

The Unexpected Urine Test: Negative for the Prescribed Opioid

SCOPE of Pain *Colleague to Colleague* Audio Short: #4

Welcome back to the SCOPE of Pain Audio Shorts Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine SCOPE of Pain Program.

Your patient, who has been stable on chronic, low-dose opioids for chronic pain for the past three years with excellent pain and functional improvements, has an unexpected urine drug test, which is negative for the prescribed opioid. How will you assess this finding, and what changes will you make in his treatment plan?

Before you send a urine drug test, it's important to always ask the patient when was the last time he or she took the opioid analgesic. If, in this case, he had not taken the opioid for over 48 to 72 hours, it will not appear in the urine, and therefore a negative result will be expected.

If this is the case, you'll need to assess why he's not taken an opioid in two to three days. Did he run out early due to a dose escalation? This unsafe behavior will need to be addressed. Or does he no longer need daily opioids and has extra tablets at home, which will result in a dose adjustment and education about letting you know if and when he needs less medication so that he's not accumulating pills at home.

If he reports taking the opioid daily as prescribed, including the day of the visit, then we need to work through the differential diagnosis for a urine that is unexpectedly negative for the prescribed opioid.

Is it a lab error, a false negative, perhaps just below the cutoff level of the lab? You'll want to send the urine for confirmation testing that quantifies any drug level, and make sure you test for both the parent drug and any metabolites, in case there is only metabolite present.

If the confirmed urine is negative, you'll need to be concerned that the patient may be diverting—that is selling or giving away the opioids. Or did he falsify the urine in some way to avoid detection of illicit drug use?

If based on the urine drug test the patient is not taking the opioid and there is no evidence of opioid withdraw, then a taper is not necessary, and the opioid can be stopped. Make sure you clearly communicate with the patient that you cannot continue to prescribe an opioid that the patient is not taking as prescribed. Explain that you will continue to try to manage his chronic pain with non-opioids.

How to interpret urine drug tests, communicate unexpected findings and make appropriate changes for the treatment plan are all addressed in detail in the SCOPE of Pain Program. You're not alone in facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Audio Shorts will be added throughout the year.

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