Urine Drug Testing (UDT) in the Workers’ Compensation Patient

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Learning Objectives

1. Adjusters and case managers will learn which patients are appropriate candidates for urine drug testing

2. We will demonstrate how urine drug testing can increase compliance and decrease drug spending

"I still think the lab should at least pay you workman's compensation!"
Drug overdose death rates in the U.S. more than tripled since 1990. In 2008, more than 36,000 people died from drug overdoses, and most of the deaths were caused by prescription drugs. Credit: CDC

Facts

- In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.

- According to studies by pharmacy benefit managers, workers’ compensation patients have 67.2% inconsistent results with urine drug testing, meaning either a prescribed medication was not found in the results or a non-prescribed medication was found in the urine.

- Adjusters and case managers will learn which patients are appropriate candidates for urine drug testing. Urine drug testing increases compliance and decreases drug spending.
FACTS

• Observational study by Ameritox
  • Overall, 10.4% of all test showed + for at least 1 illicit substance
    • Marijuana is the highest at 12.2%
    • Cocaine 2%
    • Heroin 1.3%
    • MDMA or PCP
  
  • UDT paid by workers compensation showed 8.4% with the same results.

FACTS

• The Workers’ Compensation Research Institute, in a study involving 17 states, found that fewer than 7 percent of treating doctors conduct baseline and periodic urine drug screens. That number has apparently doubled in recent years but is still a very low percentage given the following concurrent research facts:
  • 71 percent of workers’ compensation claimants on chronic opioid therapy greater than three months are not taking their pain medication as prescribed due to misuse or abuse.
  • 38 percent of patients were found to have no detectable level of prescribed medication; 29 percent had non-prescribed medication; 27 percent had drug levels higher than expected; 11 percent had illicit drugs. (Based on a sample of 939,000 drug screens).
Opioids therapy: Costly in More than the Monetary Way

- A recent study of more than 12,000 workers’ comp claims processed by Lansing, Mich.-based Accident Fund Holdings found that when prescriptions for certain opioid painkillers were prescribed in workers’ comp injuries, claims were almost four times as likely to have a total cost of $100,000 or more compared with claims without any prescriptions.

- An annual workers’ comp report from pharmacy benefit managing giant Express Scripts noted: “The issue of opioid prescribing becomes even more important in workers’ compensation settings as prolonged opioid use has been shown to be associated with poorer outcomes, longer disability and higher medical costs for injured workers.”

National Safety Council report

- “Pain killers don’t kill pain, they kill people” - Dr. Don Teater, NSC medical advisor

- “Prescription Pain Medications: A Fatal Cure for Injured Workers”
What is all the hoopla about?

- The need for urine drug testing (UDT) is clear.
- It is a clinical best practice.
- It can be used to help reduce the risk of dependence, abuse and misuse.
- It can be used to ensure compliance with the prescription regimen to promote safety and recovery.
- Achieving these goals in a cost effective manner can be challenging.

How do we proceed?

- Identify:
  - Appropriate patients
  - Test panels
  - Test Frequency
  - Test Method
    - Screening vs. Confirmation, UDT vs. Oral vs. Blood
- It is a challenge as current guidelines do not always provide algorithms or answers.
- There is an immense need to find “the correct” approach and that may be different for each injured employee.
Does it make $ and “Sense”? 

- “We see people getting tested to a greater and greater extent and more injured workers getting tested regardless of whether or not they have an opioid prescription,” Alex Swedlow, California Workers’ Compensation Institute president.

- While CWCI’s research is based on California claims data, observers expect that similar practices occur in other jurisdictions.

- Workers Compensation Research Institute study released last year reporting that sizable increases in drug testing occurred across some states while the percentage of longer-term opioid users receiving testing services remained low in other states.

Is UDT needed? ABSOLUTELY!

- Drug testing is the medical standard of care, especially when opiates are involved, so there should never be a question of whether it has to be done.

- In many instances, physicians immediately stopped prescribing opioids due to test results.

- Part of what we have to understand is we are not doing it for the money, we are doing it for the patient care and best clinical practice.

- Testing protects both patients and doctors by preventing overdoses, deaths, the illegal sale of prescribed drugs and other problems.
UDT: The Work Comp Patient is Still a Patient

- If we test my mom and your brother, why would we not test the work comp patient?
- The current system seems to encourage, perhaps even require, doctors to perform UDT or other method of drug testing.
- Rationale for this is to rule out other medications or illicit substances that the patient may be taking, to screen for the presence of prescribed meds, and to deter drug diversion.
- 46% of the time a patient test + for a non-prescribed drug, the doctor discharges the patient from the practice. THAT IS NEVER WHAT IS BEST FOR THE PATIENT.

Injured Workers

- Injured workers are often prescribed opioid pain medications
- In 2011, > 25% of workers compensation prescription drug claims were for opioid pain medications
- According to 67 studies in *Pain Physician* (Journal) opioid therapy led to addiction in 3.3% of chronic pain patients, and abnormal behavior/IDU in 11.5% of patients.
- Quest diagnostics data: 422,000 reports with 55% misused prescriptions jeopardizing their own health.
Inconsistent UDT Results

- Not taking the prescribed medication
- Taking a different drug instead
- Using an illicit substance
- Combining their medication with other drugs

“We’re denying this claim of a paper cut from a game of ‘Rock, Paper, Scissors’ played in the employee lounge.”
Commonly Abused Prescription Drugs

- **Opioids**: Derived from the opium poppy (or synthetic versions of it) and used for pain relief. Examples include hydrocodone (Vicodin®), oxycodone (OxyContin®, Percocet®), fentanyl (Duragesic®, Fentora®), methadone, and codeine.
- **Benzodiazepines**: Central nervous system depressants used as sedatives to induce sleep, prevent seizures, and relieve anxiety. Examples include alprazolam (Xanax®), diazepam (Valium®), and lorazepam (Ativan®).
- **Amphetamine-like drugs**: Central nervous system stimulants used to treat attention deficit hyperactivity disorder (ADHD). Examples include dextroamphetamine/amphetamine (Adderall®, Adderall XR®), and methylphenidate (Ritalin®, Concerta®).

Sensible UDT and coverage

- Various medical-treatment guidelines for treating injured workers call for periodic urine drug testing when doctors prescribe addictive opioid pain medications long term.
- Paying for monitoring a prescribed opioid medication's use seems appropriate for a workers comp insurer aiming to keep injured workers safe while helping them return to work.
Dramatic Rise in UDT

- CWCI’s study found that the volume of drug testing rose 4,537 percent from 2004 to 2011, increasing from 4,012 tests to 186,023. The average amount paid per test, meanwhile, rose from $81 to $207.

- Brian Carpenter, senior VP for product development and clinical programs for pharmacy benefit manager Healthcare Solutions Inc. said even though research such as CWCI’s work shows the drug screening of injured workers has skyrocketed, he has yet to observe a corresponding drop, to the extent he would expect, in the prescribing of the narcotic pain medications.

Several medical treatment guidelines do call for doctors prescribing opioids to also test for illicit drug use under certain circumstances, such as when addiction or abuse is detected or when patients are at risk for overdose and death.
Study of drug testing in the California workers’ comp system.

- Drug testing is an increasing cost driver in California workers’ comp.
- The study was written by Stacy Jones of the California Workers’ Compensation Institute.
- Analyzed 2.8 million clinical lab service records.
- The numbers are interesting and a critical backdrop to understanding the issues surrounding testing.

Study of drug testing in the California workers’ comp system.

- Here are some key findings from the report:
  - Between 2007 and 2014 - UDT services as a percentage of all California workers’ compensation laboratory services increased nearly six-fold from 10.2 percent to 59.1 percent and reimbursements for those services as a percentage of total lab payments more than tripled from 23.1 percent to 77.0 percent.”
  - There was a shift from tests focusing on identifying the presence of drugs to tests aimed at measuring the amount of specific drugs.
Study of drug testing in the California workers’ comp system.

- Here are some key findings from the report cont’d:
  - Quantification of opiates remains the leading test by volume, followed by quantification of substances (PCP/Cocaine/Ethanol) that would be illicit or problematic if used in conjunction with prescribed medications
  - recently there has been a big spike in testing for antidepressants
  - from 2007 to 2014 on a per employee basis, the number of tests per date of service increased 228%, while the cost of tests per date of service increased by 220%
  - more providers are doing drug testing, leading to less concentration of testing facilities

Medical Treatment Utilization Schedule (MTUS)

- Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs:
  - Steps to Take Before a Therapeutic Trial of Opioids
  - On-Going Management
  - Opioids, differentiation: dependence & addiction;
  - Opioids, screening for risk of addiction
  - Opioids, steps to avoid misuse/addiction

- Before putting a patient on opioids the MTUS required doctors to “Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs”.

- For ongoing management the MTUS specifies that doctors consider “Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control”.
UDT: Where do people stand?

- In their 2011 analysis of the role of UDT in the treatment of chronic pain, Christo et al stated: “UDT has been used, misused, and abused due to financial incentives, and the influence of medical licensure boards, the Drug Enforcement Agency (DEA), and other governmental agencies.”

- On the other hand, in its joint research with Laffer Associates, the Millennium Research Institute (MRI), the research and advocacy arm of Millennium Laboratories, argued that there is a direct relationship between the number and frequency of UDTs for clinical pain management and the benefits to the patient and society as a whole, estimating that billions of dollars in potential savings could be derived from the use of these tests: “...we estimate that the chronic pain population that currently uses opioids is approximately 6.8 million people. If the entire pain population that use opioids received 2 UDT’s, the total aggregate benefits would be between $7.4 billion and $9.5 billion. If the entire pain population received 6 UDT’s, the total aggregate benefits would be between $19.5 billion and $25.7 billion. If the entire pain population received 12 UDT’s, the total aggregate benefits would be between $31.1 billion and $43.5 billion (Laffer, et al., 2011, p. 16)”

UDT: What is the reality?

- The correct public policy perspective toward the use of UDT undoubtedly lies between these two diverse opinions.

- It is clear that any objective assessment of the value of drug testing must focus on outcomes and demonstrate direct, positive correlations between the performance of UDT, clinical outcomes and drug abuse deterrence, which can only occur if relevant tests are effectively used in patient-specific clinical decision-making.

- Performance of a test, or in the case of UDT’s multiple tests, does not automatically translate into direct savings, and it is less likely to produce savings if testing is prompted by a desire to increase revenue based on the frequency of use.
RISK

• It’s all about RISK
• We MUST identify appropriate patients for UDT based on RISK
  • Low
  • Moderate
  • High

UDT Candidate Identification

• Based on medical history
  • Chronic Pain Syndrome, Complex Regional Pain Syndrome, Post-laminectomy Syndrome or FBSS
• Psychiatric co-morbidities
  • History of drug abuse (including alcohol) or addiction
• High morphine equivalency dose
• Medication - Medication interactions such as benzodiazapines with opiates
• High risk medications - Methadone
• Several nationally recognized screening assessments are available
Risk Factors for Opioid Overdose

- Specific for the Injured Worker
  - High dose opioid pain medications for an extended period of time
  - Taking multiple forms of opioids
  - Mixing with alcohol, sleeping pills, anti-depressants, or anti-anxiety medications
  - Sleep apnea, heart failure, obesity, chronic obstructive pulmonary disease or other respiratory conditions, depression

UDT: Negative results

- If results indicate the patient was not taking their medications, then the provider can figure out why not and take action. UDT opens the door for conversation and good clinical care.
  - Lost or stolen
  - Could not tolerate side effects and stopped taking them
  - Overtook medications
  - Pseudo-addiction
  - Rapid metabolizer
Opiate Agreements are a MUST

- Regardless of risk
- Written “opiate agreement” or “pain agreement”
- Educates the workers compensation patient
  - Risks of these medications
  - Spells out actions and consequences of non-compliance

What is an Appropriate UDT Panel?

- Implemented once candidate identified
- Should be specific to each patient
- Should test for currently prescribed medications to determine adherence to therapy
- Test for non-prescribed drugs to safeguard patient from risk of overdose and drug-drug interaction, to eliminate duplication of medications/classes, and to identify signs of opioid abuse.
- Probably only necessary to test for the 10 or 12 most commonly abused prescription or illicit drugs or drug classes.
Confirmation UDT

- Confirmation in necessary only if results are positive for one or more of the prescribed drugs; otherwise they are an unnecessary expense.
- Results should drive the action
- Actions
  - Withdrawing or weaning off meds
  - Discharging the patient from the practice
  - Referral to case management or pain specialist
  - Request independent medical exam for comprehensive drug review

UDT Frequency

- Frequency is not universal; determined by risk level.
  - Low - 1 - 2 x per year
  - Moderate - 3 - 4 x per year
  - High - Up to 12 x per year or every visit
- Baseline UDT is a must. Policy to initiate after results evaluated.
- Risk based testing schedule increases patient safety without increasing costs unnecessarily.
- Ideal is “random drug screening”, reduces the patient thwarting the UDT process to “pass” the testing.
- Patients remain in their risk category until risk factors change or there is a deviation from the norm.
Results

- Despite increase in use of opiates, evidence indicated that the increased use of these drugs DOES NOT result in better treatment outcomes.
- No surprise that injured workers have died from opiate related complications.
- Recent court decisions – opioid-related addiction and death among the injured workers are compensable or eligible for payment by the employer workers compensation program.
- It should surprise no one then that the costs for testing have increased along with the increase in use of opioids.

ARE YOU FUNCTIONAL?
Your Worker Compensation Patient Goal

- Above all else, engage and challenge the treating doctor as to the validity of continuing opioid prescribing, where periodic medical reports do not indicate progress in work and life skills functions and/or a reduction in pain.

Conclusion for UDT

- By indentifying appropriate candidates, test panels, and frequency and implementing a risk-based UDT program we can improve positive outcomes, while remaining cost effective, when opioids are used to treat the workers compensation patient.

- The information the UDT provides MUST be reviewed, understood, communicated to the entire care team (PBM, case manager, adjuster, physician), and used to provide recommendations for actions with patients clinical care.