Urine drug testing (UDT) is required for all patients receiving chronic opioid therapy. The Wisconsin Medical Examining Board (MEB) opioid prescribing guideline recommends a UDT prior to initiating chronic opioid therapy and at minimum once yearly; more frequent UDT is recommended for higher risk patients.

**Why urine drug testing:**

- Provides objective data regarding compliance with the pain treatment plan
- Aids in the evaluation of aberrant behaviors, unexplained symptoms, or unexpected responses to treatment. Is the patient taking illicit drugs? Is the patient taking prescribing medications from other sources? Has the patient stopped taking their medication?
- Improves patient safety by identifying dangerous medication combinations from non-prescribed sources that can increase the risk of overdose
- **Important note:** A positive drug test will not provide a diagnosis of a substance use disorder nor does a negative test result rule out a substance use disorder.

**Patient Preparation and Education:**

- Use a controlled substance treatment agreement (CSTA) that explicitly outlines expectation for UDT.
- Explain to patient that UDT is part of universal precautions. Patients are more likely to accept UDT as part of the treatment plan when they know they are not being signaled out or suspected of abusing drugs.
- **Patient education tip:** “[Controlled substances] are dangerous medication when not used appropriately. In order to provide you safe and effective treatment for your chronic pain, I am required to conduct UDT periodically. This is done for all patients receiving long-term opioid medication.”

**Understanding test results:**

Interpretation of immunoassay (IA) results requires an understanding of which drugs are included in the drug test panel, test specific drug cutoff levels, which drugs or drug metabolites will be detected, window of detection, and potential cross-reactivities for specific drugs. Clinicians should have access to a copy of the lab manual for the drug test panel(s) used in their clinic.

This update focuses on unexpected positive results related to illicit drugs. See table [Drugs of Abuse Testing – Illicit Drugs](#).

**Definitions:**

- “Expected” test result is positive for the patient’s prescribed medication, but negative for all other unexpected substances
- “Unexpected” test result could be negative for the prescribed medication, positive for unexpected substance(s), or both

**Follow-up of unexpected positive results for illicit drugs:**

- Avoid making significant treatment decisions based solely on UDT results. All unexpected results require further evaluation and can indicate a wide spectrum of aberrant behaviors from chemical coping to substance use disorder. Treatment decisions should be based on all relevant data including UDT, patient interview, ePDMP review, and the behavioral and physical assessment.
- IA positive results should be considered presumptive until confirmed by GC-MS/LC-MS, although it is not always necessary to confirm all positive results. Talk with the patient about possible cross-reactivities
related to medications or food; send for confirmation if the patient’s self-report is not consistent with the test result\(^1\).

- Discussing test results with a patient can be difficult. Patients need clear explanation of the test results in terms they can understand and what it means for them and the treatment plan. Straightforward, nonjudgmental communication is essential.
- Follow-up may include counseling, increased frequency of office visits and UDT, limiting quantity with opioid prescription, evaluation for mental health and substances use disorders with referral to Behavioral Health or Addiction Medicine as appropriate, and/or discontinuing the opioid medication.
- Consider referral to a comprehensive pain management specialist in the context of uncontrolled pain that is difficult to manage by the primary care provider, especially if the patient feels the need to seek outside substances to control pain. Patient should be advised that the purpose of the referral is to look at alternative treatment options that may or may not include prescribing of opioid analgesics.


For questions, contact Peggy Lutz, Service Line Director, Pain Management peggy.lutz@ascension.org or Robert Sedlacek, MD, Family Medicine, Merrill robert.sedlacek@ascension.org