

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 9, 2015

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

<b>IBR Case Number:</b>	CB14-0001568	<b>Date of Injury:</b>	01/11/2013
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	10/20/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	11/12/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	(99070) NDC# 76218121910		

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
- National Drug Code Directory

## 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 full remuneration for medications: 99070, NDC 76218121910 Feximid (Flexeril/Cyclobenzaprine) 7.5 mg #270, dispensed to Injured Worker 04/09/2014.**
- Claims Administrator reimbursed \$165.39 of \$893.70 with the following rationale: “Reimbursement is based on the applicable reimbursement fee schedule.”
- Submitted NDC 76218121910 compared to Injured Worker visit documentation reflects a discrepancy in codes.
- Visit documentation reflects typed medication label NDC 76218-1219-01
- Submitted NDC code search did not reveal a match.
- Documented NDC code revealed “1000 Tablets in 1 bottle.”
- Visit documentation reflects “Bottles Filled: 3” for a total of 270 tablets.
- Due to the discrepancy in NCD numbers and actual amount of tablets billed versus dispensed to Injured Worker, reimbursement cannot be recommended.

The table below describes the pertinent claim line information.

### **DETERMINATION OF ISSUE IN DISPUTE: 99070, NDC 76218121910 Feximid (Flexeril/Cyclobenzaprine) 7.5 mg #270**

<b>Date of Service:</b> 04/09/2014						
<b>Physician Services</b>						
<b>Service</b>	<b>Provider</b>	<b>Plan</b>	<b>Dispute</b>	<b>Units</b>	<b>Workers'</b>	<b>Notes</b>

<b>Code</b>	<b>Billed</b>	<b>Allowed</b>	<b>Amount</b>		<b>Comp Allowed Amt.</b>	
99070	\$893.70	\$165.39	\$709.99	270	\$ 0.00	99070, NDC 76218121910 Feximid (Flexeril/Cyclobenzaprine) 7.5 mg #270 – Refer to Analysis

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]