

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 21, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0002192	Date of Injury:	02/21/2013
Claim Number:	[Redacted]	Application Received:	11/30/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	08/17/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99070 (NDC 76218121901, 76218070805)		

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: 12/17/2015

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, MD, MPH
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
- Red Book

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 seeking remuneration for 99070 - NDCs 76218121901, Cyclobenzaprine, and 76218070805, Tramadol.
- Claims Administrator denied NDCs with rationale “missing/incomplete/unidentifiable NDC#, or other prescription info.”
- Chart/prescription information not provided.
- CMS 1500 form indicates medication billed to Claims Admin for Injured Worker on 8/17/2015.
- Prescription Documentation Not Provided.
- **Cyclobenzaprine 76218121901:** Documentation as to how (i.e., part of a cream or liquid based prescription, etc.) and when Cyclobenzaprine HCL was dispensed was not provided during this IBR. A CMS 1500 form is not proof that the Injured Worker was dispensed the medication in question. As such, a Final Determination cannot be made without this supportive documentation. as to how and when Gabapentin was dispensed was not provided during this IBR. As such, a Final Determination cannot be made without this supportive documentation.
- **Tramadol NDC 76218070805:** Documentation as to how (i.e., part of a cream or liquid based prescription, etc.) and when Tramadol was dispensed was not provided during this IBR. A CMS 1500 form is not proof that the Injured Worker was dispensed the medication

in question. As such, a Final Determination cannot be made without this supportive documentation.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and insufficient prescription documentation provided, i.e., exact number of grams utilized for each NDC in question, additional reimbursement is not warranted for 99070 Tramadol NDC 76218070805 and 99070 NDC 76218121901 Cyclobenzaprine.

Date of Service: 08/17/2015						
Pharmacy Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99070 NDC 76218070805 - Tramadol	7621807\$469 .80	\$0.00	\$469.80	60	\$0.00	Refer to Analysis
99070 NDC 76218121901 - Cyclobenzaprine	\$208.20	\$0.00	\$208.20	60	\$0.00	Refer to Analysis

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