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

In the Matter of

DAN G. GUYER, M.D.
License No. 43-01-030688,
Respondent.

File No. 43-15-137965

CONSENT ORDER

On February 24, 2017, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq*.

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(a) and (b)(i). The Board of Medicine's Disciplinary Subcommittee (DSC) has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(a) and (b)(i).

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation(s) of the Public Health Code, Respondent is placed on probation for a minimum of one day, not to exceed six months. The terms of probation shall be as follows:

1. CONTINUING EDUCATION: Respondent shall successfully complete and submit satisfactory evidence of completing pre-approved continuing education accepted by the Board in the area of neuro-psycho pharmacology. This continuing education **shall not** apply in computing Respondent's current continuing education requirements for license renewal.

   Respondent shall seek and obtain pre-approval of the continuing education from the Chairperson of the Board or the Chairperson's designee. Respondent shall mail requests for pre-approval and proof of the successful completion of the continuing education to: **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30670, Lansing, MI 48909.**

   The timely filing of all information relating to this Order shall be Respondent's responsibility, and failure to file the required information within the time limitations herein provided shall be deemed a violation of an order of the Board.

2. COMPLIANCE WITH THE PUBLIC HEALTH CODE: Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated under the Public Health Code.

3. COSTS. Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

IT IS FURTHER ORDERED that Respondent shall be automatically discharged from probation at the end of the probationary period, PROVIDED Respondent has paid the fine as set forth below, has complied with the terms of this Order and has not violated the Public Health Code.

IT IS FURTHER ORDERED that for the cited violation(s) of the Public Health Code, Respondent is FINED $4,000.00 to be paid to the state of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order made payable to the State of Michigan, and the check or money order shall clearly display file number 43-15-137965.

IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

IT IS FURTHER ORDERED that this Order shall be effective on the date signed by the DSC or authorized representative, as set forth below.

Dated: 3/2/18

MICHIGAN BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

By: _____

Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing
Authorized Representative

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(a) and (b)(i).

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. This Order was proposed by the DSC at a scheduled meeting held in Lansing, Michigan January 17, 2018. It is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

AGREED TO BY:

Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 3/2/18

AGREED TO BY:

Dan G. Guyer, M.D.
Respondent

Dated: 2/27/18

Approved as to form by:

John Toth (P33608)
Attorney for Respondent

Dated: 2/22/18

cc

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

In the Matter of

DAN G. GUYER, M.D.
License Number: 43-01-030688

File Number: 43-15-137965

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs (Complainant) by Kim Gaedeke, Director, Bureau of Professional Licensing, files this Complaint against Dan G. Guyer, M.D. (Respondent) as follows:

1. The Michigan Board of Medicine (Board) is an administrative agency established by the Public Health Code, MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent is licensed to practice medicine in the state of Michigan and has a controlled substance license.

3. Lorazepam and Valium are schedule 4 controlled substances. Cogentin, Lexapro, Lithium, and Melatonin, Mellaril, and Risperdal are prescription medications.

4. At all relevant times, Respondent was engaged in private practice and partner at Psychiatric Services of Grosse Pointe (facility) in Grosse Pointe, Michigan.

5. On September 26, 2013, Respondent saw patient M.R. (initials are used throughout to protect the patient's identity), a 63-year-old male for evaluation and potential changes to patient M.R.'s medication regimen as prescribed by another physician. Patient M.R.'s medication regime consisted of Melatonin; Lithium 300 mg three times per day; Lorazepam 1 mg three times per day; Risperdal 2 mg two times per day; Cogentin and Mellaril 40 mg during the day and 100 mg at bedtime. Respondent discontinued the Cogentin and Melatonin and decreased Lithium 300 mg to two times per day and decreased Mellaril to 100 mg at bedtime only, and increased Risperdal to 3 mg at bedtime. Respondent provided patient M.R. with 30-day prescriptions for Lithium, Mellaril, Risperdal, and Lorazepam.

6. On October 4, 2013, Respondent saw patient M.R. for complaints of dehydration. Respondent decreased patient M.R.'s Mellaril to 50 mg at bedtime.

7. On October 9, 2013, Respondent was informed that patient M.R. had been admitted to the hospital and Mellaril had been discontinued. On October 11, 2013, Respondent was contacted by hospital staff to decrease patient M.R.'s Lithium to one time per day. Respondent increased patient M.R.'s Lithium to three times per day and replaced Lorazepam with Valium.

8. On October 28, 2013, Respondent saw patient M.R. and made no changes to patient M.R.'s medication regime.

9. On November 27, 2013, Respondent saw patient M.R. and made no changes to patient M.R.'s medication regime. Respondent wrote a prescription for Risperdal 3 mg and Lithium 300 mg with one refill.

10. Between September 2013 and December 2013, contrary to the accepted standards of care for Lithium monitoring, Respondent failed to order laboratory tests for patient M.R.

11. On January 28, 2014, Respondent saw patient M.R. for complaints of behavior changes such as yelling, hitting, and not sleeping. Respondent titrated patient M.R.'s Valium medication and ordered laboratory tests for Lithium levels 12 hours after last dose, thyroid study (TSH) and two kidney studies (BUN and Creatinine).

12. On March 18, 2014, Respondent received patient M.R.'s laboratory test results that revealed a BUN level of 13 (normal range 10-25 mg/dL); Creatinine level of 0.95 (normal range <1.13 mg/dL); TSH level of 2.29 (normal range 0.30-5.00 uIU/mL), and Lithium level of 1.2 (normal range 0.6-1.2 mmol/L). Respondent failed to address patient M.R.'s Lithium level.

13. On May 19, 2014, Respondent saw patient M.R. for complaints of behavior changes such as yelling and slamming doors. Respondent did not make any

changes to patient M.R.'s medication regime. Respondent failed to address patient M.R.'s declining health.

14. On September 27, 2014, patient M.R.'s guardian informed Respondent that patient M.R. was depressed and would not leave his home. Respondent prescribed Lexapro 10 mg at bedtime. Respondent failed to address patient M.R.'s declining health.

15. On December 18, 2014, Respondent provided patient M.R. prescriptions for his medications. Contrary to the accepted standards of care for Lithium monitoring, Respondent failed to order laboratory tests for patient M.R.

16. On January 21, 2015, Respondent saw patient M.R. for complaints of falling and significant weight loss. Respondent discontinued patient M.R.'s Lexapro and made no changes to patient M.R.'s other medications.

17. On February 17, 2015, a physician from Henry Ford West Bloomfield Hospital informed Respondent that patient M.R. had been admitted to the hospital and was diagnosed with acute onset Lithium toxicity. Laboratory tests revealed patient M.R. had a Lithium toxicity level of 3.3. Prior to patient M.R.'s hospital discharge his Lithium level was 0.5.

18. On May 16, 2016, during an interview with Complainant's investigator, Respondent stated that his standard protocol was to order laboratory tests

for Lithium levels yearly and that patients or family members could call Respondent anytime if any problems presented.

COUNT I

Respondent's conduct, as set forth above, evidences a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, in violation of section 16221(a) of the Public Health Code, supra.

COUNT II

Respondent's conduct, as set forth above, evidences a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs, in violation of section 16221(b)(i) of the Public Health Code, supra.

Complainant requests that this Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 et seq.

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Kim Gaedeke, Director, Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Pursuant to section 16231(9) of the Public Health Code, supra, Respondent's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Dated: 02/24/2015

Kim Gaedeke, Director
Bureau of Professional Licensing

LFM