



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

TrustRX Pharmacy

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-26-0266-01

**Insurance Carrier's Austin Representative**

BOX 15 Downs Stanford PC

**DWC Date Received**

September 22, 2025

## Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 30, 2024	Unspecified	\$592.86	\$592.86
November 25, 2024	Unspecified	\$592.86	\$592.86
December 23, 2024	Unspecified	\$592.86	\$592.86
January 22, 2025	Unspecified	\$298.44	\$298.43
<b>Total</b>		<b>\$2,077.02</b>	<b>\$2,077.01</b>

## Requester's Position

"For the dates of service **September 30, 2024 through January 22, 2025**, DULOXETINE was dispensed and properly billed with the appropriate NDC and coding. The carrier has **denied payment citing "Prior Authorization Required."** **This denial is not appropriate** for the following reasons:

- DULOXETINE is a **"Y" status medication** under the Texas Division of Workers' Compensation pharmacy formulary, which does not require prior authorization..."

**Amount In Dispute:** \$2,077.02

## Respondent's Position

The Austin carrier representative for Indemnity Insurance Co of North America is Downs Stanford PC. The representative was notified of this medical fee dispute on September 29, 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 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 fee guidelines for services provided by a pharmacy.
3. 28 TAC Section [134.530](#) and [134.540](#) set out the preauthorization requirements for pharmaceutical services.
4. Texas Insurance Code Section [1305.101](#) set out the requirements of workers' compensation health care networks.

### Adjustment Reasons

- 242 – Services not provided by network/primary care providers.
- 230 – Treatment not authorized.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Are the denial reasons from the insurance carrier supported?
3. What rule is applicable to reimbursement?
4. Is the requester due reimbursement?

## Findings

1. The requester is seeking reimbursement for the medication Duloxetine dispensed from September 2024 through January 2025, The carrier denied the medical bills as not being provided by a network provider and treatment not authorized. The amount in dispute is \$2,077.02.
2. Regarding the denial for non-net-work provider. Texas Insurance Code Section 1305.101(c) states, prescription medication may not, directly or through a contract, be delivered through a workers' compensation health care network.

The division concludes that the disputed prescription medication dispensed by the provider is not subject to the provisions of a workers' compensation health care network.

Based on the documentation provided, DWC finds that the carrier failed to sufficiently support the denial for reimbursement.

Regarding the denial for no authorization. 28 TAC Section 134.530 (b)(1)(A)(B)(C) states, Preauthorization for claims subject to the division's closed formulary.

(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 this medication is listed as a "Y" drug. The medication is not compounded or investigational. The insurance carrier's denial is not supported. The disputed service will be reviewed per applicable fee guideline.

3. 28 TAC Section 134.503(c)(1)(A)(B)(C) states in pertinent part, 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 or the billed amount.

(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 of the total allowable amount is as follows:

Drug Name	NDC No.	Generic (G) Brand (B)	Price/Unit	AWP	Billed Amount	Lesser of AWP and Billed Amount
Duloxetine	68180029503	G	7.85/30	\$298.43	\$298.44	\$298.43
Duloxetine	68180029503	G	7.85/60	\$592.86	\$592.86	\$592.86

4. The DWC finds that the requester is entitled to reimbursement for services rendered September 30, 2024, November 25, 2024, and December 23, 2024 in the amount of \$592.86 each and for services rendered on January 22, 2025, \$298.44 is due. The total amount due to the requester is \$2,077.01. 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 Indemnity Insurance Co of North America must remit to TrustRX Pharmacy \$2,077.01 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

### **Authorized Signature**

		January 15, 2026
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 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).