

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-11-03.

I. DISPUTE

Whether there should be reimbursement for prescription medications for date of service 12-19-03 through 04-01-03.

II. FINDINGS

On 01-20-04, the Division submitted a Notice to the requestor to notify the requestor that the Medical Review Division dismissed the medical necessity request as the file contained unresolved medical fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

Prescriptions for Celebrex 200 mg # 30 and Tizanidine 4 mg # 30 for dates of service 12-19-02 through 04-01-03 denied with E, R/N codes. No TWCC-21 is on file regarding entitlement or relatedness in regard to prescription medications. The denied services will be reviewed as fee issues per the 96 Medical Fee Guideline. Per Rule 134.503 reimbursement is recommended in the amount of **\$534.87** (\$98.16 Celebrex date of service 12-19-02, \$52.07 Tizanidine date of service 01-17-03, \$193.32 Celebrex date of service 03-04-03 and \$193.32 Celebrex date of service 04-01-03).

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for prescription medications

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 12-19-02 through 04-01-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

MDR Tracking #: M5-04-1065-01

The above Findings and Decision and Order are hereby issued this 5th day of October 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh