

Volume 14

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MEDICATION MONITORING (DRUG TESTING): PROMOTING SAFE USE OF CONTROLLED SUBSTANCES

TAKING OUR PULSE

We have all seen the statistics, so there is no need to repeat them here again. Controlled substances, and opioids in particular, are overused, abused, cost payers a great deal of money, are often detrimental to the health (and very lives) of our claimants, as well as to their timely recovery from injuries and return to work.

The monitoring and optimal management of pain medications is one of the primary challenges we deal with in our workers compensation population. Therefore this issue of the Medigram deals with one of the key tools at our disposal to handle this crisis.

JUST WHAT THE DOCTOR ORDERED

The treating physician *should* be ordering drug testing on virtually every patient for whom she/he prescribes controlled drugs. This is a “best practice”, evidence-based guideline:

e.g. ODG

Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel.

Drug testing is often represented by the acronym UDT, or UDM, for urine drug testing or monitoring, which is the most prevalent method. However, testing can also be performed on other body samples such as saliva, blood and hair. In Broadspire’s experience, urine testing is used 84% of the time, while oral fluid testing is used 16% of the time. It should be noted that drug testing is an entirely voluntary procedure, and must be prescribed by the treating physician and agreed to by the claimant. However,

both the results themselves, as well as the attitude and collaboration of physician and patient towards the testing, provide actionable information that may assist in claim management.

There exist various guidelines for the frequency of drug testing and the selection of tests performed. Broadspire recommends the risk-based approach endorsed by the Washington Agency Medical Directors' (AMD) group. We also recommend the opioid risk tool (ORT) as our preferred tool to stratify addiction risk. In fact, Broadspire distributes the ORT, the AMD guidelines, and other educational pain management materials, free of charge to all physicians prescribing first-time opioids to a claimant.

From AMD:

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. 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.

Risk Category	UDT Frequency	Drugs or Drug Classes to Test
Low Risk	1/year	<ul style="list-style-type: none"> • Drug you are prescribing if not listed • Amphetamines • Opioids • Cocaine • Benzodiazepines • Alcohol • Barbiturates • Oxycodone • Methadone • Fentanyl • Marijuana
Moderate Risk	2/year	
High Risk or opioid does >120 mg MED/d	3-4/year	
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)	

Drug testing results are available to assist the treating physician, and Broadspire staff, in optimal management of each case. Some common "Inconsistent" or "red flag" test results are described below and may require confirmation and intervention:

- Negative for opioid(s) prescribed
- Positive for drug (benzodiazepines, opioids, etc.) not prescribed
- Positive for amphetamine or methamphetamine
- Positive for alcohol
- Positive for cocaine or metabolites

Effective as of April 2014, Cordant Health Solutions has been Broadspire's preferred drug testing partner. Requests for testing may be initiated by the treating physician; suggested by Broadspire peer reviewers or case managers; or triggered by data from our pharmacy benefit managers when the following criteria are met:

1. Cumulative morphine equivalent dose (MED) greater than 100mg
2. Initial opioid fill

3. Claimant on opioids greater than 60 days

Currently, Broadspire's drug screening panel includes the following:

DESCRIPTION	INITIAL SCREENING
Screening Panel	Cocaine
	Ethyl Glucuronide
	MDMA (Ecstasy)
	Methamphetamine
	Phencyclidine (PCP)
	THC
	Synthetic Cannabinoids
	Amphetamine
	Barbiturates
	Benzodiazepines
	Buprenorphine and Metabolite
	Carisoprodol and Metabolite
	Fentanyl and Metabolite
	Methodone and Metabolite
	Opiates
	Oxycodone
	Tramadol
	Heroin (6-Acetylmorphine)
Tricyclic Antidepressants	

Unfortunately, we do see a startlingly high number of inconsistent results which warrant attention, as they raise suspicion of drug diversion, addiction, or non-compliance.

400 completed tests in May 2015: 110 (27.5%) consistent and 311 (72.5%) inconsistent

- 73% prescribed medications NOT detected
- 35% non-prescribed medications detected
- 19% alcohol detected
- 10% illicit drugs detected

For various reasons, it may not be possible to complete drug testing on every suitable candidate, and many tests are cancelled. It is important to ensure that, to the greatest extent possible, testing is encouraged and proceeds as planned to ensure that clinical quality and patient safety are enhanced, and that abuse and diversion are minimized.

477 cancellations (top 3 reasons) May 2015

- 69 (15% of total) adjuster or case manager cancelled test
- 70 (15% of total) no follow-up office visit scheduled
- 61 (13% of total) MD refused to order test

Broadspire's relationship with Cordant offers high-quality and cost-effective delivery of a comprehensive standard panel of tests. Some physicians perform in-office testing which is not desirable, as this is done in a non-accredited laboratory site. Furthermore, this creates a financial incentive for potentially unnecessary and excessive testing, exceeding guideline recommendations.

CIRCULATING IN THE PRESS

"'Drug diversion' is best defined as the diversion of licit drugs for illicit purposes. It involves the diversion of drugs from legal and medically necessary uses towards uses that are illegal and typically not medically authorized or necessary."¹

"According to law enforcement reporting, some individuals and criminal groups divert CPDs [controlled prescription drugs] through doctor-shopping and use insurance fraud to fund their schemes. In fact, Aetna, Inc. reports that nearly half of its 1,065 member fraud cases in 2006 (the latest year for which data are available) involved prescription benefits, and most were related to doctor-shopping, according to the Coalition Against Insurance Fraud (CAIF). CAIF further reports that diversion of CPDs collectively costs insurance companies up to \$72.5 billion annually, nearly two-thirds of which is paid by public insurers. Individual insurance plans lose an estimated \$9 million to \$850 million annually, depending on each plan's size; much of that cost is passed on to consumers through higher annual premiums."²

"Therapeutic use, overuse, abuse, and diversion of controlled substances in managing chronic non-cancer pain continue to be an issue for physicians and patients. The challenge is to eliminate or significantly curtail abuse of controlled prescription drugs while still assuring the proper treatment of those patients.

UDT is a widely available and familiar method for monitoring opioid use in chronic pain patients. UDT can provide tools for tracking patient compliance and expose possible drug misuse and abuse. UDT is one of the major tools of adherence monitoring in the assessment of the patient's predisposition to, and patterns of, drug misuse/abuse – a vital first step towards establishing and maintaining the safe and effective use of opioid analgesics in the treatment of chronic pain."³

REFERENCES:

- 1) "Drug Diversion in the Medicaid Program: State Strategies for Reducing Prescription Drug Diversion in Medicaid," Centers for Medicare & Medicaid Services (Baltimore, MD: January 2012), p. 1.
- 2) National Drug Intelligence Center, Drug Enforcement Administration, "National Prescription Drug Threat Assessment," (Washington DC, April 2009), p. 20.
- 3) "Urine Drug Testing in Chronic Pain", Paul J. Christo, MD, Pain Physician 2011; 14:123-143, ISSN 1533-3159.