MRO/Toxicology Panel

Moderator:

- Kathie Simpson, RN, BSN, CACPN

Panelists:

- Anthony Costantino, PhD, F-ABFT; DrugScan, Inc.; Horsham, Pennsylvania
- James Ferguson, DO, DFASAM, C-MRO; FSSolutions; Chalfont, Pennsylvania
- Joe Jones, PhD, USDTL; Des Plaines, Illinois
- Barry Lubin, MD, FASAM, MRO; Affinity Online Solutions; Vienna, Virginia

MRO/Toxicology Panel

Other Handouts:

1. Urinary Auto Brewery Syndrome Article.
2. Auto Brewery Syndrome Undiagnosed Medical Condition article.

MRO/Toxicology Panel

Anthony Costantino, PhD, F-ABFT; DrugScan, Inc

Kratom, Gabapentin, Lyrica, Kombucha Tea, Mothers' Vinegar

1. What is Kratom?
2. Would you explain how the Case Manager should address a positive Kratom result?
3. Do you recommend that monitoring programs test for Kratom? If so, at what frequency and by what testing means? Would hair analysis detect it better than a UDS?

MRO/Toxicology Panel

Anthony Costantino, PhD, F-ABFT; DrugScan, Inc

Kratom, Gabapentin, Lyrica, Kombucha Tea, Mothers' Vinegar

1. Many participants are being prescribed Gabapentin, Lyrica and Suboxone in increasing amounts. Would you explain what Gabapentin is and do you recommend that monitoring programs routinely test for it? Would you explain what Lyrica is and do you recommend that monitoring programs routinely test for it?
2. How should a Case Manager interpret appropriate levels in screen results when a participant is prescribed Gabapentin, Lyrica or Suboxone?

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Anthony Costantino, PhD, F-ABFT; DrugScan, Inc

Kratom, Gabapentin, Lyrica, Kombucha Tea, Mothers' Vinegar

1. Will Kombucha tea and Mother's vinegar be an adequate explanation for a participant producing a positive result for Urine Alcohol, positive ETG, positive ETS and/or a positive Peth test?
2. How much Kombucha tea or Mother's vinegar would a participant have to consume to produce a positive result?

MRO/Toxicology Panel

James Ferguson, DO, DFASAM, C-MRO; FSSolutions

Dilute Specimens, False Positives Attributes to Topical Over the Counter Products

1. What is a dilute specimen?
2. Should monitoring programs be concerned with abnormal/dilute results from a random urine drug screen? Why or why not?
3. Would you explain how a Case Manager or Evaluator should interpret a dilute UDS test result?
4. Can prescribed diuretics cause a dilute specimen?
5. If a participant has an active workout regimen and drinks a lot of fluids to hydrate, should they wait a period of time before providing a specimen?
6. How should a dilute specimen be addressed? Should UDS frequency be increased? Should additional Peth or Hair testing be added?

MRO/Toxicology Panel

James Ferguson, DO, DFASAM, C-MRO; FSSolutions

Dilute Specimens, False Positives Attributes to Topical Over the Counter Products

1. Can a topical over the counter product such as CAPSAICIN, BIO FREEZE, ICY HOT, or ARNICARE cause a positive drug screen for alcohol or ETG oe ETS?
2. Can any over the counter products produce a false positive resultie Sudafed?
3. Would you explain how a Case Manager or Evaluator should address claims of a false positive test result?

MRO/Toxicology Panel

James Ferguson, DO, DFASAM, C-MRO; FSSolutions

Dilute Specimens, False Positives Attributes to Topical Over the Counter Products

1. When an MRO REVIEW is requested is the content standardized by all MROs?
2. Please describe the information that a Case Manager should provide to the MRO when an MRO Review is requested for a contested result?
3. Please describe the information that a Case Manager should expect to receive from the MRO when an MRO Review is requested for a contested result?
4. Is an MRO Review defensible in a Court of Law?
5. What is a litigation packet? Who is responsible for paying for it? Who is responsible for an MRO to provide testimony in a Court of Law, if required to do so?

MRO/Toxicology Panel

Barry Lubin, MD, FASAM, MRO; Affinity Online Solutions

Collection Site Procedures, Cbd Oil, Cannabinoids and Methamphetamines

1. How are collection sites selected? Are they required to meet certain requirements and certifications? How are the collectors trained? Are they trained to collect UDS, Peth, Serum, Hair and Nail analysis?
2. Would you explain how a Case Manager or Evaluator should handle a complaint from a participant that the collection procedure was not followed? Example - Specimen was not labeled and packaged before the participant signed the form and left the collection site.
3. What should the participant do if the collection site does not have the correct chain of custody form? Can they use a form from another program?
4. If a participant notices that the collector has dated the form incorrectly, or spelled the participant's name incorrectly, are they able to alter the form or should they use a new form and repackage the specimen?
5. Is the collection site libel if they violate the participant's confidentiality? Example a participant's history that they were being drug screened on a routine basis was released to another party without consent in a malpractice suit that the participant filed. A collector told her husband that a certain participant was being drug screened by the state and he told several coworkers of his and the participant's. If a participant complains to their Case Manager, how should the Case Manager address the complaint?

MRO/Toxicology Panel

Barry Lubin, MD, FASAM, MRO; Affinity Online Solutions

Collection Site Procedures, Cbd Oil, Cannabinoids and Methamphetamines

1. What is CBD OIL?
2. Advertisements say that CBD OIL does not contain THC. Is that true? If so, how can our clients who test positive for cannabinoids claim that CBD Oil caused the positive? If you received this for an MRO review, how would you respond? How do the levels of THC compare to the actual use of marijuana?
3. Would you explain how a Case Manager or Evaluator should interpret a positive Cannabinoid test result?
4. What about Medical Marijuana? In your opinion, should health care professionals be permitted to practice on Medical Marijuana? How should a Case Manager interpret appropriate levels in screen results when prescribed and use is permitted?
5. Would the frequency differ for a participant with a drug of choice of Alcohol or a DUI versus a participant with drug using or diverting history?

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Evidence for "Medical MJ"

OVERALL there is ***relatively good evidence for use of MJ in:***

- **Chronic Pain -Synergistic effect c opioids (Abrams 11')**

Especially useful c Neuropathic Pain –Vaporized 1.29% THC +30% decrease in pain.

- **Spasticity/ Spasm c MS / Spinal Cord Injury / etc**
- Nausea–ieChemo Drugs etc.

For these conditions the effectiveness is moderate. For other conditions there is insufficient evidence –NAS 2017'

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Marijuana for Pain

Doctors can recommend MJ for their patients over opioids in New Mexico, New Jersey, New York and Pennsylvania.

"[C]annabisuse, even among adults with moderate to severe pain, was associated with a substantially increased risk of nonmedical prescription opioid use…."

—The American Journal of Psychiatry (2017)

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Various State Governments Approve MJ For:

MS	Seizures/Epilepsy	Glaucoma	PTSD
Severe M. Spasm	Hep C	Migraine	Any condition approved by physician
ALS	Crohn's Dz	Sickle Cell	Arnold – Chiari Malformation
Parkinson's	Spinal Cord Injury	Cerebral Palsy	Nail-Patella Syndrome
Cancer	Spasticity	Cystic Fibrosis	Myasthenia Gravis
HIV/AIDS	Alzheimer's agitation	Terminal Illness	Post-Concussion
N/V c Chemo	Tourette's Syndrome	Muscular Dystrophy	Any Condition
Cachexia	Ulcerative Colitis	Sjogren's Syndrome	Post-herpetic Neur.
Anorexia	Peripheral Neuropathy	Cirrhosis	Spinocerebellar Ataxia
Severe Pain	Any issue interfering c ADL	Autism	Tarlov Cyst
Chronic Pain	A Condition approved by HD	Lupus	Traumatic Brain Injury
Severe Nausea	Fibromyalgia	Causalgia	Spingomyelia
Severe Arthritis	Radiculopathy	Hydromyelia	Sleep Apnea
'Arthritis'	Psoriasis	"Diabetes"	AND MANY MORE….

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Of the Many Indications for Medical MJ, In Colorado:

- 1% -Glaucoma
- 3% -Cancer
- 2% -Other
- 94% -'Pain"

- The vast majority of Medical MJ users in the US are not seriously ill. Studies find <5% of card holders have CA, AIDS, MS or other serious illnesses. (Nunburg2011)

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Barry Lubin, MD, FASAM, MRO; Affinity Online Solutions

Collection Site Procedures, Cbd Oil, Cannabinoids and Methamphetamines

1. What is Methamphetamine? Is it the same as prescribed amphetamines?
2. Can anything cause a false positive resultie Sudafed?
3. Would you explain how a Case Manager or Evaluator should interpret a positive Amphetamine test result?
4. Do you recommend a HAIR ANALYSISin addition to UDS should be done routinely when a participant tests positive for Methamphetamine? If so how often?
5. Would the frequency differ for a participant with a drug of choice of Alcohol or a DUI versus a participant with drug using or diverting history?
6. Would you explain how a Case Manager or Evaluator should interpret a positive Amphetamine test result?