

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 29, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001360	<b>Date of Injury:</b>	06/28/2002
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	09/18/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	10/14/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	99070, NDC# 00603388732 Norco 10/325 mg #120 & 99070, NDC# 53746046600 Ibuprophen Tabs 800 mg #60		

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. 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]

Medical Director

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

## 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 seeking remuneration for medications: 99070, NDC 00603388732 Norco 10/325 mg #120 & 99070 and NDC 53746046600 Ibuprophen Tabs 800 mg #60, dispensed on 07/07/2014.
- 08/01/2014, 08/25/2014 EOR indicate, “per Adjuster, only the Ibuprofen was authorized.”
- September 29, 2014 Letter from Claims Administrator (copy sent to Provider) states NDC 00603388732 Norco 10/325 mg as “paid zero per adjusters instructions pending outcome of UR decision.” And “Charges for Hydorcodone-Acetaminophen NDC 00603388732 were disallowed in their entirety” post 07/21/2014 IMR Review. Claims Administrator recommendation regarding NDC 00603388732 Authorization are provided in the September 29, 2014 letter.
- Unable to recommend reimbursement for NDC 00603388732 as Claims Administrator states medication was deemed “not medically necessary” by IMR Physician on 7/21/2014.
- 08/28/2014 NDC 53746046600 Ibuprophen Tabs 800 mg #60 Provider Reimbrused minus PPO discount.
- Additional reimbursement is not warranted for NDC 53746046600 Ibuprophen Tabs 800 mg #60.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99070, NDC 00603388732 Norco 10/325 mg #120 & 99070 and NDC 53746046600 Ibuprophen Tabs 800 mg #60.**

Date of Service: 07/07/2014						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99070	\$ 109.20	\$ 0.00	\$ 109.20	120	\$ 0.00	99070, NDC 00603388732 Norco 10/325 mg #12
99070	\$ 14.40	\$ 9.42	\$ 14.40	60	9.42	PPO Contract 99070, NDC 53746046600 Ibuprophen Tabs 800 mg #60.

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]