

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

BEFORE THE
BOARD OF MEDICAL EXAMINERS
STATE OF OREGON

In the Matter of }
MARTIN MARK KLOS, MD } STIPULATED ORDER
LICENSE NO. MD18059 }
1.

The Board of Medical Examiners (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the State of Oregon. Martin Mark Klos, MD (Licensee) is a licensed physician in the State of Oregon.

2.

The Board proposed taking disciplinary action pursuant to ORS 677.205 against Licensee for violations of the Medical Practices Act, to wit: ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined in ORS 677.188(4)(a); ORS 677.190(14) gross or repeated acts of negligence; and ORS 677.190(25) prescribing controlled substances without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping or without giving the notice required under ORS 677.485.

3.

The Board contends the following acts and conduct occurred, which violate the Medical Practice Act:

3.1 Licensee prescribed oxycodone (Schedule II) for Patient A in order to treat her complaints of pain. Licensee did not provide Patient A with a written material risk statement nor written medication contract. Licensee prescribed an increasing dosage of narcotic medications over time, despite Patient A's 14-year history of narcotic addiction and abuse (to include cocaine, methamphetamines, LSD, and marijuana) as well as alcohol abuse. For instance, Licensee prescribed 200 tablets (5 mg) of oxycodone for Patient A on December 20, 1999,

1 December 27, 1999, and January 3, 2000. Licensee prescribed 300 tablets (5mg) of oxycodone
2 for Patient A on January 10, 2000 and January 17, 2000. During this time, Patient A was taking
3 an average of 30 tablets (5 mg) of oxycodone per day. In addition, Licensee did not use random
4 urine testing to monitor her use of the medications prescribed, or to detect the possible use of
5 other controlled substances. In summary, Licensee quickly resorted to treating Patient A with
6 excessive amounts of scheduled medications without trying other forms of therapy first, rapidly
7 escalated the opioid dosage for this patient without medical justification, and failed to adequately
8 monitor Patient A's compliance with the treatment regimen.

9 3.2 Patient B presented with a complaint of chronic headaches. His history included
10 substance abuse and a felony conviction arising from armed robbery in order to buy cocaine.
11 Review of Licensee's charts reflect some notable gaps in Patient B's relevant history, to include
12 that Patient B had a criminal history, that certain psychological evaluations suggested possible
13 malingering, and no indication that Licensee had communicated with Patient B's prior or current
14 physicians. Licensee prescribed excessive amounts of narcotic analgesics for Patient B without
15 medical justification, most notably morphine sulfate (Schedule II), 300 - 500 tablets (15 – 30
16 mg) bimonthly from August 31, 2000- August 21, 2001, and morphine sulfate controlled release
17 (MS Contin, Schedule II) 120-180 tablets (100 mg) from July 31, 2000 – July 30, 2001.

18 3.3 Licensee began to treat Patient C for pain related to fibromyalgia and headaches
19 in December 1999. Patient C presented with a history of substance abuse and forgery of
20 prescription narcotic medications. Licensee placed Patient C on a medication regimen that
21 included oxycodone sustained release (OxyContin, Schedule II) carisoprodol (Soma),
22 clonazepam (Klonopin, Schedule IV), and zolpidem (Ambien, Schedule IV). Licensee continued
23 to prescribe narcotic analgesic medications for Patient C after receiving notification that Patient
24 C had been discharged from a drug treatment center.

25 3.4 Patient D presented with complaints of abdominal pain from chronic pancreatitis
26 and a health history that included diabetes, substance abuse, liver and renal failure. Licensee first
27 saw Patient D on January 16, 2001. Licensee started her on Oxycontin. By February 6, 2001,

1 Licensee was prescribing 80 mg of Oxycontin (four tablets a day) and 120 mg of Roxicodone
2 (every four hours). Licensee continued to prescribe Oxycontin for Patient D through August 24,
3 2001 along with other medications, to include hydromorphone (Dilaudid, Schedule II). Licensee
4 prescribed a long course of controlled medications for Patient D with inadequate medical
5 justification, and failed to appropriately respond to Patient D's drug seeking behavior, to include
6 not instituting random urine testing.

7 3.5 Patient E first presented to Licensee on November 17, 1999 with complaints of
8 back pain that Licensee attributed to "degenerative disc disease." A cervical MRI, dated
9 October 1, 1999, that was ordered by another treatment provider revealed a degenerative disc
10 abnormality but no signs of neural impingement. Nevertheless, Licensee prescribed successive
11 and increasingly excessive doses of oxycodone sustained (Oxycontin) and oxycodone
12 (Roxicodone). By February 2001, Patient E was receiving 1.2 grams of Oxycontin per day, and
13 3,000 mg of oxycodone per day. Between May 4 and May 22, 2001, Licensee prescribed 240
14 tablets (160 mg) of Oxycontin and 300 tablets (30 mg) of oxycodone. In June 2001, Licensee
15 placed Patient E on a course of methadone (Schedule II) 3-4 tablets (40 mg) every 3 – 4 hours.
16 By September, Patient E was taking 640 mg of methadone every day, and in addition, continued
17 to receive oxycodone. Licensee prescribed a long course of ever increasing amounts of
18 controlled medications for Patient E with inadequate medical justification, and failed to
19 appropriately monitor Patient E's possible drug seeking behavior, to include not instituting
20 random urine testing.

4.

22 Licensee and the Board agree to resolve this matter by the entry of this Stipulated Order.

23 Licensee shall be placed on probation for a period of five (5) years subject to the following
24 terms:

25 4.1 Licensee is reprimanded.

26 4.2 Licensee shall report in person to the Board at each of its regularly scheduled meetings
27 at the scheduled times for a probationer interview unless ordered to do otherwise by the Board.

1 4.3 Licensee shall promptly enroll in the Physician's Evaluation Education Renewal
2 program (PEER), and within 24 months from the signing of this Order, successfully complete the
3 program.

4 4.4 Within six months from the date this Order is signed by the Board Chair, Licensee
5 shall enroll in and complete the Board's Appropriate Prescribing Workshop.

6 4.5 Within six months from the date this Order is signed by the Board Chair, Licensee
7 shall enroll in and complete a course treating pain and suffering, as approved by the Board's
8 Medical Director.

9 4.6 Licensee may apply to the Board requesting relief from the provisions of terms 4.3,
10 4.4 and 4.5 (above) in the event Licensee elects not to treat chronic pain patients.

11 4.7 Licensee shall obey all federal and Oregon State laws and regulations pertaining to
12 the practice of medicine, to include the Oregon intractable pain law (ORS 677.470 – 677.485)
13 and OAR 847-015-0030.

14 4.8 Licensee stipulates and agrees that any deviation from the terms of this Order shall
15 be grounds for discipline pursuant to ORS 677.190.

16 5.

17 This Order becomes effective the date it is signed by the Board Chair.

18 IT IS SO STIPULATED this 18 day of December, 2002.

20 
21 MARTIN MARK KLOS, MD

22 IT IS SO ORDERED this 16th day of January, 2003.

23 BOARD OF MEDICAL EXAMINERS
24 State of Oregon

25 
26 MARCIA G. DARM, MD
27 Board Chair