September 1, 2012

To: Health Care Providers for Chronic Pain Patients:

The Washington State legislature directed the Medical Quality Assurance Commission to adopt new rules for management of chronic non-cancer pain. We have formulated a simplified process for urine drug testing which incorporates an ordering strategy based on risk. Providers should assess risk (e.g. Opioid Risk Tool, ORT), review clinical patient care data, and order tests as described below (list Expected Drugs on the order form, which will facilitate interpretation). Additional information regarding the implementation of the new rules can be found via the Dept. of Anesthesiology & Pain Medicine website: http://depts.washington.edu/anesth/education/pain/index.shtml.

There are many drug testing options through the UW Department of Laboratory Medicine. We recommend ordering urine drug tests for chronic pain patients as one of the following panels:

**Low Risk**

*Order: Urine Chronic Pain Drug Screen, Risk Level 1, with Consult (UCPD1B)*

For patients at low risk for addiction (morphine equivalent dose < 120 mg/day, ORT score 0-3), yearly testing is adequate. Includes Urine Pain Drug Screen (UPAIN), a panel of immunoassays for: Amphetamine, Methamphetamine, Barbiturates, Benzodiazepines, Cocaine, Cannabinoids/THC, Opiates, Oxycodone, Buprenorphine, and Methadone. When positive for methamphetamine or cocaine, samples will automatically be sent for more specific testing. Based on the Expected Drugs listed, Lab Medicine may add a chromatographic-mass spectrometric confirmatory assay for opioids (UOPIAC) for optimal patient care. UPAIN is performed daily, the additional testing including UOPIAC, at least twice per week. In some clinics, this or a similar panel of tests may be performed on a point-of-care test device.

**Moderate Risk**

For patients at moderate risk for addiction (morphine equivalent dose < 120 mg/day, ORT score 4-7), evaluate for aberrant behavior (including early prescriptions and lost prescriptions). If aberrant behavior is absent, then order as for low risk above. If present, then consider adding to the problem list and order testing as for high risk below.

**High Risk with no concern for Alcohol Abuse**

*Order: Urine Chronic Pain Drug Screen, Risk Level 2, with Consult (UCPD2B)*

For patients at high risk for addiction (morphine equivalent dose ≥ 120 mg/day, ORT score ≥ 8), more rigorous testing is recommended (2-4 times per year, and more for aberrant behavior). Includes the UPAIN panel of immunoassays and UOPIAC, a confirmatory chromatographic assay that includes the opioids in the UPAIN panel (above), plus fentanyl and meperidine.

**High Risk with concern for Alcohol Abuse**

*Order: Urine Chronic Pain Drug Screen, Risk Level 3, with Consult (UCPD3B)*

For patients at high risk for opioid abuse where a concern for heavy alcohol abuse is present, this panel includes UCPD2 plus an assay for alcohol. **A negative test for urine ethanol does not ensure abstinence.**

*For help with what tests to order or with analytical interpretation of results, please consider consulting with the Laboratory Medicine Resident or Chemistry Fellow on call through the UW Paging Operator (206-598-6190). For help with the use of drug testing results in individual patient care, please consider consulting with the doc-of-the-day at the UW Pain Center at 206-598-4282 (8AM-5PM on weekdays).*

Sincerely,

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