

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 :
 :
STEPHANIE J. BOYER, M.D., : FINAL DECISION AND ORDER
RESPONDENT. : ORDER 0002092

Division of Legal Services and Compliance¹ Case No. 11 MED 398

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

Stephanie J. Boyer, M.D.
Infinity Healthcare
111 E. Wisconsin Ave., Suite 2100
Milwaukee, WI 53202

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

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

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision 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 Stephanie J. Boyer, M.D. (dob May 3, 1973) is licensed by the State of Wisconsin Medical Examining Board to practice medicine and surgery in the state of Wisconsin pursuant to license number 20-44184, first granted February 19, 2002 and current through October 31, 2013. Dr. Boyer's most recent address on file with the Wisconsin

¹ The Division of Legal Services and Compliance was formerly known as the Division of Enforcement.

Department of Safety and Professional Services (Department) is Infinity Healthcare, 111 E. Wisconsin Avenue, Suite 2100, Milwaukee, Wisconsin 53202.

2. On July 7, 2011, at approximately 1341, Patient A, a 42 year old female patient, presented to her family physician with complaints of dizziness, nausea, blurry vision and light-sensitivity. Patient A also complained of some weakness and appeared to have significant orthostasis. The patient had recently started a combination of Topamax®, nortriptyline and tramadol which she felt might account for her symptoms. A neurologic exam performed by the family physician revealed mild hyperreflexia, orthostatic hypotension, and very sluggishly reactive pupils which were slightly dilated. Patient A's physician diagnosed an "adverse effect of unspecified drug" and, after consultation with an emergency physician on call [not Dr. Boyer], referred Patient A to St. Joseph's Hospital Emergency Department for further evaluation and treatment

3. On July 7, 2011, at approximately 1422, Patient A presented to Respondent at St. Joseph's Hospital Emergency Department. Admission records indicate Patient A's reason for the visit included the following:

"Frontal headache + photophobia + N/V. Sent over by [family physician] started taking tramadol Topamax and nortriptyline 7/5/11 by pain management, told she may be having a serotonin reaction, sent here for eval."

4. Respondent's physical examination of Patient A revealed pupils which were equal, round and reactive to light. Neurological findings were normal with the exception of Patient A's visual issues. Respondent noted that "visual acuity was not checked as she said she cannot even really see anything to read." Patient A denied eye pain and complained of a severe headache.

5. Respondent consulted with the neurologist on call, who Respondent believed would have extensive experience with these medications and detailed knowledge of the risks and side effects associated with them. The neurologist did not suggest Patient A had acute angle closure glaucoma. A CT scan and MRI of the brain were both negative.

6. Respondent then reviewed the hospital's drug database, Micromedex, for all three of Patient A's medications. Adverse effects for topiramate listed as serious include "Ophthalmic: glaucoma, Myopia."

7. The manufacturer of Topamax® lists as its first warning and precaution in its prescribing information:

"Acute myopia and secondary angle closure glaucoma: Untreated elevated intraocular pressure can lead to permanent visual loss. The primary treatment to reverse symptoms is discontinuation of Topamax® as rapidly as possible."

8. Respondent did not perform a slit lamp evaluation or take an eye pressure to further evaluate Patient A's visual problems.

9. Respondent discharged Patient A with a final impression that Patient A's symptoms were either side effects of the medication combination or an ocular migraine. Patient A was instructed to rest and call her primary care physician in the morning with a status update. Respondent stopped all three of Patient A's medications.

10. On July 8, 2011, at approximately 0819, Patient A presented to the Froedtert Hospital Emergency Department after waking up with a headache, nausea, and decreased vision. Examination of Patient A revealed blurred vision, photophobia, pain, discharge and redness with no double vision. Further examination revealed that the pupils were not reactive with corneal and lens edema and clouding of the pupil. An ophthalmology consult, which included a slit lamp examination and intraocular pressure evaluation, was obtained. Intraocular pressure was listed as 33 right and 32 left.

11. Patient A was diagnosed with severe vision changes consistent with bilateral acute angle-closure glaucoma (Topamax® induced).

12. Patient A was treated and her symptoms and eye pressure readings improved. She was discharged from the Froedtert Hospital Emergency Department on July 8, 2011 with differential diagnoses of eye trauma, angle closure glaucoma and iriditis. Patient A was instructed to follow up with an ophthalmologist for further evaluation and management of her pain, nausea and eye pressure.

13. Respondent's position is that acute angle closure glaucoma is a rare condition in the Emergency Department and bilateral acute angle closure glaucoma is even rarer. It is further a rare side effect of Topamax® and the presentation in this case was atypical, particularly since she did not complain of eye pain.

14. Respondent's conduct as herein described with regard to Patient A fell below the minimum standards of competence established in the profession in that Respondent failed to perform a slip lamp examination and obtain an intraocular pressure to accurately assess Patient A's presenting symptoms and the possibility of acute angle closure glaucoma.

15. By failing to properly examine and evaluate Patient A, Respondent created the unacceptable risk that Patient A's condition would not be properly diagnosed and treated in a timely manner thereby creating the additional risk of partial or total permanent vision loss.

16. Respondent's conduct as set forth above tended to constitute a danger to the health, welfare and safety of Patient A.

17. In response to the conduct mentioned above, Respondent attended the 8th Annual Summer Conference on Emergency Medicine which included a lecture on *Eye Problems You're Sure to See*. Respondent also completed 2 AMA PRA Category 1 Credits in Ophthalmic

Emergencies and 20 AMA PRA Category 1 Credits in Emergency Medicine, offered by the Audio-Digest Foundation, an affiliate of the California Medical Association.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over 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 paragraphs 14 through 15 of the Findings of Fact, Stephanie J. Boyer, M.D. engaged in unprofessional conduct pursuant to Wis. Admin. Code § MED 10.02(2)(h).

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

ORDER

1. The attached Stipulation is accepted.

2. Respondent Stephanie J. Boyer, M.D., is REPRIMANDED.

3. The Board recognizes the aforementioned medical education courses as the equivalent of the education the Board would have otherwise required. The courses attended may not be used in satisfaction of the statutory continuing education requirements for licensure.

4. Within 90 days from the date of this Order, Respondent Stephanie J. Boyer, M.D., shall pay COSTS of this matter in the amount of \$1,200.00.

5. Payment of costs shall be made payable to the Wisconsin Department of Safety and Professional Services and sent 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 8935, Madison, WI 53708-8935
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

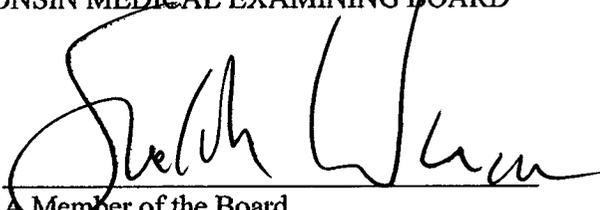
6. Violation of any terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline 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, Respondent's license

(No. 20-44184) 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

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

WISCONSIN MEDICAL EXAMINING BOARD

By:


A Member of the Board

10/17/12
Date