

i. Using Urine Drug Testing (UDT) to Monitor Opioid Therapy for Chronic non-cancer Pain⁴⁷⁻⁴⁹

The purpose of drug testing is to identify aberrant behavior, undisclosed drug use and/or abuse and verify compliance with treatment. If a decision has been made to prescribe opioids for chronic non-cancer pain, the prescriber should get a baseline UDT and screen all patients for risk level to develop an appropriate monitoring plan as well as a basis for consultation or referral. Although UDT and other screening tools are helpful in identifying aberrant behavior, it is also important for prescribers to use their clinical judgement in the development of a monitoring plan. The Prescriber should repeat random UDT based on the patient's risk category. There are several validated screening tools available to assess risk of aberrant behavior. The Opioid Risk Tool (ORT) provides a brief questionnaire that can easily be used in the primary care setting (see Appendix B).

Prior to drug testing, the prescriber should inform the patient of the reason for testing, frequency of testing and consequences of unexpected results. This gives the patient an opportunity to disclose drug use and allows the prescriber to modify the drug screen for the individual circumstances and more accurately interpret the results.

Risk Category	UDT Frequency	Drugs or Drug Classes to Test	
Low risk by ORT	Periodic (e.g. up to 1/year)	<ul style="list-style-type: none"> • Drug you are prescribing if not listed • Amphetamines • Opiates • Cocaine • Benzodiazepines 	<p>Typically, the initial (screening) drug test uses an immunoassay method to identify the presence of a drug (presumptive positive). Because of cross-reactivity and different sensitivity and specificity between immunoassays, a second confirmatory test is required unless result is expected or the patient has disclosed drug use. Confirmatory drug tests use gas chromatography/mass spectrometry or liquid chromatography/mass spectrometry (GC/MS or LC/MS/MS) to verify a presumptive positive result.</p> <p>Contact the laboratory director, toxicologist or a certified Medical Review Officer (MRO) in your area for questions about drug testing or result.</p>
Moderate risk by ORT	Regular (e.g. up to 2/year)	<ul style="list-style-type: none"> • Alcohol • Barbiturates • Oxycodone • Methadone 	
High risk by ORT or opioid doses >120mg MED/d	Frequent (e.g. up to 3-4/year)	<ul style="list-style-type: none"> • Fentanyl • Marijuana 	
Aberrant Behavior (lost prescriptions, multiple requests for early refills, opioids from multiple providers, unauthorized dose escalation, apparent intoxication, etc.)	At time of visit (Address aberrant behaviors in person, not by telephone)	Testing for all drug classes may not be necessary, depending on clinical situation.	If a point-of-care (POC) device is used, contact technical support from the manufacturer for questions.

UDT Results

Interpreting UDT results can be challenging, especially when the parent drug can be metabolized to other commonly prescribed drugs. The table on the next page may aid prescribers when interpreting UDT results. The following UDT results should be viewed as a "red flag", requiring confirmation and intervention.

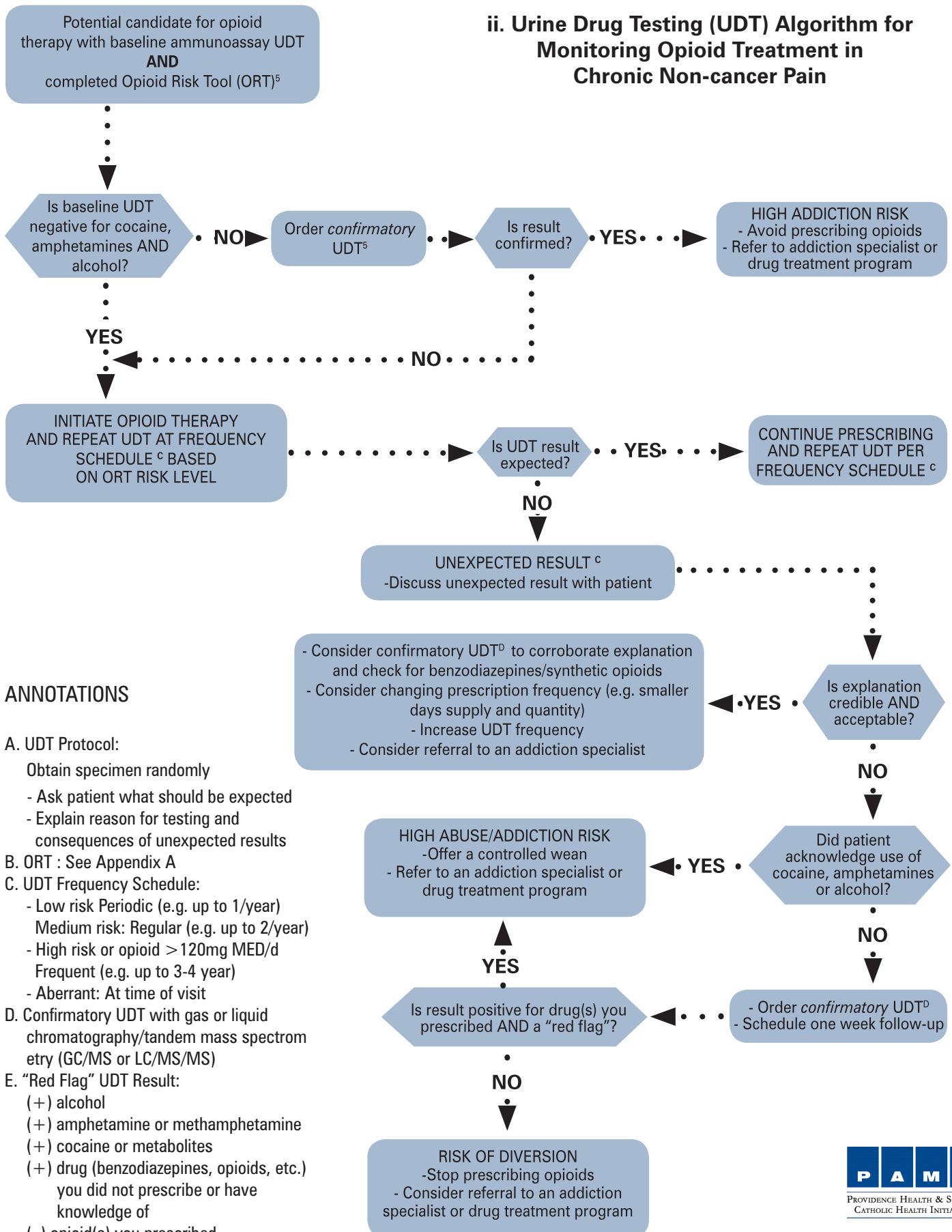
- Negative for opioid(s) you prescribed
- Positive for drug (benzodiazepines, opioids, etc.) you did NOT prescribe or have knowledge of
- Positive for amphetamine or methamphetamine
- Positive for alcohol
- Positive for cocaine or metabolites

If a **confirmatory drug test** substantiates a "red flag" result AND is:

- **Positive for prescribed opioid(s)**, prescriber should consider a controlled taper and a referral to an addiction specialist or drug treatment program depending on the circumstances.
- **Negative for prescribed opioid(s)**, prescriber should stop prescribing opioid(s) and consider a referral to an addiction specialist or drug treatment program depending on the circumstances.

Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain (CNCP)

ii. Urine Drug Testing (UDT) Algorithm for Monitoring Opioid Treatment in Chronic Non-cancer Pain



ANNOTATIONS

A. UDT Protocol:

- Obtain specimen randomly
- Ask patient what should be expected
- Explain reason for testing and consequences of unexpected results

B. ORT : See Appendix A

C. UDT Frequency Schedule:

- Low risk Periodic (e.g. up to 1/year)
- Medium risk: Regular (e.g. up to 2/year)
- High risk or opioid >120mg MED/d
- Frequent (e.g. up to 3-4 year)
- Aberrant: At time of visit

D. Confirmatory UDT with gas or liquid chromatography/tandem mass spectrometry (GC/MS or LC/MS/MS)

E. "Red Flag" UDT Result:

- (+) alcohol
- (+) amphetamine or methamphetamine
- (+) cocaine or metabolites
- (+) drug (benzodiazepines, opioids, etc.) you did not prescribe or have knowledge of
- (-) opioid(s) you prescribed