



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Injured Workers Pharmacy LLC

Respondent Name

Technology Insurance Company Inc

MFDR Tracking Number

M4-25-2164-01

Carrier's Austin Representative

Rep Box 17

DWC Date Received

May 8, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 14, 2024	NDC # 33342008841 / Rizatriptan	\$1,249.31	\$1,249.31
November 8, 2024	NDC # 33342008841 / Rizatriptan	\$1,249.31	\$1,249.31
December 3, 2024	NDC # 33342008841 / Rizatriptan	\$1,249.31	\$1,249.31
Total		\$3,747.93	\$3,747.93

Requestor's Position

"An appeal was submitted with medicals from the providing doctor which clearly documents the need for the medication. The medicals included a publication of the medication which states 'there is no increase in the incidence of adverse experiences after use of up to three doses of Rizatriptan within 24 hours.' I would have to believe the prescribing doctor's judgement of what's best for the patient would supersede the adjusters."

Amount in Dispute: \$3,747.93

Respondent's Position

"Requestor billed for the medication at a dosage higher than recommended by the manufacturer's package insert. There is no documentation to support using the medication not as intended. In conclusion, Requestor billed for a higher dosage of medication than intended by the manufacturer. Therefore, no reimbursement is owed."

Response Submitted by: Downs & Stanford, P.C.

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 §133.305](#) sets out the general procedures for medical dispute resolution.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy.
4. [28 TAC §133.210](#) sets out rules for Medical Documentation.

Denial Reasons

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

- VPAD – Claim/service lacks information which is needed for adjudication.
- VPNS - Payer deems the information submitted does not support this level of service.

Issues

1. Is insurance carrier's denial reason VPAD supported?
2. Is the insurance carrier's denial reason VPNS supported?
3. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement in the amount of \$3,747.93 for medication dispensed on October 14, 2024, November 8, 2024, and December 3, 2024. The insurance carrier denied the medication in dispute with denial reduction code, "VPAD – Claim/service lacks information which is needed for adjudication."

TAC Rule §133.210 states "(d) Any request by the insurance carrier for additional documentation to process a medical bill shall:

- (1) be in writing;
- (2) be specific to the bill or the bill's related episode of care;
- (3) describe with specificity the clinical and other information to be included in the response;
- (4) be relevant and necessary for the resolution of the bill;
- (5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider;
- (6) indicate the specific reason for which the insurance carrier is requesting the information;
and
- (7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation."

The insurance carrier failed to submit evidence that it made an appropriate request for additional documentation with the required specificity. The insurance carrier's denial for this reason is not supported. The requestor is therefore entitled to reimbursement for the medications in dispute.

2. The insurance carrier additionally denied the medications in dispute with denial reduction code, "VPNS - Payer deems the information submitted does not support this level of service."

Upon review of the medical documentation, it is confirmed that the requestor submitted a copy of the electronic prescription, which indicates that Rizatriptan Benzoate 10 mg was prescribed. An analysis of the pharmacy billing records shows the National Drug Code (NDC) numbers listed on the prescription and the pharmacy bill are different, however both NDCs correspond to the same medication, Rizatriptan Benzoate 10 mg dispensed to the injured employee.

Based on this review, the Division finds that the insurance carrier's denial is not supported by the evidence. Accordingly, the requestor is entitled to reimbursement for the medications dispensed on October 14, 2024; November 8, 2024; and December 3, 2024.

3. 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	Drug	NDC	Generic (G)	Price / Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed Amt
10/14/2024	Rizatriptan	33342008841	G	33.2083	30	\$1,249.31	\$1,249.31	\$1,249.31
11/8/2024	Rizatriptan	33342008841	G	33.2083	30	\$1,249.31	\$1,249.31	\$1,249.31
12/3/2024	Rizatriptan	33342008841	G	33.2083	30	\$1,249.31	\$1,249.31	\$1,249.31
TOTAL						\$3,747.93	\$3,747.93	\$3,747.93

The total reimbursement is \$3,747.93. 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 requester has established that reimbursement of \$3,747.93 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 the respondent must remit to the requestor \$3,747.93 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	June 6, 2025 Date
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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, 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.