

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 3, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001829	Date of Injury:	06/20/2000
Claim Number:	[REDACTED]	Application Received:	10/07/2015
Assignment Date:	10/26/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/14/2015 – 5/14/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	S5000 x 3 (NDCs 664240003010, 50111043303, 68462012605)		

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,

Paul Manchester, M.D., M.P.H.
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
- OMFS

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 S5000 x 3 (NDCs 66424003010, 50111043303, 68462012605) dispensed on 05/14/2015.**
- The Claims Administrator denied reimbursement stating service “unrelated to work related injury.”
- Authorization for medications dispense to Injured Workers are required.
- Medication in question reflects Retroactive Authorization dated 05/23/2015. Retroactive Authorization indicates the following:
 - Trazadone, 50 mg #60 for dates of service **05/18/2015** – 05/18/2015.
 - Colace 100mg #50 for dates of service **05/18/2015** – 06/17/2015.
 - Norco 10/325mg #120 for dates of service **05/18/2015** – 05/15/2015.
- Date of service **05/14/2015**. Although the medication listed on the Retroactive Authorization reflects the medication in question, the **retroactive date does not reflect the date of service** in question.
- **CCR § 9792.5.7.** Requesting Independent Bill Review (b) Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, **including issues of contested liability** or the applicability of a contract for reimbursement rates under Labor Code section 5307.11 shall be resolved before seeking independent bill review.
- **Based on the aforementioned documentation and guidelines, reimbursement for S5000 x 3 (NDCs 66424003010, 50111043303, 68462012605) is not supported.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: S5000 x 3 (NDCs 664240003010, 50111043303, 68462012605)

Date of Service: 05/14/2015 Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
S5000 x 3 (NDCs 6642400 3010, 5011104 3303, 6846201 2605)	\$225.80	\$0.00	\$225.80	60 60 120	\$0.00	Refer to Analysis

Copy to:

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

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]