

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 18, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB13-0000605	Date of Injury:	06/14/2012
Claim Number:	[Redacted]	Application Received:	10/15/2013
Claims Administrator:	[Redacted]	Assignment Date:	09/12/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99070-NDC 45861000405		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]
[Redacted]

cc: [Redacted]
[Redacted]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Official Medical Fee Schedule
- Negotiated contracted rates:
- Red Book
- Other: OMFS Pharmacy Fee Schedule

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Provider is dissatisfied with denial of Medrox Patches NDC 45861000405
- Per Labor Code Section 5307 (e 2) compounded drug products are to be billed by the pharmacy or dispensing physician at the ingredient level by National Drug Code (NDC) and quantity.
- Under California MTUS, it states that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, adrenergic receptor agonists, adenosine, cannabinoids, α - adrenergic receptor agonists, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The medication being requested is Medrox patches which contain the ingredient capsaicin of .0375% which is listed under the non - recommended medications at this formulation on the California MTUS Guidelines.

- Claims Administrator’s authorization for the pharmaceuticals was not submitted as part of the documentation for this review. This issue regards a request for payment for unauthorized services. Without a copy of the Claims Administrator’s authorization, it does not appear the Medrox Patches were authorized by the Claims Administrator or dispensed to the injured worker within the Claims Administrator’s guidelines ; therefore, reimbursement is not recommended

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of NDC 45861000405 is not warranted.

Date of Service: 4/29/2013						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
NDC 4586100 0405	\$510.00	\$0.00	\$31.20	5	\$0.00	DISPUTED SERVICE: No reimbursement recommended

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