

MRO Interpretation of Expanded Panel Laboratory Results

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This presentation was modified from its original format for
508 compliancy.

The Basics

- Regardless of panel, specimen type, or reason for test, MRO asks the same questions:
 - Is this the right specimen?
 - Is the Chain of Custody intact?
 - Is the laboratory report accurate and complete?
 - Is there a legitimate medical explanation for this non negative result?

The Basics II

- Reconfirmation option may still be needed
- d/l-Isomer testing may still be needed
- Turnaround time becomes more important
 - Higher MRO review rate
 - Even though significant number of reversals, they take longer than other negatives

The Basics III

- Currently no Federal oversight for expanded panel testing
- Expanded panel cutoffs may vary from laboratory to laboratory
- DOT Regulations do not apply
 - May be used as a model
 - State regulations may apply

Expanded Panels I

- Drug test panels that test for more than the “HHS 5” (marijuana, cocaine, opiates, amphetamines, PCP)
- Expanded Panels test for mostly prescription drugs (barbiturates, benzodiazepines, opioids)

Expanded Panels II

- To be reported positive:
 - There must be verifiable illegal use, or
 - The MRO must be unable to verify that the medications have been legally obtained
- MRO's may be unable to verify or obtain documentation of all prescriptions

Expanded Panels III

- MRO's are unable to verify abusive use of legal prescriptions
- MRO's are unable to verify impairment
- MRO's are unable to verify whether or not someone is fit for duty simply on the basis of the drug test result

Why do this testing?

- MRO should consult with employer
- What are the employer's concerns?
 - Performance problems?
 - Known or suspected prescription abuse?
 - Missing pharmaceuticals?
 - Endemic abuse in the region?

Why do this testing?

- What is the goal of this testing?
 - Goals must be consistent with the realities of MRO review (slide 5 previously)
- MRO review and Fit for Duty evaluation are two different things

MRO/Employer Teamwork

- As conceived, workplace testing works best for “street” drugs
- Workplace drug testing programs are a deterrent to drug use, not the detection of drug use
- For expanded panel testing to work, MRO and employer must work together
- “Fit for duty” decision belongs to the employer

“Fit for Duty”

- An employer without a “fit for duty” program should not be doing expanded panel testing
- Some possible program components:
 - Requirements for employees to divulge medications that might be impairing
 - Fit for duty medical evaluations available with MRO/Physician consultative relationship
 - Light duty assignments
 - SAP/EAP availability
 - More

Expanded Panel Review

- Focus on drugs not panels
 - All '10 panel' drug tests do not always test for the same drugs or use the same cutoffs
- Prescription verification issues (HIPAA?)
 - How old?
 - How many?
 - Potential for abuse?
 - Presence indicates potential for impairment?
 - Is it “likely” in the MRO’s “reasonable medical judgment”?
 - How is the employer to be notified of this?

Prescription Verification

- Fax copy of pharmacy receipt/bottle label
- Dr.'s note
- MRO/Pharmacist or MRO/Dr phone call
- Label info from donor required
 - Donor name as it appears on the label
 - Prescription number/med
 - Pharmacy name/number/phone
 - Prescribing physician name
 - Date prescription filled

Expanded Panels IV (Reasonable Suspicion)

- Should always be based upon defined observable behavior/s
 - Does employee appear to be impaired?
 - Why?
- Non-observable complaints
 - Missing formulary?
 - Word of mouth?
 - Past incidents?

MRO/Employer Decisions

- What panels/drugs and why?
- Illegal use
 - Familial prescriptions?
 - “Outdated” prescriptions?
 - Foreign prescriptions?

MRO/Employer Decisions

- Split or single specimens?
- Reconfirmations?
 - To do or not to do?
 - Who pays?
- Medical marijuana?