

Testing the Waters: Urine Drug Screening for the Perplexed Among Us

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1

Faculty





- Family of 8 Pharmacists
 Wife, In-Laws, & Cousins
- Family Vineyard in the Marche Region of Italy

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2

Disclosures

Nothing to disclose

This presentation was not a part of the presenter's official duties at the WVU and does not represent the opinion of WVU

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Learning Objectives

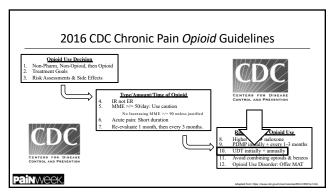
- Identify the clinical practice implication differences between urine drug screenings and urine drug tests
- Describe anticipated results of urine drug screenings and urine drug tests, based on prescribed medications and utilized substances
- Recall common cross reactants for controlled substances in urine drug screenings

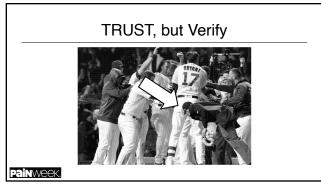
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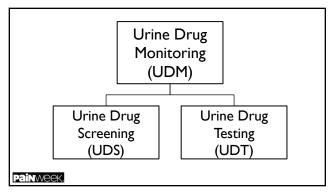
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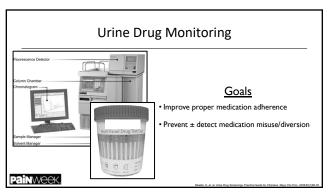
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Urine Drug Monitoring: Frequency

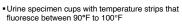
Risk	Frequency
Low	Annual
Moderate	≥2x/Year
High	≥3x/Year
Any	? Every Appointment ?

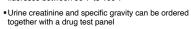
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10

Urine Drug Screening Strategies

- Patient/provider agreement \rightarrow UDM procedures
- Randomized or scheduled (eg, appointments)
- Urine samples collected in a private bathroom without running water, soap, hand sanitizer, or other liquids, and with toilet water stained blue







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11

Debunking UDS Mythical Work-Arounds

- 1. Home remedies
 - -Niacin, bleach, certo, vinegar, goldenseal, cranberry juice
- 2. Synthetic urine
- 3. Dilution
- 4. Substitution
 - -Someone else's urine

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Homemade Urine Recipe(s) Recipe 1 • 976 ml of 0.02 mole hydrochloric acid solution • 1.9 ml of 0.25 ammonia solution • 14.1 g sodium chloride or table salt • 2.8 g potassium chloride • 17.3 g urea • 0.6 g calcium chloride • 0.43 g magnesium sulfate Recipe 2 • 750 ml distilled water • 7.5 g sodium chloride or table salt • 50 mg albumin powder (bovine or egg) • 4.5 g potassium chloride • 4.8 g sodium phosphate (monobasic) • 18.2 g urea • 2 g creatinine

14

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Urine Color	Medications	Description	
Orange	Chlorzoxazone, isoniazid, phenazopyridine, sulfasalazine, & warfarin	Consumption of carrots Monitor for sparse blood in urine (hematuria)	
Red	Chlorzoxazone, ibuprofen, phenazopyridine, rifampin, senna, & warfarin	Consumption of red beets, rhubarb, or carrots Monitor for sparse blood in urine (hematuria) Myoglobinuria from rhabdomyolysis	
Brown	Acetaminophen, metronidazole, & nitrofurantoin	Myoglobinuria from rhabdomyolysis ("hand drumming" Acute renal/hepatic disease Metastatic melanoma (rare reports)	
Purple	Chlorzoxazone Combination of medications causing red or blue	Gram-negative bacteria	
Blue	Amitriptyline, cimetidine, indomethacin, methocarbamol, metoclopramide, & zaleplon	Methylene blue	
Green	Methocarbamol Medications causing blue (added to yellow urine)	Consumption of asparagus or black licorice UTI with pseudomonas	
White	х	Calcium or phosphate crystals Infection	
Black	Methocarbamol, methyldopa/L-dopa, senna, & sorbitol	Phenol or copper poisoning Consumption of iodine Metastatic melanoma (rare reports)	

Biologic Specimen Detection

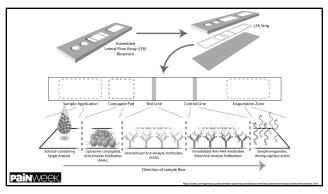
Biologic Specimen	Detection Time After Ingestion					
Biologic Specimen	Minutes	Hours	Days	Weeks	Months	Years
Blood	Χ	Х				
Saliva	Χ	Х				
Urine	Х	Х	Х			
Sweat	Х	Х	Х	Х		
Hair			Х	Х	Х	Х
Nails			Х	Х	Х	Х

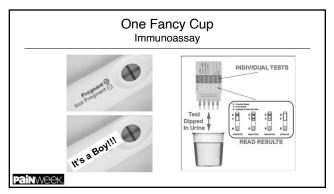
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17

Urine Drug Detection Times		
Drug	Detection Time After Ingestion	
Alcohol	7 to 12 hours	
Amphetamines	2 to 3 days	
Benzodiazepines (short-acting)	ing) 3 days	
Benzodiazepines (long-acting)	30 days	
Marijuana (single dose)	3 days	
Marijuana (4x/week)	5 to 7 days	
Marijuana (daily)	10 to 15 days	
Marijuana (long-term)	>30 days	
Codeine	2 days	
Heroin	2 days	
Hydromorphone	2 to 4 days	
Methadone	3 days	
Morphine	2 to 3 days	
Oxycodone	2 to 4 days	

URINE DRUG MONITORING				
Urine Drug Screening (UDS)	Urine Drug Testing (UDT)			
Immunoassay screen (ie, cup)	GC-MS or LC-MS			
PRESUMPTIVE	DEFINITIVE			
In-office, point-of-care, or lab-based	Laboratory, highly specific & sensitive			
Results within minutes	Results in hours or days			
Various cups detect a majority of legal &	Measures all drug/metabolite			
illicit medications by structural class	concentrations			
Guidance for preliminary treatment decisions	Definitive identification & analysis			
Cross reactivity common: more false positives	False-positive results are rare			
Higher cutoff levels: more false negatives	False-negative results are rare			
\$	\$\$\$			





Urine Drug Monitoring Cut-Off Amounts (SAMSHA)

Chemical	UDS	UDT
Chemical	Cut-Off (ng/mL)	Cut-Off (ng/mL)
THC	50	15
Opiates	2,000	2,000
Hydrocodone/hydromorphone	300	100
Oxycodone/oxymorphone	100	100
6-MAM	10	10
Amphetamines/meth/MDMA	500	250
Cocaine (benzoylecgonine)	150	100
PCP	25	25

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22

Opioid Structural Classes

Phenanth	renes	Benzomorphans	Phenylpiperidines	Dipheylheptanes	Phenylpropylamines
5 Rings	4 Rings	3 Rings	2 Rings	2 Rings	2 Rings
HO N-CH	HO. SA.	R4 R3 R1 Benzomorphans (4)			WH ₂
Buprenorphine Codeine Diacetylmorphine Hydrocodone Morphine Naloxone	Butorphanol Levorphanol	Diphenoxylate Loperamide Pentazocine	Fentanyi Meperidine	Methadone Propoxyphene	Tapentadol Tramadol

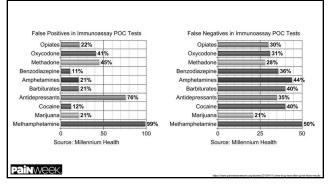
		URINE D	RUG SCR	EENS		
SUBSTANCE	5 Panel	7 Panel	10 Panel	12 Panel	13 Panel	14 Panel
THC	Х	Х	Х	Х	Х	Х
Cocaine	Х	Х	Х	Х	Х	Х
Opiates	Х	Х	Х	Х	Х	Х
PCP	Х	Х	Х	Х	Х	Х
Amphetamines	Х	Х	Х	Х	Х	Х
Benzodiazepines		Х	Х	Х	Х	Х
Barbiturates		Х	Х	Х	Х	Х
Methadone			Х	Х	Х	Х
Propoxyphene			Х	Х	Х	Х
Quaaludes			Х	Х	Х	Х
Ecstasy				Х	Х	Х
Oxycodone				Х	Х	Х
Fentanyl					Х	Х
Meperidine					Х	Х
Buprenorphine						Х

Urine Drug Screenings (UDS) Add-On Screenings

6-MAM (6-AM)
Synthetic cannabinoids
Cathinones (bath salts)
Dextromethorphan (DXM)
Ethanol
Propofol
Methylphenidate
Carisoprodol
Zolpidem
And so on...

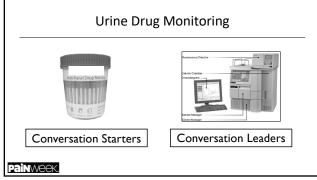
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25



26

Substance	UDS Cross-Reactant		
Cannabinoids	Dronabinol, NSAIDs (ibuprofen/naproxen), efavirenz, PPIs (pantoprazole), & promethazine		
Opioids	chlorpromazine, dextromethorphan, diphenhydramine, doxylamine, poppy seeds, quinine, & quinolones, rifampin, & verapamil		
Amphetamines	amantadine, bupropion, chlorpromazine, fluoxetine, labetalol, menthol, metformin, methylphenidate, phentermine, phenylephrine, promethazine, propranolol, pseudoephedrine, ranittidine, selegiline (i-meth/amphetamine metabolites), & trazodone		
PCP	chlorpromazine, dextromethorphan, diphenhydramine, doxylamine, ibuprofen, imipramine, lamotrigine, meperidine, thioridazine, tramadol, & venlafaxine		
LSD	amitriptyline, bupropion, buspirone, diltiazem, fentanyl, fluoxetine, labetalol, methylphenidate, metoclopramide, prochlorperazine, risperidone, sertraline, trazodone, & verapamil		
Barbiturates	Ibuprofen & naproxen		
Benzodiazepines	oxaprozin, sertraline, & some herbals		
Alcohol	asthma inhalers & isopropyl alcohol (short chain alcohol)		
Methadone	quetiapine		
TCAs	carbamazepine, cyclobenzaprine, diphenhydramine, hydroxyzine, & quetiapine		
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UDM Billing Terminology

- ELISA or EIA
 Enzyme-linked immunosorbent assay
 Detects and measures antibodies in your blood

-Clinical Laboratory Improvement Amendments of 1988

• CLFS

-Clinical Laboratory Fee Schedule

-Current Procedural Terminology

>Insurers typically have an annual limit for how many screens/tests can be performed

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29

UDM Billing

CPT Code	UDS Presumptive/Qualitative Unlimited Drug Classes Includes Sample Validation	2018 Medicare Reimbursement Fee
80305	Immunoassay (Cup, Card, Cartridge, Dipstick) capable of being read by direct optical observation	\$13.46
80306	Immunoassay (Cup, Card, Cartridge, Dipstick) read by instrumented assisted direct optical observation	\$17.96
80307	Chemistry Analyzer (eg, EIA.), Chromatography (eg, GC, HPLC), or Mass Spectrometry +/- Chromatography	\$71.83

UDM Billing

UDM	CPT Code AMA/CMS	Description	2018 Medicare Reimbursement Fee
UDS	80307	Chemistry Analyzer (eg, EIA), Chromatography (eg, GC, HPLC), or Mass Spectrometry ± Chromatography	\$71.83
UDT	G0659	GC/LC with Mass Spectrometry in Physician's Office Lab (POL)	\$71.83

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31

UDM Billing

CPT Code	UDT Definitive	2018 Medicare Reimbursement Fee
G0659	GC/LC with Mass Spectrometry in Physician's Office Lab (POL)	\$71.83
G0480	GC/LC with Mass Spectrometry with additional lab parameters (1 to 7 Drugs)	\$114.43
G0481	GC/LC with Mass Spectrometry with additional lab parameters (8 to 14 Drugs)	\$156.59
G0482	GC/LC with Mass Spectrometry with additional lab parameters (15 to 21 Drugs)	\$198.74
G0483	GC/LC with Mass Spectrometry with additional lab parameters (≥22 Drugs)	\$246.92

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32

UDM Positivity Rates

- •Lab can provide your practice's rate of specific substances being positively identified in urine monitoring
- •If 0% repeatedly for specific substances, one could possibly consider eliminating that urine monitoring
- ■However, drug utilization trends change and adapt over time

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Profitable Pee

Maryland Medicaid program bans some drug testing due to costs





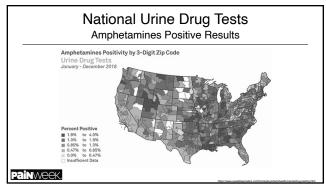
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34

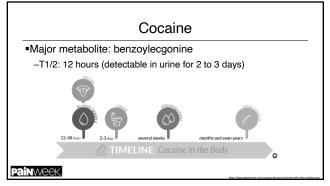
National Urine Drug Tests Overall Positive Results Overall Positivity by 3-Digit Zip Code Urine Drug Tests January - December 2018 Percent Positive # 55% to 15% # 45% to 55% # 25% to 55% # 25% to 35% # 100% to 25% # 100% to

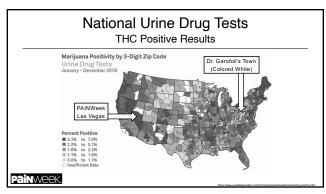
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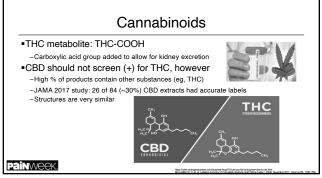
National Urine Drug Tests PCP Positive Results PCPPositivity by 3-Digit Zip Code Urine Drug Tests January - December 2018 Percent Positive | 0.03% to 0.01% | 0.03% to 0.01% | 0.00% to 0.01% to 0.01% | 0.00% to 0.00% to 0.00% | 0.00% to 0.00% to 0.00% | 0.00%

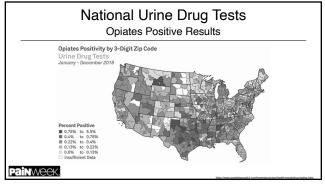












Patient Cases



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43

Patient Case #1

Prescribed oxycodone

- Conduct a pill count and complete history
- ➤ Pick UDS panel to evaluate adherence

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44

Patient Case #1

Prescribed oxycodone

- Conduct a pill count and complete history
- ➤ Pick UDS panel to evaluate adherence

URINE DRUG SCREENS				
SUBSTANCE	5 Panel	7 Panel	10 Panel	12 Panel
THC	Х	х	Х	Х
Cocaine	Х	х	х	х
Opiates	Х	х	х	x
PCP	Х	х	х	х
Amphetamines	Х	Х	x	x
Benzodiazepines		х	х	х
Barbiturates		х	х	x
Methadone			х	x
Propoxyphene			Х	Х
Quaaludes			х	х
Ecstasy				х
Oxycodone				Х

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Patient Case #2

UDS 12 pain panel

- -Lower than expected pill count
- •Diverted the rest?
- •Took a pill a few hours prior to UDS?
- -Gradual (if any) opioid taper needed?

-
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46

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Patient Case #2

UDS 12 pain panel

- -Lower than expected pill count
- •Diverted the rest?
- •Took a pill a few hours prior to UDS?
- -Gradual (if any) opioid taper needed?



UDT	Result
OXYCODONE	+
Oxymorphone	-
Noroxycodone	-

per ne	eded?	
esult		
+		_
-		

UDS 12 Pain Panel	Result
OD3 12 Falli Fallel	Result
Marijuana (THC)	-
Cocaine	-
Opiates	-
PCP	-
Amphetamines	-
Benzodiazepines	-
Barbiturates	-
Methadone	-
Propoxyphene	-
Quaaludes	-
MDMA (Ecstasy)	-
OXYCODONE	+

47

Patient Case #3

■ Verified current medication list (April)

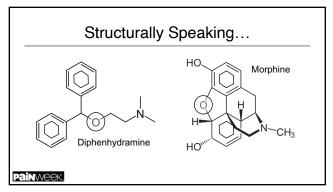
- Dextromethorphan, diphenhydramine, MVI, & lisinopril

UDS 7 Panel	Result
Marijuana (THC)	-
Cocaine	-
OPIATES	+
PCP	-
Amphetamines	-
Benzodiazepines	-
Barbiturates	-

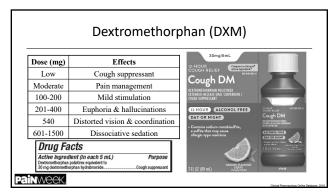
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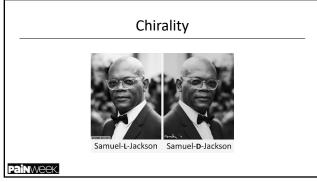
Patient Case #3 ■ Verified current medication list (April) - Dextromethorphan, diphenhydramine, MVI, & lisinopril **UDS 7 Panel** Result Marijuana (THC) UDT Result Cocaine Morphine 6-MAM OPIATES + Oxycodone PCP Oxymorphone Amphetamines DEXTROMETHORPHAN Benzodiazepines DIPHENHYDRAMINE Barbiturates Painweek.

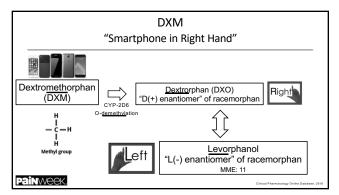
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50









Patient Case #4

■ Patient currently not utilizing any medications

UDS 7 Panel	Result
Marijuana (THC)	-
Cocaine	-
OPIATES	+
PCP	-
Amphetamines	-
Benzodiazepines	-
Barbiturates	-

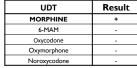
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55

Patient Case #4

- Patient currently not utilizing any medications
 - Aunt Doreen's Easter BreadPoppy Seeds





UDS 7 Panel	Result
Marijuana (THC)	-
Cocaine	-
OPIATES	+
PCP	-
Amphetamines	-
Benzodiazepines	-
Barbiturates	-

56

"Poppy Seed Defense"

- ■Poppy seeds do not contain opium but are coated by it
- •Concentration of coating varies, depending on
 - -Amount of rainfall during the curing of the seed pods;
 - -Washing of the seeds
- Bread, bagels, muffins, pastries, smoothies, fillings, etc
- Approximately 1 TSP poppy seeds may result in false-positive UDS for opiates
- Cake material: morphine urine concentrations can be in thousands of ng/mL²
- ${}^{\blacksquare}$ Bagels: morphine urine concentrations can be in hundreds of ng/mL^3

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https://education.questilegnostics.com/insights/88
 Thevis M, Optermann G, and Schimzer W. Ubrany Concentrations of Morphine and Codeine After Consumption of Poppy Seeds. J Anal Toxicol

2015 Mayo Clinic Case Study

Patient reported drinking tea prepared from 1 to 2 POUNDs of poppy seeds daily (OWS upon discontinuation). The patient's LCMS results included:

- •Morphine 37,600 ng/mL
- •Codeine 2,580 ng/mL
- •Hydromorphone 1,430 ng/mL
- Thebaine: Short T1/2 (similar to 6-MAM)
- ${\color{red} \bullet}$ Codeine & Morphine produce <11% hydrocodone & <2.5% hydromorphone
- \succ These 2 metabolites have not been reported with poppy seed use
- >1,430/37,600 = 3.8% (In other words, >2.5%)

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58

Patient Case #5

- Broken arm, patient not happy about needing to conduct a UDS due to recent UTI
- ■You ask how long ago the UTI was, and patient says it still hurts

Which of the following antibiotics could produce a false positive UDS for opiates?

- a) Azithromycin
- b) Cefdinir
- c) Cephalexin
- d) Ciprofloxacin

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59

Patient Case #5

- Broken arm, patient not happy about needing to conduct a UDS due to recent UTI
- ■You ask how long ago the UTI was, and patient says it still hurts

Which of the following antibiotics could produce a false positive UDS for opiates?

- a) Azithromycin
- b) Cefdinir
- c) Cephalexin
- d) CIPROFLOXACIN*

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Patient Case #6

■ Patient currently not utilizing any medications

UDS 7 Panel	Result
MARIJUANA (THC)	+
Cocaine	-
Opiates	-
PCP	-
Amphetamines	-
Benzodiazepines	-
Barbiturates	-

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61

Patient Case #6

- Patient currently not utilizing any medications
- Ibuprofen 200 mg PRN
- Didn't remember buying at The Dollar Store
- Recently taken while gardening



UDT	Result
THC	-
Amphetamine	-
Morphine	-
Oxycodone	-

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UDS 7 Panel	Result
MARIJUANA (THC)	+
Cocaine	-
Opiates	-
PCP	-
Amphetamines	-
Benzodiazepines	-
Barbiturates	-

62

Patient Case #7

- Patient attempted to falsify the UDS by ingesting goldenseal
 -Goldenseal is an herb in the buttercup family with a large yellow root, native in southeastern Canada and the northeastern United States.



UDT	Result
THC	+
Amphetamine	-
Morphine	-
Oxycodone	-

UDS 7 Panel	Result
MARIJUANA (THC)	+
Cocaine	-
Opiates	-
PCP	-
Amphetamines	-
Benzodiazepines	-
Barbiturates	-

- –John Uri Lloyd, a pharmacist, wrote the fiction novel "Stringtown on the Pike" in 1890, involving a murder with a victim having strychnine in the stomech
- -The murder victim's morning habit of taking bitters (an ingredient of which was goldenseal), was the cause of the false positive for the deadly poison.
- -Two recent scientific studies have showed no effect of goldenseal on urine drug tests. Subjects who drank large amounts of water had the same urine drug levels as subjects who took goldenseal pills with the water.

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64

Goldenseal: Myth, Legend, Fact, Fiction?

I have to take a drug test on MOnday and last time I smoked was Wed night. U usually smoke a couple times a week-maybe a joint here and there.

the test is called 35105N SAP 5-50 w/nit

So, my fiance told me golden seal worked for him before. He told me to drink tons of water today and tomorrow and then just regualrly on Sunday so I'm not overhydrated. Will this work?

If it helps, I'm 6'1, 165lbs and exercies regularly (2 to 3times per week) and am female

Thanks a ton if anyone can help me!

lustywench, May 21, 2004

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65

Goldenseal: Myth, Legend, Fact, Fiction?

so i passed

So, I passed the test, cause I start my job tomorrow...thanks for the advice everyone

FYI- I did take golden seal and drank over 100 ounces water fri and sat. each and ate meat. Sunday I didn't overdrink water but started taking aspirin regularly. Then Mon. before test I took aspirin 4 hours before test and drank a powerade an hour before. It worked so I don't know which part was helpful, but frankly at this point I don't care cause I got JOB now!

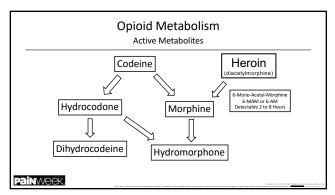
Thanks

stywench, May 25, 200-

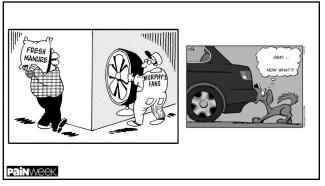
Patient Case #8 ■ Confirmed current medication list -Acetaminophen/codeine #4 Q 4 hours PRN UDT Result Methadone -Ibuprofen 200mg Q 6 hours PRN EDDP ■ Pharmacogenomics (CYP450-2D6)? MORPHINE 6-MAM HYDROMORPHONE • "Overuse" due to sub-potent opioid? HYDROCODONE DIHYDROCODEINE • Illicit use of other opioids? Oxycodone Oxymorphone Noroxycodone

67

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68



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70

Confirmed Drug Seeking or Diversion

- \blacksquare Reference the patient and provider agreement/contract
- Treatment can continue with noncontrolled substance therapies
- \blacksquare Refer to a substance use disorder specialist/program, or an entity that can connect
- ${\color{red} \bullet}$ Contact law enforcement if concern for the safety of the patient or others exists
- Respect for all those directly or indirectly involved in the specific patient case should be upheld, while also ensuring both a procession within federal/state laws and an appropriate level of patient care

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71

Avoid Patient Abandonment

- 1. DOCUMENT everything thoroughly
- $2. \ \ \text{Patient signs termination letter in person with a witness } \text{\tiny (or certified mail return receipt)}$
- Provide at least a 30-day notice in the letter and offer to continue medical treatment for that time period
- -Stress the importance of continued medical care and potential consequences of not getting that care
- -Refer the patient to a number of professionals whom may accept the patient for care
- -Offer to promptly transfer medical records to the new provider once established

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ALL patients have a UDT (GCMS) Results available within 24 hours Results provided via secure online portal website —Preset notification settings (timing, specific results, etc) Violators receive a certified letter Conversation....

74

To Infinity, and Beyond...

	7
Audience Question #1	
A urine drug screening (UDS) is confirmatory and quantitative, whereas a urine drug testing (UDT) is	-
presumptive and qualitative.	
a) True	
b) False	
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76	_
	_
Audience Question #1 (ANSWER)	
A urine drug screening (UDS) is confirmatory and	
quantitative, whereas a urine drug testing (UDT) is presumptive and qualitative.	
a) True	
b) FALSE [CORRECT ANSWER]	
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77	
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Audience Question #2	
A 35yo patient with chronic lower back pain, well managed with PT, CBT, and OTC naproxen 220 mg 3 times daily. Patient screens opiate +, yet denies opioid utilization. Patient mentions having	
utilized a nighttime over-the-counter medication to help sleep with a cold recently. Which of the following OTC medications could cause	
of a false opiate + UDS result?	

a) Only dextromethorphan
 b) Only diphenhydramine
 Both dextromethorphan and diphenhydramine
 d) Neither dextromethorphan nor diphenhydramine

Painweek.

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- Only diphenhydramine
 BOTH DEXTROMETHORPHAN AND DIPHENHYDRAMINE (CORRECT ANSWER)
 Neither dextromethorphan nor diphenhydramine

Painweek.

79

Audience Question #3

Which of the following medications can possibly produce a false positive urine drug screenings for marijuana (THC)?

- a) Ibuprofen
- b) Omeprazole
- c) Promethazine
- d) All of the above

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80

Audience Question #3 (ANSWER)

Which of the following medications can possibly produce a false positive urine drug screenings for marijuana (THC)?

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- b) Omeprazole
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- d) ALL OF THE ABOVE [CORRECT ANSWER]

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