

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 40-51

13 May 2011

Medical Services
**MEDICAL REVIEW OFFICERS AND REVIEW OF POSITIVE
URINALYSIS DRUG TESTING RESULTS**

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-CL-H.

- 1. History.** This is the third printing of this regulation.
- 2. Purpose.** This regulation establishes policy for physicians assigned duties as medical review officers (MROs) in determining if a valid medical explanation exists for a positive urinalysis drug test result.
- 3. Applicability.** This regulation applies to all U.S. Army Medical Command (MEDCOM) military treatment facilities (MTFs) that assign physicians as MROs. This regulation applies only to military drug testing.
- 4. References.** Required and related publications and prescribed and referenced forms are listed in appendix A.
- 5. Explanation of abbreviations and terms.** Abbreviations used in this publication are explained in the glossary.
- 6. Requirements to be an MRO.** The following are the minimum requirements to be an MRO:
 - a. Doctor of Medicine or Doctor of Osteopathy.
 - b. Knowledge of pharmaceuticals.

*This regulation supersedes MEDCOM Regulation 40-51, 21 Jul 2010.

- c. Appointment on orders.
- d. MRO training and certification by USAMEDCOM.

7. Responsibilities

a. The MTF commander (in garrison or deployed) will—

(1) Appoint on orders a qualified medical clinician (meeting the requirements set forth in AR 600-85 to serve as an MRO while assigned to the MTF).

(2) Ensure that a sufficient number of MROs are appointed so that reviews are completed within 5 working days.

(3) Ensure that the MRO completes MEDCOM-sponsored training and certification described in paragraph c(1), below, prior to performing any MRO review.

b. The MEDCOM Program Manager for Forensic Drug Testing will—

(1) Appoint in writing a doctorate level civilian or military toxicologist as an MRO consultant and subject matter expert.

(2) Ensure that the appointed toxicologist attends MEDCOM-sponsored MRO training described in paragraph c(1), below.

(3) Perform quality assurance (QA) reviews of all results reported to the Drug and Alcohol Management Information System (DAMIS) Web site.

(4) Maintain the master list of certified MROs.

c. The MRO will—

(1) Complete MEDCOM-sponsored training and certification prior to performing any MRO review. There are two training options, both providing full certification—

(a) Web-based at <https://www.us.army.mil/suite/page/283323>. Contact the Army Program Manager for Forensic Drug Testing at (210) 221-7198 or (210) 221-7256 (Defense Switched Network (DSN) 471-) for access to the web-based training course and information.

(b) On-site at the Army Medical Department (AMEDD) Center and School; Army Training Requirements and Resources System (ATTRS) course number 5H-F9/302-F9.

(2) Obtain and maintain MRO certification by completing training and passing the MRO examination. Certification must be renewed every 3 years. Retraining can be

obtained by requesting access to the MRO web training module and passing the examination.

(3) Review all positive urinalysis drug test results on Soldiers for the drugs listed in appendix B, paragraph B-1 and B-2, if requested by the ASAP manager (formerly known as the alcohol and drug control officer) or the base area code (BAC) manager. *Note:* There is no requirement for the MRO to have a telephonic or in-person interview with the Soldier as long as the review can be resolved by reference to the Soldier's available health record. Soldiers will be provided the opportunity to present evidence of legitimate prescription use if the electronic or hard-copy medical records show no explanation for the positive result.

(4) If an interview does occur with the Soldier, read the Soldier his/her rights from DA Form 3881 (Rights Warning Procedure/Waiver Certificate) and complete the form prior to starting a telephonic or in-person interview.

(5) Report findings to the appropriate installation ASAP manager if in garrison, or BAC manager if in a deployed area, within 5 working days of receiving the positive drug test review request. MROs in the National Guard or Reserves will report findings within 30 days. The MRO may also report findings to the unit commander; however, reporting to the ASAP manager or BAC manager will ensure that the Army's DAMIS is properly updated if the MRO has not entered the result in DAMIS already.

(6) Maintain records and confidentiality of medical information.

8. Policies

a. Appointed MROs must meet the requirements set forth in this regulation.

b. The MRO will report findings using only the standard reporting language contained in paragraph 9e of this regulation. When available, the web-based MRO reporting system in DAMIS will supplant the required use of Standard Form (SF) 513 (Medical Record Consultation Sheet) and will provide documentation and archival records of each MRO review. A QA review of electronically reported MRO results will be conducted by the Program Office, Forensic Drug Testing, MEDCOM. If an issue is discovered during the QA review of MRO results, the Program Office will contact the MRO by email/phone to discuss any issues, and a corrected review may be required.

c. Deployed MROs will complete the medical review and notify the Soldier's unit commander and BAC manager within 5 working days of receiving a positive urinalysis notification. For assistance in identifying the BAC manager, log on to Web site, www.ascap.army.mil or, contact the Army Center for Substance Abuse Programs (ACSAP) at 1-502-624-3477/3412 or email at Biochem@conus.army.mil.

d. In locations where access to DAMIS is not available, the MRO will maintain for 3 years all documentation of completed medical reviews. These records are normally kept at the ASAP manager's office, but may also be maintained by the MRO. These records are considered confidential and are not part of the medical files system. Forms may be destroyed after 3 years.

e. The use of any legally obtained prescription drug will not be considered illegitimate use unless that use is beyond a clearly defined expiration date. Schedule II-V prescriptions will expire 6 months after last date dispensed. For MROs stationed outside the continental United States, any prescription for a drug not approved by the Food and Drug Administration for use in the United States should be investigated for abuse.

9. Procedures

a. The MRO will receive a request for review from the ASAP manager, BAC manager, unit commander, or directly from the Army's DAMIS. At a minimum, the referral information should include the Soldier's social security number and the drug name/concentration in the urine sample. This information may be contained on an electronic report from the drug testing laboratory (appendix C). Often, the MRO may receive this request on a partially completed SF 513 (see para 8b).

b. The MRO will review any medical evidence in the form of a medical prescription documented in an electronic health record system, in a hard copy medical record, on a prescription bottle, and/or a statement from the Soldier's physician or dentist documenting the drug prescribed/administered and the date of the medical or dental procedures. MROs in a deployed area may have difficulty obtaining medical documentation. It is acceptable for the MRO to request and obtain assistance from units in the rear to gather the required documentation. It is acceptable for staff members in the rear detachment to gather the documentation needed for the MRO's evaluation in order to expedite the review of positive urine drug test findings.

c. To expedite the review process, the MRO will attempt to complete the review using the medical information available without having to interview the Soldier. If it is not possible to determine whether or not the positive result is due to legitimate use, the MRO will conduct a telephonic or in-person interview with the Soldier; this interview will be scheduled through the Soldier's unit commander.

d. When conducting a telephonic or in-person interview, the MRO will advise the Soldier that the purpose of the interview is to determine if there is a valid medical reason for the positive urinalysis drug test result. The MRO is an investigative officer, and there are no patient-physician rights concerns in the MRO process. Therefore, the MRO will read the Soldier his/her rights listed in DA Form 3881 (see para 7c(4)) and instruct the Soldier that if other non-medical information is revealed, it could be used in a legal setting and then ask for medical information related to the positive urinalysis

drug test result. The MRO will then complete DA Form 3881. The MRO should document any comments made by the Soldier relating to the positive urinalysis. If the Soldier refuses to speak to the MRO or requests legal representation in the interview, the MRO may report the result as, “No legitimate use” (see para e(2), below).

e. The MRO will make a determination regarding the positive urine drug test result. The standard reporting language is—

(1) “Legitimate use.” The Soldier has a prescription(s) or valid medical explanation for a drug(s) that caused the positive urinalysis result. A positive finding will be considered legitimate use if the Soldier has taken the medication within 6 months from the date that the prescription was dispensed. Required fields to enter determination in DAMIS include: MRO Evaluation Result, Drug Prescribed, Prescription Date, MRO Evaluation Date, and Comments.

(2) “No legitimate use.” The Soldier does not have a prescription(s) or valid medical explanation for a drug(s) that would account for the positive urinalysis test result.

(3) There is no third option in DAMIS at this time. “Legitimate use” and “No legitimate use” are the only two possible outcomes of medical review.

f. If attempts to contact the Soldier for the interview fail, the MRO will contact the Soldier’s unit commander, ASAP manager, or BAC manager. The MRO must document these attempts, to include the date, time, and method of attempted contact. If either the Soldier’s unit commander or the Soldier fails to make contact after 5 working days, the MRO may report the specimen as, “No legitimate use.” In the event that the Soldier is unavailable due to a PCS or deployment, MROs have the option in DAMIS to annotate ‘Service Member is unavailable due to PCS, deployment, and so forth.’ In this case, the evaluation will remain pending.

g. The MRO will document the results of the review and comments in DAMIS (the preferred method) or on SF 513 if DAMIS is unavailable. MROs will be provided DAMIS accounts and training on the system. MROs will contact the installation ASAP manager to set up a DAMIS account.

h. If the SF 513 is used to document medical review results, the MRO will send a copy to the installation’s ASAP manager or BAC manager within the allotted time frame. If the MRO enters the review in DAMIS, the MRO will notify the ASAP manager or BAC manager so that they may view the result in that system.

Appendix A References

Section I Required Publications

This section contains no entries.

Section II Related Publications

AR 600-85

The Army Substance Abuse Program

Department of Defense Directive 1010.1

Military Personnel Drug Abuse Testing Program. (Available at <http://www.dtic.mil/whs/directives/index.html>)

DODI 1010.16

Technical Procedures for the Military Personnel Drug Abuse Testing Program. (Available at <http://www.dtic.mil/whs/directives/index.html>)

ALARACT 062/2011

ALARACT Changes to Length of Authorized Duration of Controlled Substance Prescriptions in MEDCOM Regulation 40-51

Section III Prescribed Forms

This section contains no entries.

Section IV Referenced Forms

Forms are available on Army Knowledge Online and Enterprise WEB AEFSS.

DA Form 3881

Rights Warning Procedure/Waiver Certificate

SF 513

Medical Record Consultation Sheet

Appendix B Drug Review Requirements

B-1. Because a positive result(s) may be caused by legitimate use of a valid medication prescription, the following urinalysis drug test results require review by the MRO:

- a. Amphetamines (d-methamphetamine and d-amphetamine).
- b. Opiates (codeine, morphine).
- c. Steroids (all steroids analyzed through the University of California Los Angeles laboratory).
- d. Synthetic opiates (oxycodone, oxymorphone, hydrocodone, and hydromorphone).
- e. Benzodiazepines.
- f. Any positive reported for any *Schedule II to V* drug prescription if requested by an appropriate authority or if the drug has been added to the drug program testing panel.

B-2. Because there is no FDA-approved medical use for the following substances, the drugs in a through e below do **not require review** by an MRO and are sent directly to unit commanders for action. A review may still be requested in special circumstances.

- a. 6-monoacetylmorphine (6-MAM) – heroin metabolite.
- b. Benzoyllecgonine – cocaine metabolite.
- c. Methylenedioxymethamphetamine (MDMA), methylenedioxyamphetamine (MDA) – amphetamine and methamphetamine designer drugs (see glossary).
- d. Phencyclidine (PCP).
- e. Tetrahydrocannabinol (THC) – marijuana parent compound.

Appendix C
Electronic Web Report

UNITED STATES ARMY
FORENSIC TOXICOLOGY DRUG TESTING LABORATORY
2490 WILSON STREET
FORT GEORGE G. MEADE, MD 20755-5235
Voice: 301-677-7085
Fax: 301-677-7688
E-mail: FTMDINFO@FTDTLDATA.AMEDD.ARMY.MIL

Rpt Abbreviation	Drug	Cutoff Value
THC	THC	15 ng/ml
COC	COCAINE	100 ng/ml
AMP	AMPHETAMINE	500 ng/ml
MET	METHAMPHETAMINE	500 ng/ml
PCP	PCP	25 ng/ml
COD	CODEINE	2000 ng/ml
MOR	MORPHINE	4000 ng/ml
6AM	HEROIN	10 ng/ml
LSD	LSD	200 pg/ml
MDMA	MDMA	500 ng/ml
MDA	MDA	500 ng/ml
MDEA	MDEA	500 ng/ml
OXYCOD	OXYCODONE	100 ng/ml
OXYMOR	OXYMORPHONE	100 ng/ml
SEC	SECOBARBITAL	200 ng/ml
PHE	PHENOBARBITAL	200 ng/ml
BUT	BUTALBITAL	200 ng/ml
DMET	D-METHAMPHETAMINE	20%
DMETH	D-METHAMPHETAMINE	100ng/ml
DAMP	D-AMPHETAMINE	100ng/ml
HYCOD	HYDROCODONE	100ng/ml
HYMOR	HYDROMORPHONE	100ng/ml
NORD	NORDIAZEPAM	100ng/ml
OXAZ	OXAZEPAM	100ng/ml
TEMA	TEMAZEPAM	100ng/ml
AHAL	ALPRAZOLAM	100ng/ml
LORA	LORAZEPAM	100ng/ml

> LOL = Positive greater than the limit of linearity of the assay

Positive results for marijuana (THC), cocaine (COC), LSD, designer amphetamines (MDA, MDMA, methylenedioxyethylamphetamine (MDEA)), heroin (6AM), and PCP do not require evaluation by a MRO before the commander may release the information to law enforcement agencies. All positive results of amphetamines (AMP, MET, DMET or DMETH, DAMP), barbiturates, opiates (COD, MOR, OXYCOD, OXYMOR, HYCOD, HYMOR, NORD, OXAZ, TEMA, AHAL, AND LORA) must be reviewed by an MRO prior to release to determine if there was a valid medical explanation for the positive results. The commander cannot take any adverse action against the Soldier, including reporting the results to law enforcement agencies, until the MRO has made such a determination. Pending the MRO determination, the commander may administratively restrict the duty of the Soldier.

Specimen collection questions may be referred to the Biochemical Branch, Army Center for Substance Abuse Programs at (703) 681-5560/5562/5563/5566 or DSN 761-5560/5562/5563/5566.

Effective 15 May 2004, this electronic version of the DD2624 is the OFFICIAL LABORATORY CERTIFIED report for drug testing results - positive, negative and discrepancy. Please contact the laboratory if there are questions.

Fort Meade FTDTL - For A Drug Free Fighting Force

SAMPLE

Results Report for: USA xxx – unit name

Date Reported: 20090311

=====
===== Electronic Copy Of The DD2624
=====

BAC: xxxx Unit: W Qxxxx Lab: FTMD Date Coll: 20090222 Doc: 0001 Form #: 003000316

ID	SSN	LAN	BASIS	INFO	DISC	DRUGS TESTED	RESULTS
001	████████	M0137142087	IR	A		A C E H T	NEGATIVE
002	████████	M0137142088	IR	A		A C E H T	NEGATIVE
003	████████	M0137142089	IR	B		A C E H T	NEGATIVE
004	████████	M0137142090	IR	A		A C E H T	NEGATIVE
005	████████	M0137142091	IR	A		A C E H T	NEGATIVE
006	████████	M0137142092	IR	A		A C E H T	NEGATIVE
007	████████	M0137142093	IR	A		A C E H T	POSITIVE DAMP 2098
008	████████	M0137142094	IR	A		A C E H T	NEGATIVE
009	████████	M0137142095	IR	A		A C E H T	POSITIVE THC 41
010	████████	M0137142096	IR	A		A C E H T	NEGATIVE
011	████████	MDS00030293	IR	B	LC		UNTESTABLE
012	████████	M0137142097	IR	B		A C E H T	NEGATIVE

Effective 13 February 2006 the Department of Defense changed the cut-off for amphetamines from 500 ng/ml total amphetamine, to 100 ng/ml d-amphetamine and for methamphetamine from 500 ng/ml total methamphetamine with 20% d-methamphetamine, to 100 ng/ml d-methamphetamine. The laboratory will report a positive result only if a specimen contains ≥100 ng/ml of the d-isomer form of amphetamine or methamphetamine. If the Medical Review Officers or legal authorities need information on the percentages of d- and l-isomer to assist in the determination of legitimate medical use, they may request a further analysis of the sample by the Armed Forces Medical Examiner System. Requests can be made in writing to the laboratory or by calling the Litigation Support Section at the local supporting Forensic Toxicology Drug Testing Laboratory.

Drugs Tested Codes:

- | | | |
|---------------------------------|---|--------------------------------|
| A - Amphetamines | B - Barbiturates | C - Cocaine |
| E- Ecstasy | H - Heroin | L - Lysergic Acid Diethylamide |
| O - Opiate | P -Phencyclidine | S - Steroids |
| T-Tetrahydrocannabinol | Y-Oxycodone/Oxymorphone | |
| D-Hydrocodone/
Hydromorphone | Z-Benzodiazepines (Nordiazepam, Oxazepam, Temazepam, Alprazolam, Lorazepam) | |

FOR OFFICIAL USE ONLY

Glossary

Section I Abbreviations

AMEDD

Army Medical Department

ACSAP

Army Center for Substance Abuse Programs

ASAP

Army Substance Abuse Program

ATTRS

Army Training Requirements and Resources System

BAC

base area code

DAMIS

Drug and Alcohol Management Information System

DOD

Department of Defense

DODI

Department of Defense Instruction

DSN

Defense Switched Network

MEDCOM

United States Army Medical Command

MRO

medical review officer

MTF

military treatment facility

ng/ml

nanograms per milliliter

*MEDCOM Reg 40-51

QA

quality assurance

SF

standard form

Section II

Terms

There are no entries for this section.

The proponent of this publication is the Office of the Assistant Chief of Staff for Health Policy and Services. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-H, 2748 Worth Road, Fort Sam Houston, TX 78234-6010.

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