

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 13, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0001155	Date of Injury:	05/22/2003
Claim Number:	[Redacted]	Application Received:	07/16/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	05/23/2013		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99070 (NDC 49452240702, 51927428300, 62991156705, 49452005401) Cyclobenzaprine 4% + Capsaicin .05% transdermal compound cream		

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, 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
- Negotiated contracted rates:
- 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 dissatisfied with reimbursement of billed code 99070 (NDCs 49452240702, 51927428300, 62991156705, 49452005401) Cyclobenzaprine 4% + Capsaicin .05% transdermal compound cream for date of service 5/23/2013.
- 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.
- Provider submitted a Request for Authorization for Medical Treatment which documents a request for Caps 0.05% + Cyclo 4% along with other medication. RFA is signed by the Provider and dated 5/23/2013.
- Provider's PR-2 documents under Treatment Plan: "If needed for insomnia, capsaicin cream, and the Medrox patches" and under Request for Authorization: "CM4-Caps 0.05% + Cyclo 4%"
- Documentation does not support the Cyclobenzaprine 4% + Capsaicin .05% transdermal compound cream was dispensed by physician on date of service 5/23/2013.
- Based on documentation reviewed, additional reimbursement of Cyclobenzaprine 4% + Capsaicin .05% transdermal compound cream is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code NDCs 49452240702, 51927428300, 62991156705, 49452005401 Cyclobenzaprine 4% + Capsaicin .05% transdermal compound cream.

Date of Service: 05/23/2013					
Pharmacology					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
NDCs 49452240702, 51927428300, 62991156705, 49452005401	\$916.84	\$42.07	\$293.82	\$0.00	DISPUTED SERVICE: See Analysis

Copy to:

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