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Expert panel provides recommendations for pain medication specialists

Pain medication compliance testing is a complicated and important consideration for an increasing number of practices, not only pain clinics. Some of the considerations facing the practicing physician include economic, regulatory, social, insurance coverage and available services. Many different opinions exist regarding urine pain medication compliance testing: who, what, when, where and how patients should be tested.

In an attempt to provide independent guidance, we have summarized recommendations that were presented by a panel of 11 experts in pain medication and addiction at the most recent annual meeting of the American Academy of Pain Medicine. Here are their preliminary recommendations.

Recommendation 1: Patient interactions

- Consider a written treatment agreement for each patient.
- Discuss drug testing policies on the first visit.

Recommendation 2: Drug testing specifications

- Use a comprehensive drug screen panel that includes:
 - Commonly prescribed prescription opioids
 - Other prescription medications with abuse potential; examples include benzodiazepines and Adderall (amphetamine)
 - Illicit abused drugs

• Techniques

- Screen: immunoassay screens
- Confirmation: GC/MS or LC/MS/MS

• Recommended cutoffs:

Drug class	Approximate recommended cutoffs*	MedManager cutoff
Amphetamines	75	300 ng/mL
Benzodiazepines	25	200 ng/mL
Opiates	50	50 ng/mL
Methadone	100	150 ng/mL

*Cutoff numbers can be quite different depending upon the methodology, e.g., free drug LC/MS/MS opiate levels of 10 ng/mL are comparable to total drug levels of 100 ng/mL.

Note: Legacy Laboratory Services' MedManager™ meets the criteria recommended by the panel due to its comprehensive nature and use of the specified testing techniques.

Recommendation 3: Test all patients who are on long-term (three months or more) opioid therapy.

Recommendation 4: Adjust the testing frequency based upon the risk for each individual patient.

Risk level*	Presumptive screening performed regularly?	MedManager testing frequency — at least once every:
Low	No	6 months
Low	Yes	year
Moderate to high	No	3 months
Moderate to high	Yes	6 months

*Remember risk levels can change over time

see **Recommendations**, page 2

Recommendations: Expert panel provides guidance

continued from page 1

Recommendation 5: Perform follow-up MedManager testing when indicated.

Presumptive screening test results	Perform MedManager testing?
Results consistent with expectations	No
Results inconsistent with expectations	Yes

Recommendation 6: Use results as a resource for discussions with your patient and not necessarily punitively.

A recent study (*Popul Health Manag* 2009; 12:185-190) including just under one million pain medication compliance samples revealed a high degree of noncompliance.

- 38 percent had no detectable prescribed meds
- 27 percent had higher than expected med levels
- 15 percent had lower than expected

Use the drug testing results to probe deeper into the issues facing the patient.

Other factors to consider

Other factors to consider regarding pain medication compliance urine drug testing:

- Point-of-care devices typically do not include many commonly prescribed opioids:
 - Fentanyl
 - Oxycodone
 - Oxymorphone
 - Meperidine
 - Tramadol
 - Methadone

- The opiate test on a POC device includes only:
 - Morphine
 - Codeine
 - Hydrocodone
- POC devices typically use cutoffs designed for workplace drug testing and are often not sensitive enough for pain medication compliance testing.

Using quantitative urine drugs of abuse results to determine compliance or noncompliance is not considered to be scientifically or clinically valid by the vast majority of scientists. Many factors can affect drug absorption, distribution, metabolism and elimination including:

- Drug-drug interactions
- Drug-food interactions
- Patient's body mass index
- Age
- Genetic polymorphisms
- Renal and liver function
- Hydration

MedManager Quick is a drug testing panel that has the same components as MedManager. It provides rapid results but is much lower in price because it does not include confirmation or interpretation.

Conclusion

Pain medication compliance testing represents a difficult but not insurmountable challenge — especially for general practice physician offices. MedManager provides a comprehensive panel that meets the criteria described in the experts' recommendations.

New developments at Legacy Laboratory Services

Legacy Laboratory Services to expand central laboratory

After an extensive planning and design phase, construction of a new central laboratory for Legacy Laboratory Services will begin in 2014. The two-story, 62,000-square-foot laboratory will provide additional testing and collaborative space to support our expanding regional reference lab business. The new facility will feature innovative testing, collaboration and conferencing space to streamline operations, leverage green technology, and provide a supportive work environment for staff. The building is expected to be operational by early 2015.



The building's design will be consistent with the existing lab and research building, while introducing new colors and textures to create a more vibrant pedestrian experience along N.E. Second Avenue.

New HR-HPV assay detects types 16 and 18 plus other high-risk types

Legacy Laboratory Services is pleased to announce a new HR (high-risk) HPV assay using the FDA-approved Roche cobas-4800 PCR method 1, which detects HPV genotypes 16 and 18 plus other high-risk types in a single analysis. The Human Papilloma-virus with 16/18 Genotyping (mnemonic: CYTO HPV) is currently available only on specimens collected in ThinPrep® Pap Test vials, for which it is FDA-cleared. ACOG guidelines support co-testing and genotyping for HPV types 16 and 18.

Stone analysis TAT reduced

Calculi (Stone) Analysis (mnemonic: CALCULUS) results are now available in electronic form, reducing TAT to one to four days. Clients without interfaces will continue to receive a paper report. Users of Legacy WEBLink and clients with interfaces to their EMR or LIS will receive results

through their interface. Additional information is available on our website as a Legacy LabAlert and includes the necessary build components.

Urine-only profile for kidney stone assessment

The Renal Stone Profile, Urine-Only (mnemonic: STONE 2) is now available. A refrigerated 12- or 24-hour urine collection is required. In addition to a urine calcium/creatinine excretion ratio, the profile includes timed urine results for the following analytes: calcium, uric acid, magnesium, creatinine, urea nitrogen, sodium, oxalate and citrate.

Respiratory virus panel

Legacy Laboratory Services offers a comprehensive respiratory virus panel, FilmArray RP. Sample types accepted include nasopharyngeal swabs, nasal washes and bronchial washes. Clinicians should be aware that the cost for this test is substantial and that it is recommended for hospital-based patient populations.



Legacy Laboratory Services

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MedManager coding

Diagnosis coding must be submitted at the test level and to the highest level of specificity. For patients with chronic conditions, the chronic condition code is considered primary, e.g., 338.4-chronic pain syndrome, 715.9x-osteoarthritis, etc. Most V codes are not appropriate as a primary diagnosis. For addiction patients, the specific addiction code is primary (see drug abuse: 305.00-305.93, drug dependence: 304.00-304.93, methadone use or maintenance NOS: 304.00). V58.69 is not appropriate as primary for this type of patient/diagnosis. Some commercial payers may have reimbursement policies that limit payment based on quantity or frequency.

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