



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Injured Workers Pharmacy
LLC

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-24-0834-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

December 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 29, 2023	15370017030 Relafen DS 1,000 mg tablet	\$3,061.46	\$0.00
March 30, 2023	15370017030 Relafen DS 1,000 mg tablet	\$3,214.34	\$0.00
April 25, 2023	15370017030 Relafen DS 1,000 mg tablet	\$4,016.92	\$0.00
May 24, 2023	15370017030 Relafen DS 1,000 mg tablet	\$4,016.92	\$0.00
June 21, 2023	15370017030 Relafen DS 1,000 mg tablet	\$4,016.92	\$0.00
Total		\$16,071.68	\$0.00

Requestor's Position

"The carrier is denying payment on the REFLAFEN DS 1,000 MG TABLET because we are shipping the brand medication over the generic. We sent an appeal on all dates in question explaining that there is no generic version of the REFLAFEN DS 1,0000 MG TABLET commercially available to fill at this time. Box 18 on the DWC66 also has "No Generic Available" checked off on all invoices that were submitted for this medication. If the generic was available, that is what we would fill

unless the provider deemed the brand medically necessary.”

Amount in Dispute: \$16,071.68

Respondent's Position

“Injured Workers Pharmacy contends that no generic is available for Relagen[sic] DS 1,000 MG tablets, however, after searching the internet Texas Mutual has found that a generic is available. The generic medication, Nabumetone, is available in 1,000 MG dosage. Neither the health care provider prescribing the medication nor the pharmacy submitted documentation explaining why the name brand is needed over the generic.”

Response submitted by: Texas Mutual

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.502](#) sets out the guidelines for pharmaceutical services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 859 – Provider documentation does not support the use of brand name over generic
- 892 – Relafen does have a generic available.
- CAC-P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 759 – Documentation does not support the continued use of the medication for this

patient.

- 891 – No additional payment after reconsideration.
- 892 – Denied in accordance with DWC Rule and/or medical fee guideline including current CPT code descriptions/instructions.

Issues

1. Is the respondent's position statement supported?

Findings

1. The requestor is seeking reimbursement of oral medication in March, April, May, and June of 2023. The insurance carrier denied the medication as "Relafen does have a generic available," and states in their position statement, "The generic medication, Nabumetone, is available in 1,000 MG dosage."

DWC Rule §134.502 (a)(3) states, "The doctor shall prescribe generic prescription drugs when available and clinically appropriate. If in the medical judgment of the prescribing doctor a brand-name drug is necessary, the doctor must specify on the prescription that brand-name drugs be dispensed in accordance with applicable state and federal law, and must maintain documentation justifying the use of the brand-name drug, in the patient's medical record."

Review of the applicable Appendix A for on the DWC web site found the following.

ODG Workers' Compensation Drug Formulary

<u>Generic Name</u>	<u>Brand Name</u>
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Nabumetone	Relafen
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Based on the requirements of the Rule shown above, the prescribing doctor must justify the use of the brand-name drug. Review of the submitted documentation found no indication other than requestor's statement that generic unavailable which is not supported by information shown above.

The insurance carrier's denial and position statement are supported. No payment 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 not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 12, 2024
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.