Urine Drug Testing

Screening (see chart on next page)

Most guidelines recommend screening patients to determine risks of drug misuse and abuse and to mitigate those risks as much as possible. Unfortunately, there are no risk assessment tools that have been validated in multiple settings and populations. Screening is typically based on risk factors that can be identified through a thorough patient history, the use of prescription drug monitoring programs (PDMPs), the opioid risk tool (provided in this toolkit), and, on occasion, drug screening. However, it is important to standardize testing as cited risk factors (e.g. sociodemographic factors, psychological comorbidity, substance use disorders, etc.) might unfairly impact certain vulnerable populations. Involvement of the whole health care team and full disclosure and discussion of the screening protocol with patients is central to providing patient-centered and comprehensive pain management. Prior to drug testing, physicians should inform the patient of the reason(s) for testing, how often they will be tested, and what the results might mean. This gives patients an opportunity to disclose any additional drug or substance use which may help with identification of false positives and appropriate interpretation of test results.

Physicians must understand the limitations of the urine and confirmatory tests available, including what substances are detected by a particular test, and the reasons for false-positive and false-negative tests. Changes in prescribing for a particular patient should not be based on the result of one abnormal screening test, but should only occur after looking at all available monitoring tools as well as repeating the drug screen with the most specific test available.

Interpretation of Results

Following initial testing, physicians should request confirmatory testing for the following results:

- Negative for the opioid(s) prescribed
- Positive for drugs not prescribed
- Positive for other substances such as alcohol, amphetamines, or cocaine (or metabolites)

Additional Resources

Washington State Medical Directors Guideline
http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf

SAMHSA Guideline for Drug Testing
https://store.samhsa.gov/shin/content/SMA12-4668/SMA12-4668.pdf

Urine Drug Testing for Commonly Used and Misused Drugs			
OPIATES			
Drug	**Detection Time**	**Test Order**	**False Positive**
Codeine	1-3 days	Opiates Immunoassay* Confirmatory test: GC/MS or LC/MS/MS**	Dextromethorpan, diphenhydramine, heroin, poppy seeds, quinine, quinolones, rifampin, verapamil, other opiates
Morphine	1-3 days	Opiates Immunoassay* Confirmatory test: GC/MS or LC/MS/MS	Dextromethorpan, diphenhydramine, heroin, poppy seeds, quinine, quinolones, rifampin, verapamil, other opiates
Fentanyl	1-3 days	GC/MS or LC/MS/MS Fentanyl	n/a
Meripidine	1-3 days	GC/MS or LC/MS/MS Meperidine	n/a
Methadone	3-7 days	Methadone Immunoassay Confirmatory test: GC/MS or LC/MS/MS Methadone	Diphenhydramine, clomipramine
Hydrocodone	1-3 days	Opiates immunoassay Confirmatory test: GC/MS or LC/MS/MS	Dextromethorpan, diphenhydramine, heroin, poppy seeds, quinine, quinolones, rifampin, verapamil, other opiates
Hydromorphone	1-3 days	Opiates immunoassay Confirmatory test: GC/MS or LC/MS/MS	Dextromethorpan, diphenhydramine, heroin, poppy seeds, quinine, quinolones, rifampin, verapamil, other opiates
Oxycodone	1-3 days	Opiates immunoassay Confirmatory test: GC/MS or LC/MS/MS	Dextromethorpan, diphenhydramine, heroin, poppy seeds, quinine, quinolones, rifampin, verapamil, other opiates
Oxymorphone	1-3 days	Opiates immunoassay Confirmatory test: GC/MS or LC/MS/MS	Dextromethorpan, diphenhydramine, heroin, poppy seeds, quinine, quinolones, rifampin, verapamil, other opiates
ADDITIONAL SUBSTANCES			
Drug	**Detection Time**	**Test Order**	**False Positive**
Alcohol	Up to 8 hours	Alcohol	n/a
Amphetamines	2-3 days	Amphetamines, methamphetamines, or MDMA immunoassay	Ephedrine, pseudoephedrine, selegiline
Barbiturates	1-3 days short acting Up to 30 days long-acting	Barbiturates Immunoassay	NSAIDs
Benzodiazeph-ines	1-3 days short acting Up to 30 days long-acting	Benzodiazepines Immunoassay*** Confirmatory test: GC/MS or LC/MS/MS Alprazolam, Diazepam, Clonazepam, Lorazepam, etc.	Sertraline, oxaprozin
Cocaine	2-4 days	Cocaine metabolites immunoassay	Coca leaf tea
Marijuana	2-4 days Up to 30 days with chronic use	Cannabinoids (THC) Immunoassay	NSAIDs, proton pump inhibitors, food containing hemp, efavirenz

**Opiates Immunoassay – Confirmatory test required to determine which opiate is present*

*** GC/MS/LC – Gas Chromatography/Mass Spectrometry/Liquid Chromatography*

****Benzodiazepine Immunoassay – High false-negative rate; consider confirmatory testing if high suspicion of use*