosages he would prescribe because he received advice from an expert in the field who advised Respondent the dose is high enough “when they feel OK.” However, Respondent has since learned “it’s not a good thing” to prescribe an unlimited quantity of pain medication.

² This is inconsistent with the undercover activities described in paragraphs 12-19 above.

- r. Many of Respondent's patients on large amounts of narcotics are "very insecure" about their need for medication. Respondent does not believe these patients are addicted, but rather afraid they will get "abandoned."
- s. Respondent tells patients they have two bad choices: deal with their pain or deal with the effects of pain medication.
- t. Respondent has discharged patients upon learning they diverted the medications he prescribed to them. However, Respondent stated that local law enforcement intelligence about diversion does not always result in a patient being discharged. If Respondent believes the intelligence is unconfirmed, he will increase his surveillance of the patient, including increased urine tests.
- u. As an example of such surveillance, Respondent identified a patient who local law enforcement believed was diverting.³ Respondent called the patient in to his office, watched her take the high dosage of opioids he prescribed for her, and then "watched her all day." When the patient did not "tip over," Respondent was satisfied she was taking her medication as prescribed.
- v. Respondent stated "it's not as easy as you'd think" regarding how to deal with a patient who tests negative on a urine drug screen because urinalysis is not black and white.
- w. Respondent would like a liaison with local law enforcement so he can "know exactly what's going on and have a better understanding."
- x. Respondent is aware that pills he prescribes are routinely found when local law enforcement executes search warrants. Respondent states it is "kind of scientific fact" that 30% of his patients are not going to follow his prescriptions and are either "using it up themselves or diverting it."
- y. Respondent is aware of overdose deaths associated with the medications he prescribes.
- z. Some of Respondent's "high dose opioid" patients travel long distances to see him and they are "very legitimate," but cannot be referred to providers near them because those providers would not prescribe "that kind of medication."
- aa. Respondent is willing to prescribe higher amounts of pain medication than other providers because he believes "there are people outside of the bell curve and those people deserve to be treated as well."
- bb. Respondent acknowledges his prescribing is "out of the norm," but believes it is for a legitimate medical purpose for "a different patient population."

³ A report regarding this patient is found in the DEA materials.

- cc. Respondent believes pain and addiction “are very integrated” and not in conflict with each other. Respondent states “it’s all suffering” and believes he is alleviating suffering.
- dd. Respondent states he welcomes contacts from pharmacists who call to verify or express concern about Respondent’s prescribing, but will not alter or decrease his prescribing based on such concerns.
- ee. Respondent does not become upset when people question his prescribing because he knows he is “off the beaten path” and that some who express concern “speak out of ignorance.”

34. Respondent Charles R. Szyman, D.O., by engaging in prescribing of controlled substances, as set out in paragraphs 12-33 above, has committed unprofessional conduct, as defined by Wis. Admin. Code § Med 10.02(2)(h) (Nov. 2002)⁴ and Wis. Admin. Code §§ Med 10.03(2)(b) and (c) (Oct. 2013)⁵ and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

35. Based on this Petition and the Affidavit of David E. Remiker, there is probable cause to believe it is necessary to suspend Respondent’s Wisconsin medical license (no. 29228-21) immediately to protect the public health, safety or welfare.

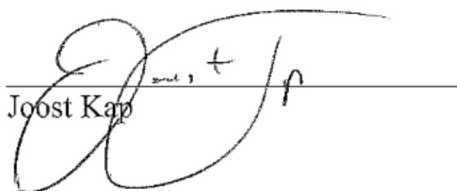
36. A formal Complaint to be filed with the Wisconsin Department of Administration, Division of Hearings and Appeals, alleging that Respondent has committed unprofessional conduct, is attached.

WHEREFORE, the Division of Legal Services and Compliance hereby requests that the Wisconsin Medical Examining Board:

1. Find that notice has been given to Respondent Charles R. Szyman, D.O., under Wis. Admin. Code § SPS 6.05.

2. Find probable cause to believe that Respondent Charles R. Szyman, D.O., has engaged in or is likely to engage in conduct such that the public health, safety or welfare imperatively requires emergency suspension of Respondent’s license and registration to practice medicine and surgery.

3. Issue an order summarily suspending the license and registration of Respondent Charles R. Szyman, D.O. (no. 29228-21), to practice medicine and surgery in the state of Wisconsin and order that such suspension continue until the effective date of a final decision and order issued in the disciplinary proceeding against Respondent, unless otherwise ordered by the Board.

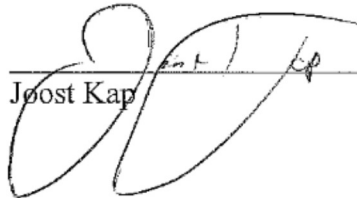

Joost Kap

⁴ For conduct occurring before October 1, 2013.

⁵ For conduct occurring on or after October 1, 2013.

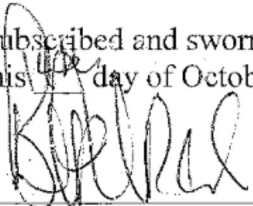
STATE OF WISCONSIN)
) ss
COUNTY OF DANE)

Joost Kap, being first duly sworn on oath, deposes and says that he is an attorney for the State of Wisconsin, Department of Safety and Professional Services, Division of Legal Services and Compliance, and that he has read the foregoing petition and knows the contents thereof and that the same is true to his own knowledge, except as to those matters therein stated on information and belief, and as to such matters, he believes them to be true.



Joost Kap

Subscribed and sworn to before me
this 14th day of October 2015.



Notary Public.
My Commission expires MARCH 27 2016.

Joost Kap
Prosecuting Attorney
Wisconsin State Bar Number 1055878
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
: DLSC CASE NO. 15 MED 261
CHARLES R. SZYMAN, D.O., :
RESPONDENT. :

AFFIDAVIT OF DAVID E. REMIKER

STATE OF WISCONSIN)
) ss
COUNTY OF MANITOWOC)

David E. Remiker, being duly under oath, deposes and states as follows:

1. I am an adult resident of the state of Wisconsin. I make this affidavit based upon my personal knowledge of the things set forth below, and in support of the Petition for Summary Suspension filed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance, as to Charles R. Szyman, D.O.

2. I am currently employed as the Lieutenant of Investigations for the Manitowoc County Sheriff's Office Detective Division, and am also the Supervisor of the Manitowoc County Metro Drug Unit. I was hired by the Manitowoc County Sheriff's Office in January of 1993, and in January 1999 was assigned as the Narcotics Investigator in the Manitowoc County Metro Drug Unit, a multi-jurisdictional/agency drug task force consisting of law enforcement officers from the Manitowoc County Sheriff's Office, the Manitowoc Police Department, the Two Rivers Police Department, and the Kiel Police Department.

3. In December of 2008, I was promoted to my current position as Lieutenant of Investigations with a primary assignment within the agency to supervise the Manitowoc County Metro Drug Unit. In the course of my work, I have conducted hundreds of investigations related to diversion, abuse and trafficking of prescription medications. I have testified in numerous capacities and venues, and have undergone specialized training related to controlled substances diversion, abuse and trafficking.

4. My primary responsibility is to supervise, manage and coordinate personnel and investigations related to controlled substance offenses. I currently supervise six individuals assigned to the drug task force in addition to overseeing the operations of the Manitowoc County Sheriff's Office Detective Division, which consists of four Investigators and one Lieutenant Supervisor.

5. During the course of my work since 1999, I have consistently received information that Charles R. Szyman, D.O., is prescribing mass quantities of narcotics, specifically opioid pain medications. A majority of the individuals who provide us with information or intelligence about prescription drug diversion, abuse and trafficking have identified Dr. Szyman as their prescribing physician or the source of their narcotics.

6. During the course of my work since 1999, I have conducted investigations related to individuals abusing, diverting or overdosing on prescription medication, and have consistently found that the prescription pain medication involved were received through the course of health care appointments between Dr. Szyman and the patient, victim or suspect. During the course of investigative interviews and observations at the scenes of criminal investigations, I have consistently encountered mass quantities of prescription medication bottles, prescribing records, and narcotic pain medications indicating the prescribing physician as Dr. Szyman.

7. During the course of my work since 1999, I have conducted investigative interviews of individuals who describe short-term and long-term patient/physician relationships with Dr. Szyman, and the ease in obtaining mass quantities and numerous combinations of medications from Dr. Szyman through the course of health care appointments.

8. During the course of my work since 1999, I have conducted investigative interviews of individuals who describe and identify the beginning of their addiction to prescription pain medication, and eventual abuse and addiction to other narcotics including heroin and methamphetamine, as resulting from their doctor-patient relationship with Dr. Szyman.

9. During the course of my work since 1999, I have conducted investigative interviews of individuals who independently describe their interactions with Dr. Szyman to include consistent appointments and statements made by Dr. Szyman, and state their appointments with him would involve little to no physical examination, little to no complaints of pain, and little to no complaint of injury or source of pain.

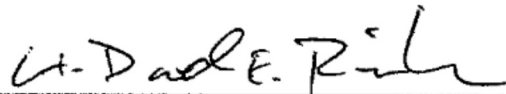
10. During the course of my work since 1999, I have conducted investigative interviews of individuals who independently identify Dr. Szyman as the physician that "everybody goes to" for very easily obtained narcotic pain medications. Local law enforcement officers have repeatedly described the "reputation" that Dr. Szyman has in their communities, based on their contacts with individuals involved with diversion, abuse and trafficking of prescription pain medication in mass quantities.

11. For example, investigators from the Manitowoc County Metro Drug Unit pursued an investigation related to a female subject that investigators identified as a patient of Dr. Szyman. Investigators conducted several controlled purchases of prescription pain medication from the subject, which eventually led to a search warrant at her residence and an interview. During the course of the interview, the subject revealed she is a long-term and ongoing patient of Dr. Szyman, reportedly for various physical and mental issues. The subject indicated she receives numerous monthly prescription medications from Dr. Szyman, including thousands of prescription pain medications. The subject admitted to diverting the medications prescribed to her by Dr. Szyman, and stated the proceeds of these activities exceeded approximately \$10,000.00 per month. In the subject's opinion, the medications she is prescribed by Dr. Szyman

have caused and/or exacerbated her physical and mental health problems, including a hospital admission for major stomach and constipation problems. The subject described mental health issues, including bipolar disorder and suicidal tendencies occurring during the course of her doctor-patient relationship with Dr. Szyman. The subject's testimony was substantiated by information obtained from the U.S. Drug Enforcement Administration (DEA) Diversion Unit and the Wisconsin Prescription Drug Monitoring Program.

12. I have identified five individuals who were patients of Dr. Szyman and died from either overdose death or suicide. I have spoken with a deputy coroner in Manitowoc County who is also a licensed physician. He believes Dr. Szyman's prescribing has caused the deaths of numerous individuals in Manitowoc County, and that on some occasions, the medication amounts being prescribed by Dr. Szyman would be physically impossible to consume by a normal person without resulting in complete incapacitation or death.

13. I have reviewed the Department's Petition for Summary Suspension which this affidavit is offered in support of. I am aware of the DEA investigation on which the petition also relies, and in many instances was directly involved in the law enforcement activities described in the petition. I believe the petition accurately reflects the significant concerns about Dr. Szyman's prescribing of controlled substances, and believe that his ongoing practice continues to present an immediate danger to his patients and the general public of the community I serve.



Lt. David E. Remiker

Subscribed and sworn to before me
this 13 day of October 2015.



Notary Public
My Commission permanent

