Medication Monitoring

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Urine drug testing (UDT) can help physicians:

 Monitor opioid compliance Diagnose substance abuse disorders Create a therapeutic alliance with patients

Urine drug testing provides the advantages of a non-invasive monitoring strategy that will detect prescribed and illicit drugs. **If a patient is unable to submit a UDT, this clinic may consider a blood test.**

Reasons to use urine drug tests:

• Federation of State Medical Boards, Drug Enforcement Agency (DEA)
• Enhance patient care
• Provide objective documentation of your patient's compliance with the treatment plan and Pain Medication Agreement (PMA)
• Reduce the risk of an unrecognized drug misuse/abuse problem
• Serve as an adjunct to patient self-report of drug/substance use
• Prove or disprove abuse/addiction of illicit or nonprescribed licit drugs
• Justify continuation of chronic opioid analgesic therapy in patients who adhere to the treatment plan and have acceptable urine drug tests
• Provide a rationale to change the treatment plan in patients with unacceptable urine drug tests and justify referral to addiction specialists. Because the validity of patients' self-reported substance use is variable, using UDTs in addition to self-report and monitoring of behavior may provide a more complete assessment.

Frequency of urine drug testing

• Upon initiation of chronic opioid analgesic therapy or randomly as needed
• When making changes in treatment, such as starting an opioid or increasing its dose
• For high-risk patients, random testing may be needed frequently, ranging from monthly to weekly to daily with irregular frequencies to document that the patient is adhering to the treatment plan as specified in the PMA
• Direct observation of or collateral information about aberrant behavior should cause prompt urine drug testing
• Whenever patients fail to make progress toward treatment goals, demonstrate reduced physical, psychosocial or occupational function, or present with adverse effects not completely explained by the prescribed drugs

DISCLAIMER: INFORMATION PROVIDED IN THIS SHEET IS GENERAL IN CONTENT AND SHOULD NOT BE SEEN AS A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE. CONCERNS OVER MEDICAL CONDITIONS SHOULD BE DISCUSSED WITH YOUR PRIMARY CARE PHYSICIAN OR PAIN CARE SPECIALIST.

Clinical strategies

Establish a routine UDT panel. The recommended drugs/drug classes to screen on immunoassay testing:
• Cocaine • Opiates (morphine, codeine, heroin) • Methadone • Marijuana • Benzodiazepines

For all patients prescribed semisynthetic/synthetic opioids:
• Hydrocodone • Oxycodone • Hydromorphone • Meperidine • Fentanyl • Methadone
• Hydromorphone • Buprenorphine

Before ordering UDT

- Ask patient about drugs taken: prescribed, OTC, herbals
- When was last dose and amount
- Take a drug use/abuse/addiction history

Specimen collection

- **Random** unannounced collection is preferred.
- Unobserved urine collection is usually acceptable
- If tampering is suspected, order assay for adulterants and measure urine pH, creatinine, and temperature

UDT results

- Anticipate your management plans for the UDT results.
- Consult the lab and its Medical Review Officer (MRO) about any unexpected results.
- A positive UDT result means recent drug use.
- See patient to discuss results, especially abnormal/unacceptable results.
- Use results to strengthen physician-patient relationship.
- Support positive behavioral change.
- Act according to your Pain Medication Agreement. Discontinuing opioids does not necessarily mean discharging the patient from care. Continuing treatment without opioids would be appropriate.
- Refer patient to specialists to enhance the patient's health, including addiction and mental health
- Document UDT results and actions taken.

Using UDT for compliance testing

- An expected positive UDT is easy to interpret.
- An unexpected negative UDT may have several interpretations.

True negative UDTs raise concerns about drug misuse/addiction (binging, overdosing, or escalating dose leading to running out early), lost drugs (stolen, misplaced), or even diversion (selling, giving away drug, diversion to friends, family, or the street).

All of these possibilities are very serious and represent danger to the patient, others, and the prescribing physician. Without conducting UDTs, using PMA, and monitoring your patient's behavior, these problems may be missed.

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