



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts, LLC

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-24-2116-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

May 31, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 7, 2023 – April 9, 2024	Pregabalin 50 mg	\$12,680.50	\$7,608.30

Requestor's Position

"MyMatrixx said the patient's Pregabalin 50 MG was denied for a lack of authorization. Pregabalin was a Y drug on the ODG formulary each time the medication was filled and did not require preauthorization."

Amount in Dispute: \$12,680.50

Respondent's Position

Initial Statement: "... the carrier's position that the medication in question was prescribed for the very condition that the ALJ previously found to not be part of the compensable injury. Thus, the carrier has an extent of injury dispute in which it has already prevailed at a CCH. Providing medical treatment including medications for a condition that is not part of the compensable injury is not reimbursable."

Supplemental Statement: "It remains the carrier's position that the provider is not entitled to Medical Fee Dispute Resolution because the prescriptions that the carrier have denied are for conditions that are not part of the compensable injury. Additionally, the carrier is attaching a

copy of its EOBs that provide other denial reasons including lack of preauthorization.”

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.240](#) sets out the procedures for payment, reduction, or denial of a medical bill.
2. [28 TAC §133.305](#) sets out the procedures for resolving medical disputes.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
4. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.
5. 28 TAC §§[134.530](#) and [134.540](#) set out the preauthorization requirements for pharmaceutical services.

Denial Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.
- P2 – Not a work related injury/illness and thus not the liability of the workers’ compensation carrier.

Issues

1. Are the services in question subject to dismissal based on extent or relatedness to the compensable injury?
2. Is Old Republic Insurance Co.’s denial based on lack of preauthorization supported?
3. Is EZ Scripts, LLC entitled to reimbursement for the drugs in question?

Findings

1. EZ Scripts, LLC is seeking reimbursement for Pregabalin 50 mg dispensed between June 7, 2023, and April 9, 2024. Old Republic Insurance Co. denied the following dates of service based on relatedness to the compensable injury:

- July 5, 2023

- August 2, 2023
- August 30, 2023
- October 25, 2023

If a dispute over relatedness to the compensable injury exists for the same service for which there is a medical fee dispute, 28 TAC §133.305(b) states that the extent or relatedness dispute must be resolved before submission of a medical fee dispute resolution request for the drugs in question.

The insurance carrier notified the requestor of the denial on an explanation of benefits as defined by 28 TAC §133.240.

No evidence was submitted to indicate that the issue was resolved for the dates of service in question before submitting this request for medical fee dispute resolution. DWC concludes that an unresolved extent or relatedness to the compensable injury issue exists for the dates of service in dispute.

DWC finds that good cause exists to dismiss the dates of service in question according to 28 TAC §133.307(f)(3).

2. Old Republic Insurance Co. denied the following dates of service based on lack of preauthorization:

- June 7, 2023
- September 27, 2023
- November 21, 2023
- February 13, 2024
- March 12, 2024
- April 9, 2024

Per 28 TAC §134.530(b)(1) and §134.540(b), preauthorization is only required for:

- drugs identified with a status of "N" in the current edition of the ODG Appendix A;
- any compound prescribed before July 1, 2018, that contains a drug identified with a status of "N" in the current edition of the ODG Appendix A;
- any prescription drug created through compounding prescribed and dispensed on or after July 1, 2018; and
- any investigational or experimental drug.

DWC finds that Pregabalin 50 mg is not identified with a status of "N" in the applicable edition of the ODG, *Appendix A*. Therefore, this drug does not require preauthorization for this reason.

The submitted documentation does not support that the disputed drug is a compound. Therefore, this drug does not require preauthorization for this reason.

The submitted documentation does not support that the disputed drug is experimental or

investigational. Therefore, this drug does not require preauthorization for this reason.

The DWC concludes that the insurance carrier's denial of payment of the disputed drug based on preauthorization is not supported.

3. Because the insurance carrier failed to support its denial of payment for the following dates of service, EZ Scripts, LLC is entitled to reimbursement:

- June 7, 2023
- September 27, 2023
- November 21, 2023
- February 13, 2024
- March 12, 2024
- April 9, 2024

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c)(a), with relevant formula for generic drugs: ((AWP per unit) x (number of units) x 1.25) + \$4.00 dispensing fee per prescription = reimbursement amount.

Date	Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
6/7/2023	Pregabalin 50 mg	72205001290	G	\$8.42733	120	\$1,268.10	\$1,268.05	\$1,268.05
9/27/2023	Pregabalin 50 mg	72205001290	G	\$8.42733	120	\$1,268.10	\$1,268.05	\$1,268.05
11/21/2023	Pregabalin 50 mg	72205001290	G	\$8.42733	120	\$1,268.10	\$1,268.05	\$1,268.05
2/13/2024	Pregabalin 50 mg	60505379409	G	\$8.42744	120	\$1,268.12	\$1,268.05	\$1,268.05
3/12/2024	Pregabalin 50 mg	60505379409	G	\$8.42744	120	\$1,268.12	\$1,268.05	\$1,268.05
4/9/2024	Pregabalin 50 mg	60505379409	G	\$8.42744	120	\$1,268.12	\$1,268.05	\$1,268.05
							Total	\$7,608.30

The total allowable for the services in question is \$7,608.30. 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 requestor has established that reimbursement of \$7,608.30 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Old Republic Insurance Co. must remit to EZ Scripts, LLC \$7,608.30 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

July 11, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.