

**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]

<b>IBR Case Number:</b>	CB14-0001432	<b>Date of Injury:</b>	04/29/2011
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	09/26/2014
<b>Claims Administrator:</b>	[Redacted]		
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	NDC # 00228271711; 00603388732; 005913137630; and 76218121901		

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.

IBR Case Assigned: 10/29/2014

**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]  
Chief Coding Reviewer

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:** The Provider is dissatisfied with the reimbursement of dispensed pharmaceuticals: NDC 00228271711; 00603388732; 005913137630; and 76218121901.
- Provider is billing and seeking additional reimbursement for the following dispensed pharmaceuticals: 00228271711 Diclofenac 100MG #30; 00603388732 Acetaminophen/Hydrocodone 325/10MG #60; 0059131376360 Nizatidine 150MG #60; and Cyclobenzaprine 7.5MF #30.
- Supporting documentation was not submitted.
- The following documentation was not supplied with the IBR case: prescription for dispensed medications; or documentation medication was dispensed to the patient.
- IBR reviewer unable to determine whether the medication was actually dispensed to the patient or if the patient was provided a written prescription; documentation of event unclear.
- Additional reimbursement is not recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of NDCs 00228271711;  
00603388732; 005913137630; and 76218121901

Date of Service: 6/13/2014						
Dispensed Pharmaceuticals						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
00228271711	\$ 78.00	\$ 8.14	\$ 69.86		\$ 8.14	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted.
00603388732	\$ 42.60	\$ 7.67	\$ 34.93		\$7.67	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted
005913137630	\$ 117.60	\$ 8.05	\$ 109.55		\$8.05	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted
76218121901	\$104.10	\$91.30	\$12.80		\$91.30	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

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