James Patrick Murphy, MD, MMM
March 14, 2014

Dr. Bernice Hecker, MD
Noridian Healthcare Solutions, LLC JE Part B Contractor Medical Director(s)
Attention: Draft LCD Comments
PO Box 6783
Fargo, ND 58108-6783
policyb.drafts@noridian.com

Re: LCD for Drugs of Abuse Testing DRAFT POLICY DL 34692

Dear Dr. Hecker,

As a practicing pain specialist, I am writing to you out of concern for the well being of the multitude of chronic pain sufferers who will be affected by the above referenced LCD.

I understand the necessity for proper stewardship of public funds, and I understand that drug testing can be over-utilized. Ideally, drug testing should be appropriately utilized based on guidelines. The proposed LCD is one such guideline, however, as a pain management clinician I find the LCD to be both cumbersome and restrictive.

Drug screening is the only objective data we have in the care of chronic pain patients. Drug screening is not only a good idea, it is required by many states. Indiana recently passed a law requiring drug screening and confirmation. Clinicians must have ample opportunity to drug test patients. If not, I fully expect the abuse of diverted and illegal substances to continue to rise along with a concomitant decrease in the number of prescribers willing to treat chronic pain.

My primary concern is the lack of coverage for confirming the negative results from the POC qualitative analysis (i.e. the "cup"). Clinicians must be able to test for suspected illicit drugs and non-prescribed drugs. Very often a patient will take someone else's medication that they have borrowed, bought, or stolen. If we do not have the option of testing for these suspected substances, patient care will suffer, more drug abuse will occur, more addiction will go unchecked, and more lives will be destroyed. Once addiction has taken "hold" it is incurable and life threatening. Therefore addiction must be prevented.

I urge the adoption of LCD's that allow for (1) testing at the onset of treatment, (2) testing when there is a change in the treatment plan, (3) testing when there are unexpected

and/or deleterious outcomes, and (4) randomly. Clinicians must have the ability to confirm the absence or presence of non-prescribed and illicit substances. And testing for specimen "adulterants" must be allowed. The science of drug testing is advancing rapidly. Clinicians are continually finding ways to apply these advances in our practices. As a result, the prescription drug epidemic in our country is beginning to recede. Please join in this worthy effort by designing a LCD that is user-friendly for prescribers and respectful of our clinical judgment.

Sincerely,
James Patrick Murphy, MD, MMM

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