



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Injured Workers Pharmacy

Respondent Name

New Hampshire Insurance Co

MFDR Tracking Number

M4-26-0227-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 23, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 20, 2024	\$287.62	\$287.62	\$0.00
January 29, 2025	\$287.62	\$287.62	\$0.00
February 20, 2025	\$2,695.84	\$2,695.84	\$0.00
March 21, 2025	\$2,695.84	\$2,695.84	\$0.00
		\$5996.92	\$0.00

Requester's Position

"The carrier continued to say they would send our bills for payment, yet we are coming up on the year mark, and still no payment has been made for the bills in question. The appeals denied for no "pre-authorization" which is confusing because they were all pre-authorized."

Amount in Dispute: \$5,996.92

Respondent's Position

The Austin carrier representative for New Hampshire Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on September 24, 2025

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within

14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.
3. [28 TAC §134.530](#) sets out the requirements of prior authorization.

Denial Reasons

- HE70 – Product/Service not covered
- 60 (B13) – The provider has billed for the exact services on a previous bill.
- 9D(P12) – The charge for the Closed Formulary rug requires Prior Authorization as defined within Texas Administrative Code Chapter 134. Section 134.530 and 134.540. If Prior Authorization was obtained, please resubmit with a copy of the required information.
- ZR (P12) – The provider or a different provide has billed for the exact service on a previous bill where no allowance was originally recommended.
- XD (29) This bill was submitted after the billing timeliness guidelines provided.

Issues

1. Did the requester support their position statement?

Findings

1. The requester seeks reimbursement of the medication Nurtec and Topiramate. These claims were denied for lack of required prior authorization, duplicates, and past filing deadline. The requester states, "...they were all pre-authorized" and "...Topiramate UR approval from Sedgwick Auth # 5874609", "...Nurtec – verbal auth from adjuster... ...UR approval from Sedgwick Auth # 5989691."

DWC Rule 28 TAC §134.530 (b) (1) states, 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;

Review of the applicable Appendix A found both disputed medications are listed as "N" drugs. The statements made by the requester regarding services were prior authorized was not supported by documentation submitted with this dispute. Therefore, insufficient evidence was found to support the requirements applicable rules regarding "N" drugs was met. No payment is recommended.

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

_____	_____	<u>December 19, 2025</u>
Signature	Medical Fee Dispute Resolution Officer	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 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.