



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION DECISION AND ORDER

General Information

Requestor Name

Memorial Compounding Pharmacy

Respondent Name

Hartford Underwriters Insurance

MFDR Tracking Number

M4-19-1863-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

November 15, 2018

Response Submitted By:

The Hartford

Requestor's Position Summary

"These medications do not require preauthorization therefore do not need a retrospective review."

Respondent's Position Summary

"The guidelines indicate that any compounded product such as this is not supported if any product in the compounded medication is not supported. There's lack of documented efficacy by peer reviewed literature regarding cyclobenzaprine. There is no indication why the patient cannot take oral cyclobenzaprine."

Service in Dispute

Table with 4 columns: Date of Service, Disputed Service, Amount in Dispute, Order. Row 1: April 17, 2018, Meloxicam, Flurbiprofen, Tramadol, Cyclobenzaprine, Bupivacaine, Ethoxy Diglycol, Versapro Cream, Compounding fee, \$726.62, \$0.00

Authority

This medical fee dispute is processed pursuant to Texas Labor Code 413.031 (c) and 28 Texas Administrative Code §133.307 of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- The compound in question was denied during prospective review for medical necessity.
The insurance carrier attached a copy of documentation that supports an adverse determination as required by 28 TAC §133.307(d)(2)(I)

Findings

The service in dispute is a compounded medication. Applicable 28 TAC §134.530 states that preauthorization is only required for any prescription drug created through compounding prescribed before July 1, 2018 that contains a drug identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary, and any updates.

Although the compound in dispute did not contain an "N" drug, the prescriber in this case voluntarily sought preauthorization or prospective utilization review from the insurance carrier on March 9, 2018. As a result, the

insurance carrier performed utilization review. The insurance carrier presented evidence that it performed the utilization review in accordance with Insurance Code, Chapter 4201 and Chapter 19, Subchapter U of the Texas Administrative Code. Additionally, the carrier presented evidence that it performed utilization review prior to or concurrent with the processing of the medical bill in dispute as required by 28 Texas Administrative Code §133.240.

The prescriber's request for preauthorization was denied on March 15, 2018. The utilization reviewer attempted to contact the physician twice on March 9, 2018 and twice on March 12, 2018 but was unable to speak to prescribing physician.

Both the prescriber and Memorial Compounding Pharmacy were notified of the denial on March 15, 2018. There is no evidence that the prescriber or Memorial sought reconsideration of appeal of the denial.

For that reason, we conclude that no payment is due.

Conclusion

The prescriber requested preauthorization for the compound in dispute. The preauthorization request was denied. Memorial Compounding Pharmacy was notified of the denial. No payment is due.

ORDER

Based on the submitted information the division has determined that the requestor is not entitled to reimbursement for the services in dispute.

Authorized Signature

_____	_____	September 6, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

RIGHT TO APPEAL

Either party to this medical fee dispute may seek review of this division decision. To appeal, submit form division Form-045M titled **Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by the division within twenty days of your receipt of this decision. This decision becomes final if the request for review of this decision is not timely made.

The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

If you have questions about the division Form-045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to CompConnection@tdi.texas.gov