



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

TrustRX Pharmacy

**Respondent Name**

Transportation Insurance Co

**MFDR Tracking Number**

M4-26-0075-01

**Insurance Carrier's Austin Representative**

BOX 57 Continental Casualty Co

**DWC Date Received**

September 9, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 24, 2025	Unspecified	\$23.05	\$23.05
March 21, 2025	Unspecified	\$167.06	\$167.03
<b>Total</b>		<b>\$190.08</b>	<b>\$190.08</b>

### Requester's Position

"Trustrx has complied with all timely filing requirements. The absence of any carrier response after multiple submissions constitutes an improper failure to process, leaving these bills unresolved and unpaid."

**Amount In Dispute:** \$190.08

### Respondent's Position

"At this time, Carrier maintains any and all denials. Upon receipt of the URA's response, Carrier will supplement."

**Response Submitted By:** Law Office of Brian J. Judis

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [134.503](#) sets out the reimbursement guidelines for pharmacy services.
3. 28 TAC Section [134.530](#) sets out the requirements of prior authorization of pharmacy services.
4. 28 TAC Section [133.240](#) sets out requirements of adverse determinations.
5. 28 TAC Section [19.2003](#) sets out requirements of utilization review.
6. 28 TAC Section [19.2010](#) sets out requirements prior to issuing adverse determination.
7. Texas Labor Code Section [408.021](#) sets out entitlement to medical benefits.

### Adjustment Reasons

- 5105 – First Script has denied the line as the claim was not eligible for pharmacy benefits on date of service.
- 197 – Payment denied/reduced for absence of precertification/authorization.
- 5026 – Scriptadvisor has denied the line for utilization.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial for eligibility supported?
3. Is the insurance carrier's denial for utilization supported?
4. Was prior authorization required?
5. What rule is applicable to reimbursement?
6. Is the requester entitled to reimbursement?

### Findings

1. The requester is seeking reimbursement for the medication Methocarbam for date of service January 24, 2025 and Cyclobenzaprine and Naproxen for date of service March 21, 2025. The insurance carrier denied the claims based on lack of eligibility, utilization and lack of prior authorization. The amount in dispute is \$190.08.
2. DWC finds that Texas Labor Code (TLC) Section 408.021 applies to the injured employee's entitlement to the disputed medical benefits, which states in pertinent part, "ENTITLEMENT TO MEDICAL BENEFITS. (a) An employee who sustains a compensable injury is entitled to all

health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment. "

TLC 408.021(b) states, "Medical benefits are payable from the date of the compensable injury."

TLC Section 401.011(19) defines "Health Care" and states in part, ". . . includes all reasonable and necessary medical aid, medical examinations, medical treatment, medical diagnoses, medical evaluations, and medical services."

DWC finds that the injured employee involved in this dispute was entitled to the medical benefits rendered on the disputed date of service. Therefore, the insurance carrier's denial reason is not supported. The disputed services will be reviewed per applicable fee guidelines.

3. 28 Texas Administrative Code Section 133.240(q) states, in relevant part, "When denying payment due to an adverse determination under this section, the insurance carrier shall comply with the requirements of Section 19.2009 of this title ... Additionally, in any instance where the insurance carrier is questioning the medical necessity or appropriateness of the health care services, the insurance carrier shall comply with the requirements of §19.2010 of this title ..., including the requirement that prior to issuance of an adverse determination the insurance carrier shall afford the health care provider a reasonable opportunity to discuss the billed health care with a doctor ..."

Submitted documentation does not support that the insurance carrier followed the appropriate procedures for a retrospective review denial based on utilization of the disputed services outlined in Section 19.2003(b)(31) or Section 133.240 (q).

Therefore, the insurance carrier did not appropriately raise medical necessity for this dispute, and this denial reason will not be considered in this review.

4. 28 TAC Section 134.530(b)(1)(A)(B)(C) states,
  - (1) Preauthorization is only required for:
    - (A) drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary, and any updates;
    - (B) any prescription drug created through compounding; and

- (C) any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, but that is not yet broadly accepted as the prevailing standard of care as defined in Labor Code §413.014(a).

Review of the applicable Appendix A found none of the medications in dispute are listed as “N” drugs, are not created through compounding or considered investigational or experimental. The insurance carrier’s denial for lack of prior authorization is not supported.

5. 28 TAC Section 134.50(c)(1)(A)(B) states, The insurance carrier must reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of:
  1. 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:
    - A. Generic drugs:  $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.25) + \$4.00$  dispensing fee per prescription = reimbursement amount;
    - B. Brand-name drugs:  $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.09) + \$4.00$  dispensing fee per prescription = reimbursement amount;

The calculation based on the above is as follows.

Drug Name	NDC No.	Generic (G) Brand (B)	Price/Unit	AWP	Billed Amount	Lesser of AWP and Billed Amount
Methocarbam	59651034001	G	0.507/30	\$23.05	\$23.05	\$23.05
Cyclobenzaprine	16571078310	G	1.64/30	\$65.52	\$65.52	\$65.52
Naproxen	50228043601	G	1.30/60	\$101.52	\$101.51	\$101.51

6. The total MAR per the applicable fee guideline is \$190.08. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement is due.

## Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Transportation Insurance Co must remit to TrustRX \$190.08 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

January 15, 2026

\_\_\_\_\_  
Date

### Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).