

Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

INJURED WORKERS PHARMACY LLC

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-23-0877-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

December 15, 2022

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|---------------------------------------|------------------------|-------------------|-------------------|
| May 25, 2022 through June 27, 2022 | Prescribed Medications | \$4,038.46 | \$3,051.76 |
| Total | | \$4,038.46 | \$3,051.76 |

Requestor's Position

"Carrier denied the medication SUMATRIPTAN SUCC 25 MG TABLET for medical necessity... The medication QUETIAPINE FUMARATE 50 MG TAB denied on both dates for prior authorization. However, our pharmacy did in fact receive prior authorization for the medication prior to filling."

Amount in Dispute: \$4,038.46

Respondent's Position

"In a review of the dispute packet, the requestor has failed to submit documentation to substantiate that preauthorization was obtained for these medications. While the provider states that our UR agent was contacted, they did not provide the certification letter to support preauthorization had been obtained as I do not show that authorization number in our system as a review of the ODG formulary did not find these NDC codes as being Y-status medications."

Response Submitted by: SORM

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).

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 15 - Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
- 16 - Claim/service lacks information which is needed for adjudication.
- W3 - Reporting purposes only.
- Note: No current medical to support the use for this medication for the treatment for compensable injury.
- Note: Need documentation to support necessity of medication.
- Note: There is no scientific or clinical evidence demonstrating the potential efficacy for this delivery method for these medications, therefore, preauthorization is required.
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- 18 - Exact duplicate claim/service.

Issues

1. Is the insurance carrier's denial reason supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking reimbursement for SUMATRIPTAN SUCC 25 MG TABLET dispensed on May 25, 2022, May 26, 2022, and QUETIAPINE FUMARATE 50 MG TAB, dispensed on May 26, 2022 and June 27, 2022. The insurance carrier denied the disputed medications due to lack of preauthorization.

28 TAC §134.503 (b)(1)(A) states, "(b) Preauthorization for claims subject to the Division's closed formulary. (1) Preauthorization is only required for: (A) drugs 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..."

Review of the *ODG Treatment in Workers' Comp* (ODG) / Appendix A indicates:

- SUMATRIPTAN SUCC 25 MG TABLET - Drug identified with status "Y."
- QUETIAPINE FUMARATE 50 MG TAB - Drug identified with status "N."

The DWC finds the medication, SUMATRIPTAN SUCC 25 MG rendered on May 25, 2022 and May 26, 2022 is identified as a "Y" status drug and therefore preauthorization is not required. The DWC finds that the insurance carrier's denial reason is not supported and reimbursement is recommended for this medication.

The DWC finds the medication, QUETIAPINE FUMARATE 50 MG TABLETS rendered on May 26, 2022 and June 27, 2022 is identified as a "N" status drug and therefore preauthorization is required. Review of the submitted documentation does not support that preauthorization was obtained for this drug, as a result, reimbursement is not recommended for this drug.

2. 28 TAC §134.503 (c) states the insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of the fee established by the following formulas based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price guide or other publication of pharmaceutical pricing data in effect on the day the prescription drug is dispensed:

- Generic drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

| Date of Service | Drug | NDC | Generic (G) | Quantity Price/Unit | AWP Formula | Billed Amount | Lesser of AWP and Billed Amount |
|-----------------|-----------------------|-------------|-------------|---------------------|-------------|---------------|---------------------------------|
| 5/25/22 | Sumatriptan Succ 25MG | 00378563059 | G | #45 \$27.05556 | \$1,525.88 | \$1,525.88 | \$1,525.88 |
| 5/26/22 | Sumatriptan Succ 25MG | 00378563059 | G | #45 \$27.05556 | \$1,525.88 | \$1,525.88 | \$1,525.88 |
| Total | | | | | \$3,051.76 | \$3,051.76 | \$3,051.76 |

The DWC finds that the requestor is entitled to reimbursement in the amount of \$3,051.76 is due. Therefore, this amount is recommended.

Conclusion

The outcome of each independent medical fee dispute relies on the relevant evidence the requester and respondent present at the time of adjudication. Although all the evidence in this dispute may not have been discussed, it was considered.

The DWC finds the requester has established that reimbursement is due. As a result, the amount ordered is \$3,051.76.

Order

Under Texas Labor Code §§413.031 and 413.019, the DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requester the amount of \$3,051.76 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

| | | |
|-----------|--|-------------------|
| _____ | _____ | February 21, 2023 |
| Signature | Medical Fee Dispute Resolution Officer | 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. The DWC must receive the request within **20-days** of when you receive this decision. You may fax, mail, or personally deliver your request to the DWC using the contact information on the form or the field office handling the claim. If you have questions about the 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 the 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 512-804-4812.