



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-22-2504-1

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2022	Diclofenac Sodium Gel 1%	\$174.20	\$0.00
	Gabapentin 100 mg Capsules	\$89.44	\$43.93
	Total	\$263.64	\$43.93

Requestor's Position

The alternate vender originally paid the bill regarding line items NDC# 21922-0009-09, NDC#69097-0813-07. Memorial Wellness Pharmacy later received an Explanation of Benefits from the alternate vendor reversing this payment. However, on the explanation of benefits there was no reason for the reduction or denial.

Amount in Dispute: \$263.64

Respondent's Position

This gel and the gabapentin are both also unrelated to the compensable injury, as prescribed for conditions long ago found non-compensable.

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

The explanations of benefits submitted to do not provide a reason for non-payment of the drugs in question.

Issues

1. Is Memorial Compounding Rx (Memorial) entitled to review of the drug Diclofenac Sodium 1% Gel?
2. Did the insurance carrier raise a new defense in its response?
3. Is Memorial entitled to additional reimbursement?

Findings

1. Memorial is seeking reimbursement, in part, for Diclofenac Sodium 1% Gel.

DWC finds that this drug for this date of service was addressed in Medical Fee Dispute Resolution Tracking Number M4-22-2254-01. No additional information was submitted regarding this drug. DWC finds that Memorial is not entitled to another review of this drug.

2. In its position statement, Zurich American Insurance Co., on behalf of the insurance carrier, argued that "gabapentin [is] also unrelated to the compensable injury, as prescribed for conditions long ago found non-compensable."

The response from the insurance carrier is required by 28 TAC §133.307 (d)(2)(F) to address only the denial reasons presented to the health care provider before to the request for medical fee dispute resolution (MFDR) was filed with DWC. Any new denial reasons or defenses raised shall not be considered in this review.

The submitted documentation does not support that a denial based on relatedness was provided to Memorial before this request for MFDR was filed. Therefore, DWC will not consider this argument in the current dispute review.

3. Because Zurich American Insurance Co. failed to support its denial reason for the service in this dispute, DWC finds that Memorial is entitled to reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503 (c).

- Gabapentin 100 mg tablets: $(0.5324 \times 60 \times 1.25) + \$4.00 = \$43.93$

The total allowable reimbursement is \$43.93. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$43.93 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Zurich American Insurance Co. must remit to Memorial Compounding Rx \$43.93 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 30, 2022

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.