

GUIDANCE FOR HEALTH CARE PROVIDERS

URINE DRUG TESTING



WHY PATIENTS SHOULD HAVE A URINE DRUG TEST

For the management of chronic pain, regulations require that you administer a urine drug test before opioids are initially prescribed — and then at least once every six months. Urine drug tests help you:

- Obtain a baseline assessment of a patient's opioid exposure; exposure to other controlled and prescription medication use; and possible concurrent illegal-drug use prior to prescribing medications
- Monitor a patient's treatment adherence and possible drug-use problems during pain treatment
- Identify the need for further assessment

PATIENTS MUST BE SCREENED:

- Prior to initiating opioid therapy for chronic pain and at least once every six months
- At random intervals, at the prescriber's discretion, while the patient is taking pain medications — to monitor drug use or potential misuse
- If an individual shows signs of substance misuse or abuse, including those exhibited through clinical assessment and PMP monitoring (see below)

DISCUSS THE TEST WITH PATIENTS BY EXPLAINING THAT:

- Drug screenings are routinely conducted (as required by law) and are not an accusation of drug misuse
- The test is being conducted to provide the patient with the best care possible

SCREENING VS. CONFIRMATORY TESTS

- Screening tests are initial qualitative drug tests that identify classes of drugs present in the urine, and are typically done using immunoassay. They rely on a set threshold above which a positive result is produced, and therefore they do not detect lower concentrations of a drug.
- Confirmatory tests are used for further analysis of a sample to confirm a positive result — or sometimes a negative result — and are typically done using gas chromatography/mass spectrometry (GC/MS) or high-performance liquid chromatography (HPLC). Confirmatory testing can identify a specific drug. If the goal is to detect a synthetic or semisynthetic opioid, this test should be used, as immunoassays do not typically detect these opioids. Due to the possibility of false positives and the qualitative nature of screening tests, confirmatory testing is recommended to affirm positive or unexpected results, and to identify the presence of a specific drug.
- When ordering, specify that you are looking for an illicit substance, prescription-drug misuse, or the presence of a prescribed medication.
- Point-of-Care Urine Drug Test offers the advantage of quick results, but with all the limitations of screening tests described above. Providers may want to conduct screening tests at the point of care by obtaining a CLIA waiver.

WHEN INTERPRETING RESULTS, TAKE THE FOLLOWING INTO CONSIDERATION:

- Interpretation is not 100 percent conclusive. Consultation with a laboratory toxicologist or the Poison Control Center — which can be contacted at 1-800-222-1222 — may be necessary for clarification before action is taken.
- Comparison with the patient's PMP query will ensure that all prescriptions being filled are testing positive on the urine drug testing (if there are differences between the PMP query and the results, a conversation should be initiated with the patient).
- Identify all substances the patient is taking. Over-the-counter medications and herbal supplements may affect the results.
- Taking opioids typically results in either the drug itself or its metabolites being present in the urine. The metabolite of the prescribed drug may be another drug — this does not mean the patient took the second drug.



WHEN RESULTS ARE NEGATIVE FOR THE PRESCRIBED MEDICATION, EXPLANATIONS CAN INCLUDE:



- The patient may have run out of medication before submitting a sample due to an increase in the dosage or frequency of administration.
- The patient may not be taking the full prescribed amount of medication.
- The patient may have lost insurance or be experiencing financial difficulties.
- In an attempt to cover up illicit drug use, the patient may have tampered with his or her sample.
- If immunoassay testing that was not specific for a single drug was used, it will usually not detect semisynthetic and synthetic opioids (i.e., buprenorphine, oxycodone, hydrocodone, hydromorphone, fentanyl, and methadone). In this case, confirmatory testing should be considered.

WHEN RESULTS ARE POSITIVE FOR AN UNPRESCRIBED SUBSTANCE, EXPLANATIONS CAN INCLUDE:

- **Testing-related issues such as false positives** — False positives can be attributed to cross-reactivity, where concurrent use of over-the-counter and licit drugs can look like illicit drugs and result in a positive test. Additionally, certain compounds that the patient has ingested may have metabolized into the same substance produced in the metabolism of an illegal substance (poppy seeds, which can result in a positive urine drug test, are an example).
- **Laboratory error** — Have the lab retest samples that reveal unexpected results.
- **Variability within and between patients** — Since metabolism rates differ between patients, so can the rate of drug absorption, even when patients are given the same dosages. Therefore, you should expect variability in urine drug test results. Additionally, multiple patients with similar levels of pain may not respond to the same dosage, and a patient's pain response to the same dosage can also change from one visit to the next. Blood-concentration data can provide a more accurate analysis of urine drug test results.
- **Patient-related issues** — Abnormal results may be driven by undertreated pain, recreational use, or addiction. Discuss the results with the laboratory and have them perform confirmatory testing on positive samples — and, in some cases, negative samples — to affirm the presence or absence of a specific compound. When diagnosing addiction, health care providers should consider all the available information and not depend solely on a positive drug screen.



RECOGNIZING SAMPLE TAMPERING

- Be aware of the normal color, temperature, and concentration of urine, as well as other values.
- Urine sample characteristics should include:
 - » Temperature: 90 to 100 F (four minutes after deposited); temperature-sensitive cups can help identify abnormal samples.
 - » pH: 4.5 to 8.0
 - » Creatinine concentration: >20 mg/dL
 - » Specific gravity: Between 1.003 and 1.020
 - » Nitrates: Greater than or equal to 500 mcg/mL



SAMPLES SHOULD BE COLLECTED:

- At the beginning of an office visit
- Unannounced
- In sample sizes of 30 mL or more

DISCUSS POSITIVE RESULTS WITH YOUR PATIENT

- In a nonjudgmental, supportive way
- To learn if there is another cause of the positive result
- As a motivator for behavior change
- To determine if a referral to an addiction specialist should be considered



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

HOW TO GET STARTED WITH URINE TESTING IN YOUR PRACTICE

ESTABLISH A RELATIONSHIP WITH A LABORATORY:

- Inform the laboratory of the purpose of the urine drug testing.
- Identify which drugs you think should or could be present in each case, and which drugs are tested for by the laboratory.
- Results that are unexpected or abnormal may need to be discussed with the laboratory before being discussed with the patient.
- Remember to shop around for the laboratory that offers the best price along with the soundest clinical practices.



SETTING UP A STANDARD SCREEN

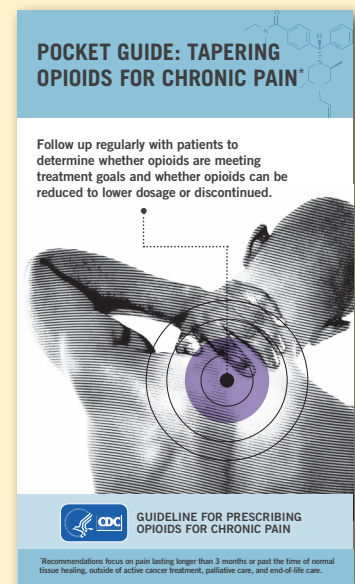
- Establish a standard set of drugs for which to screen.
 - » **Here is one recommended set of drugs to include in a urine screen:** cocaine, amphetamines, opiates, methadone, marijuana, and benzodiazepines
- Conduct confirmatory testing, as necessary.

MANAGEMENT OF RESULTS AND COORDINATING CARE

- Add urine test results, interpretation, and actions taken to the patient's chart.
- If the results are confirmed to be abnormal after other possibilities have been ruled out, meet with the patient to discuss. Maintain a positive attitude to encourage motivation to change.
- Consider referral to an addiction specialist.
- Avoid abruptly discharging the patient from your care. If you think you can no longer provide him or her with the help needed, provide a warm referral to appropriate services.
- Consider tapering medication. See the following fact sheet on tapering for more information.



Remember, abrupt discontinuation or tapering too quickly may lead to patients seeking illicit prescription opioids or heroin, and could increase the risk of overdose and death.



**Click to download the
CDC Pocket Guide:
Tapering Opioids for
Chronic Pain**

CODING AND BILLING

- Requirements for testing vary by health insurance plan with respect to reimbursement for urine drug testing.
- Codes for a standard set of screenable drugs will vary among health insurance carriers.

