



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-2875-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

July 11, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 25, 2024	Not Specified	\$592.86	\$0.00
November 25, 2024	Not Specified	\$101.51	\$0.00
Total		\$694.37	\$0.00

Requester's Position

"Per the Authorized physician they have not sent scripts to any other pharmacy for any medication to be filled per the denial for DOS 11/27/24."

Amount in Dispute: \$694.37

Respondent's Position

"For the 10/25/2024 date of service, the incorrect line was denied for early refill and Texas Mutual owes for the duloxetine hydrochloride ...

"Texas Mutual received the bill charges (DWC-66) from SUMMIT PHARMACY INC. Based on our audit staff's review of the bill and claim history, we determined the date filled was too early. The same prescription was filled by Genoa Healthcare on 11/19/2024 for the quantity of 60 for 30 days supply. Audit staff determined the date filled is an early refill and denied the bill appropriately ...

"Our position is that no payment is due for the 11/25/2024 date of service."

Response Submitted by: Texas Mutual Insurance Company

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.
2. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.

Denial Reasons

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

- CAC-18 – Exact duplicate claim/service
- 224 – Duplicate charge
- CAC-154 – Payer deems the information submitted does not support this day's supply
- 856 – Early refill. Documentation has not been submitted to substantiate dispensing this medication prior to previous Rx being exhausted.
- Notes: "Injured worker had the same meds filled on 11/19/2024 by different provider."
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 881 – No additional payment after reconsideration

Issues

1. Is TrustRX entitled to additional reimbursement for duloxetine hydrochloride dispensed on October 25, 2024?
2. Is the insurance carrier's denial of payment for naproxen dispensed on November 25, 2024, supported?

Findings

1. TrustRX is seeking reimbursement, in part, for duloxetine hydrochloride dispensed on October 25, 2024. Documentation submitted to DWC supports that payment was made for this drug on or about August 1, 2025. No additional reimbursement is recommended for this drug.
2. TrustRX is also seeking reimbursement for naproxen dispensed on November 25, 2024. The insurance carrier denied this drug, in part, stating "Early refill. Documentation has not been submitted to substantiate dispensing this medication prior to previous Rx being exhausted." The insurance carrier further stated in its position statement, "The same prescription was filled by Genoa Healthcare on 11/19/2024 for the quantity of 60 for 30 days supply."

DWC finds that the evidence submitted by the insurance carrier supported its denial for this drug on this date of service.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 additional reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 29, 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. 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 electronico CompConnection@tdi.texas.gov.