

## **WHAT IS AN MRO (MEDICAL REVIEW OFFICER)?**

MRO is defined (by 49-CFR part 40 -- Section 4.0.121) as: "A licensed physician responsible for receiving laboratory results generated by an agency's drug testing program who has knowledge of substance abuse disorders and controlled substance testing. As of Jan 2003 the MRO must complete an approved training program and examination and complete 12 hours of continuing education every 3 years."

## **MRO CERTIFICATION:**

There are two certifying bodies: (Both offer training courses as well as certification.)

- **Medical Review Officer Certification Council (MROCC)**
- **American Association of Medical Review Officers (AAMRO)**

## **THE FUNCTIONS OF THE MRO:**

The MRO has the following basic responsibilities:

1. Acts as an independent and impartial "gatekeeper" and advocate for the accuracy and integrity of the drug testing process.
2. Provides a quality assurance review of the drug testing process for the specimens. This includes, but is not limited to:
  - a. Ensuring the review of the Chain of Custody (C.O.C) on all specimen collections for the purposes of determining whether there is a problem that may cause a test to be cancelled.
  - b. Providing feedback to employers, collection sites and laboratories regarding performance issues where necessary.
  - c. Determines whether there is a legitimate medical explanation for confirmed positive, adulterated, substituted, and invalid drug test results from the laboratory.
  - d. Investigates and corrects problems where possible and notifies appropriate parties (e.g., DOT and employers, service agents) where assistance is needed, (e.g., cancelled or problematic tests, incorrect results, problems with blind specimens).
  - e. Ensures the timely flow of test results and other information to employers.
  - f. Protects the confidentiality of the drug testing information.

## THE MRO REVIEW PROCESS:

Possible reported test results from the MRO:

**A. Negative** – no further testing is needed (This is what we want for all results). Review and reporting of negative results can be done by staff supervised by the MRO.

**B. Cancelled** (with remarks as to reason) – Causes of a “CANCELLED test:

1. Primary specimen ("Bottle A") is found to be "unsuitable" (suspected but not proven adulteration). This may be due to an "explainable" cause such as NSAID's etc.
2. Split specimen is found to be "unsuitable" AND a retest is requested.
3. Uncorrected or uncorrectable "fatal flaw" occurs on C.O.C. form.
4. Split specimen ("Bottle B") is not available for testing AND a retest is requested.

### Notes on cancelled tests:

- In cases of pre-employment, return to duty, and follow-up drug testing, a test which is declared "cancelled" will have to be repeated because of the DOT requirement for a **NEGATIVE** test.
- Some employers have a policy of responding to all "cancelled" tests with a re-test. This may be a wise policy, but they are NOT doing so because federal rules require it.

**C. Positive** (with name of drug)

The MRO must conduct a medical interview with EVERY DONOR on every lab-positive result. The primary purpose of the donor interview is to determine if there is an alternative (legal) explanation for the urine test results.

- The MRO will discuss the results from the lab with the donor and confirm any legitimate explanation for the result (prescribed medications, medications for surgical/dental procedures, etc.).
- If a legitimate explanation for the “lab positive” result is found, the donor is informed the test will be reported “**Negative**” to the employer. The employer should not be aware that a “lab positive” result was reported to the MRO.
- For DOT regulated testing the donor is informed that the Split specimen (Bottle B) was collected and can be sent to another lab for confirmation if the result is disputed by the donor.
- For non-DOT testing in Maryland, the MRO informs the donor that the original specimen (Bottle A) can be sent to another lab for confirmation if the result is in dispute. This is done at the donor’s expense.

## **WHEN CAN A POSITIVE TEST BE REPORTED WITHOUT AN MRO INTERVIEW:**

- If donor refuses to discuss the results, i.e. if the donor responds to the MRO call, but refuses to discuss the result with the MRO, the MRO may release the result to the employer 3 days after contact with the employee.
- If donor proves difficult or "impossible" to find., the MRO may issue the report of "non contact positive" if:
  - The donor has been contacted and has not called the MRO within 10 days.
  - If neither the MRO nor the employer has been able to reach the donor after making reasonable attempt for a period of 10 days [from the date the MRO receives the confirmed lab report].

## **WHAT DRUGS DO WE TEST FOR?**

### **1. DOT regulated testing: The "NIDA-5" panel tests for the following five drugs of abuse only:**

- Marijuana
- Cocaine
- Amphetamines
- Opiates
- PCP

### **2. Non-DOT testing:**

Can test for many other prescription drugs:

- Ecstasy
- Synthetic Opiates (percodan, etc.)
- Benzodiazepams (valium, etc.)
- Barbiturates
- Many others if willing to spend the money

There are pros & cons to this expanded testing:

- Find other prescription drug abuse that can affect workplace safety.
- Most will be legitimately prescribed and will be called negative by the MRO, but the result may be delayed due to MRO needing to speak to employee before releasing result.
- Confidentiality issues.