



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

EZ Scripts, LLC

**Respondent Name**

Massachusetts Bay Insurance Co.

**MFDR Tracking Number**

M4-25-0901-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

December 20, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 18, 2024	NDC 00406048401	\$64.38	\$0.00
February 5, 2024	NDC 50228018010	\$64.38	\$0.00
<b>Total</b>		<b>\$128.76</b>	<b>\$0.00</b>

### Requestor's Position

"Hanover Insurance Company denied the Ibuprofen filled on 01/18/2024 & 02/05/2024 for 'Denied per peer review' ... EZ Scripts is asking that the Division of Workers' Compensation order Hanover Insurance Company to pay our outstanding balance. These medications were Y drugs on the formulary each time they were filled. Thank you for your assistance in this matter."

**Amount in Dispute:** \$128.76

### Respondent's Position

"In response to the MDR I received today (attached) I am forwarding another copy of the DD report and DWC69. The claimant was placed at MMI by the Designated Doctor appointed by the TDI on 1/2/24. No further treatment was deemed necessary ... "

**Response Submitted by:** Hanover Medical Claims c/o Medata

## 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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

### Denial Reasons

No explanations of benefits were submitted for the services in dispute.

### Issues

1. Is EZ Scripts, LLC entitled to reimbursement for the drugs in question?

### Findings

1. EZ Scripts, LLC is seeking reimbursement for drugs identified with NDC numbers 00406048401 and 50228018010. DWC found no evidence of billing for these drugs. Therefore, no reimbursement can be recommended for the drugs requested in this dispute.

### 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 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

February 13, 2025

\_\_\_\_\_  
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](http://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](mailto: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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).