Compass Opioid Stewardship in Practice Microlearning Series

Module 7: Urine Toxicology Testing (Part 1)

Welcome to Compass Opioid Stewardship in Practice. Each week, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, this session is built for busy clinicians like you.

This week's session is brought to you by Dr. Josh Blum, MD; Clinical Coach in the Compass Opioid Stewardship Program.

Case Presentation

This week's case is about a patient, Tania, a 37- year-old female with chronic pain from lupus vasculitis and peripheral neuropathy. She has episodes of severe abdominal pain and describes intermittent electrical sensations in her legs and feet. Medications include hydroxychloroquine and azathioprine for lupus, duloxetine and bupropion for depression, and meloxicam, gabapentin, and lidocaine patches for pain. For severe pain she uses hydrocodone/acetaminophen 10 mg/325 mg, 1-2 tablets every 4-6 hours, and is prescribed 84 tablets every 28 days. She fills this medication on time every 4 weeks and has never requested early refills.

Goal

Our clinical goal is to discuss the pros and cons of urine toxicology testing: how this intervention may augment patient safety, as well as potential harms of testing. We'll review some of the expert guideline recommendations and talk about steps that can be taken to mitigate and prevent negative impacts to your relationships with your patients. In the second episode we'll dive a bit deeper into specific testing strategies.

Achieving our Goal

Why it's used

- Urine toxicology testing is a common but controversial monitoring tool for patients on chronic opioid therapy.
- It has two primary goals:
  - Confirm the presence of the prescribed opioid
  - Identify the absence or presence of non-prescribed or illicit substances to improve safety

Potential benefits

- Studies show routine testing frequently uncovers unexpected results that may signal increased risk, including opioid use disorder or overdose.
- An older study by Katz et al. found systematic testing identified twice as many patients with unexpected substance use compared to monitoring behaviors alone (e.g., early refill requests or unsanctioned dose escalations).
- Additional evidence suggests that other substance use predicts future opioid misuse.

Risks and limitations

- Testing can be fraught when providers misunderstand the limits of toxicology assays.
- Providers may overestimate their ability to interpret results:
  - In a well-known study, physicians expressed high confidence despite clear knowledge gaps.
- Misinterpretation can lead to:
  - Confrontational conversations
  - Accusations
  - Unilateral changes in care based on incomplete or faulty information
- These actions can irreparably damage the provider–patient relationship and cause harm.

Misuse of testing

- When used inappropriately, unexpected results may be treated as a "gotcha" moment.
- This can result in:
  - Abrupt opioid discontinuation
  - Dismissal of patients from care

Guideline recommendations

- CDC 2023 Opioid Prescribing Guidelines
  - Recommend prescribers "consider the benefits and risks" of testing
  - Emphasize discussing results in a non-judgmental, safety-focused manner
- VA/DoD 2022 Guidelines
  - Require urine drug testing to initiate or continue long-term opioid therapy
- Both guidelines state:
  - Patients should be verbally consented to testing
  - Testing should not be used as grounds for dismissal from care
  - Stigmatizing language (e.g., "clean" or "dirty") should be avoided

Clinical approach

- One effective strategy is to review unexpected results and ask the patient to "help me understand."
- A urine toxicology result is not a diagnosis and provides only a partial picture.
- It is the clinician's role to:
  - Elicit additional context
  - Understand what the result means in the patient's life
  - Decide whether changes in treatment or monitoring are needed to ensure safety

Clinical Pearls

The clinical pearls we want you to remember are:

- Urine toxicology is something done FOR the patient, not TO the patient.
- Apply testing strategies to your practice universally. This doesn't have to mean testing everyone equally often, but consider using a risk tool to objectively stratify patient risk in determining testing frequency.
- Don't ignore unexpected results and follow up with patients as quickly as possible.
- Use non-judgmental language and open-ended questions when discussing unexpected results.

Thank You

This education has been brought to you through the generous support of the Centers of Medicare and Medicaid Services. Thanks for reading this week's Compass Opioid Stewardship in Practice Microlearning Series. Thank you for being part of the Compass Opioid Stewardship Program. And thank you for all you do caring for your patients.