Rehab Advisory

November 2012

WCRA®

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Is There Value in Urine Drug Testing of Chronic Opioid Users?

Safe prescribing of opioids now requires approaches that minimize the risk of unintentional overdose, drug abuse, addiction, and diversion. One of these approaches is urine drug testing (UDT). While there is no across-the-board agreement among pain specialists about the patients who should be tested and how often to test, there is fairly broad consensus that clinicians who treat patients with opioid drugs should use UDT as a tool in the assessment of drug-related behavior. In recent years, UDT has become a necessary procedure in chronic noncancerous pain management with opioids. It is a simple, noninvasive procedure that can assist the clinician in monitoring patients' use of drugs, both those that have been prescribed and those that have not. However, some practitioners are hesitant to use this tool due to a lack of understanding about how to use and interpret UDT and what to do if the testing comes back abnormal.

Why Test?

The rationale for UDT depends on the clinical issues to be addressed, e.g., to assist in medication adherence, to encourage or reinforce healthy behavioral change, or as a requirement of continued treatment. UDT is commonly included in treatment agreements or pain contracts that outline both the patient's and the doctor's rights and responsibilities. Such an agreement, which describes a clearly understood and well-outlined description of treatment boundaries (random urine testing, pill counts, etc.), should be in place when treating any patient with long-term narcotics.

Typically, the initial or screening drug test uses an immunoassay drug testing. This can be done either using a dip-stick method or a laboratory method. The test is not expensive, and results are usually obtained within 24 hours. However, the results are limited to only 'positive' or 'negative' information about nine controlled substances. The immunoassay testing *does not* test for synthetic opioids such as fentanyl, methadone, or tramadol. Confirmatory drug tests use gas chromatography/mass spectrometry (GC/MS) to verify a presumptive positive result. Confirmatory tests have a high level of sensitivity and are the gold standard for confirming the presence of opioids.

Important things to note regarding UDT

- UDT was not designed for use in the chronic pain patient population.
- UDT thresholds are usually set at high levels consistent with drug abuse.
- An understanding of opioid metabolism under various conditions is essential to avoid misinterpreting results.

Limitations of UDT

- UDT cannot provide data on the amount of drug used, the exact time of last drug administration, or the source of drug.
- It cannot confirm addiction, physical dependence, or impaired function.
- Drug-specific testing must be done to isolate synthetic opioids (fentanyl, methadone, tramadol, Demerol, Darvocet).
- UDT results should always be considered in the context of opioid metabolism and other comprehensive patient data.

When to Test: Current Guidelines for UDT of Chronic Opioid Users

The American College of Occupational and Environment Medicine (ACOEM). Guidelines for the Chronic Use of Opioids (2008) recommends urine drug screens on all patients, whether high- or low-risk, at a frequency of two to four times a year.

American Pain Society and American Academy of Pain Medicine. Opioids Guidelines Panel recommends UDT routinely in patients at high risk for drug abuse, and should be "considered" in lower-risk patients.

Official Disability Guidelines. ™ "Best Practice" guidelines recommend that patients at low risk of adverse outcomes be monitored randomly at approximately every six months. A frequency of three to four times a year is recommended for patients who are at intermediate risk, are undergoing prescribed opioid changes without success, have a stable addiction disorder, are in unstable and/or dysfunction social situations, and/or have comorbid psychiatric pathology. Patients who are at high risk of adverse outcomes may require testing as often as once a month.

Colorado Division of Workers' Compensation. Guidelines for prescribing controlled substances are very stringent and require drug testing prior to the implementation of initial long-term drug prescription. Drug testing is then randomly repeated at least annually.

Conclusion

The WCRA believes there is value in urine drug testing injured workers who use opioids long-term for noncancerous pain. Although UDT won't solve all the risks involved in chronic opioid use, it is considered one of the mainstays of adherence monitoring in conjunction with prescription monitoring programs and other screening tools. Therefore, in our efforts to promote consistent standards of care and best practices, we are requesting all our members to confirm that claimants who are on long-term opioids are being properly monitored for adherence through the use of random UDT. If the providers are not conducting UDT as part of their overall monitoring plan, we believe it is the obligation of our members to request that the provider implement such "standards of care."

Additional Resources

Interagency Guidelines on Opioid Dosing for Chronic Non-cancer Pain
http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf

Urine Drug Testing in Chronic Pain
http://www.painphysicianjournal.com/2011/march/2011;14;123-143.pdf

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