

A positive drug screen indicates the need for caution, but does not preclude opioid use for the treatment of pain. However, consideration should be given to referral for substance abuse counseling and/or a pain management specialist. If an opioid medication is subsequently prescribed, the patient should be more carefully monitored and the conditions under which opioids are being prescribed should be well documented in the treatment plan. (See *Recommendations 5, 6, 8, 12.*)

Inexpensive immunoassays can be performed in the office. These tests can rapidly determine if opioids are present but they do not identify specific substances. When necessary, specific substances can be identified by ordering confirmatory laboratory testing. However, in many cases, candidly going over the results of the initial in-office test with the patient can eliminate the need for confirmatory testing. It is extremely important to keep in mind that immunoassays have both false-positive and false-negative results. Certain over-the-counter medications may cause a positive result. The prescriber should consider confirmatory gas chromatography or mass spectrometry testing or consultation with a certified Medical Review Officer if drug test results are unclear or confirmation is clinically necessary.⁹

Tools to accompany *Recommendation 3*:

- Urine Drug Testing Devices
<http://health.utah.gov/prescription/pdf/guidelines/CLIADrugTestlist.pdf>
- Current Opioid Misuse Measure
<http://health.utah.gov/prescription/tools.html> (see *Tools to Screen for Risk of Complications* on website)
- SOAPP-R
<http://health.utah.gov/prescription/tools.html> (see *Tools to Screen for Risk of Complications* on website)
- Opioid Risk Tool
http://health.utah.gov/prescription/pdf/guidelines/ORTwithout_scoring.pdf
- Signs of Substance Misuse
http://health.utah.gov/prescription/pdf/guidelines/signs_substance_misuse.pdf
- Checklist for Adverse Effects, Function, and Opioid Dependence
<http://health.utah.gov/prescription/pdf/guidelines/checklist%20for%20adverse%20effects.pdf>

4. Prior to the initial prescribing of opioid medications, health care providers should query the Oklahoma Prescription Monitoring Program (PMP).

Most patients who request treatment for pain are legitimately seeking relief of pain. However, subsets of patients seeking treatment for pain are seeking drugs for recreational use, to support an established addiction, or for profit. Information about past patterns of controlled substance prescriptions filled by the patient, such as obtaining medications from multiple providers or obtaining concurrent prescriptions, can alert the provider to potential problems.

The Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDDC) maintains the Oklahoma Prescription Monitoring Program, a real time, searchable database of all controlled substance prescriptions filled in the state. The PMP is used to track and collect data on the dispensing of Schedule II-V drugs by all retail, institutional, and outpatient hospital pharmacies, and in-state/out-of-state mail order pharmacies. Access to the data is provided to authorized individuals and used to identify potential cases of drug over-utilization, misuse, and potential abuse of controlled substances throughout the state. This database is accessible online to all controlled substance prescribers.

Tools to accompany *Recommendation 4*:

- Oklahoma Prescription Monitoring Program
http://www.ok.gov/obnndd/Prescription_Monitoring_Program/