



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Texas Council Risk Management Fund

MFDR Tracking Number

M4-26-0330-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 5, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|-------------------|-------------------|-------------------|------------|
| February 12, 2025 | Unspecified | \$35.26 | \$0.00 |
| May 13, 2025 | Unspecified | \$65.52 | \$65.52 |
| | | \$100.78 | \$65.52 |

Requester's Position

"We are disputing the denial of Tramadol for DOS 02/12/25 which was denied by the carrier citing "no prior authorization. ...for DOS 5/13/25 involving the medication Cyclobenzaprine, the carrier has failed to respond to submitted reconsiderations."

Amount in Dispute: \$100.78

Respondent's Position

The Austin carrier representative for Texas Council Risk Management is Burns Anderson Jury & Brenner. The representative was notified of this medical fee dispute on October 3, 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 §134.530](#) sets out the requirements of pharmacy authorization.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- HE70 – Product/Service Not Covered
- 9D (P12) – The charge for the Closed Formulary Drug requires Prior Authorization as defined within Texas Administrative Code Chapter 334, Section 134.530 and 134.540.
- N3 (B20) – A reduction was made because a different provider has billed for the exact services on a previous bill.
- XD (29) – This bill was submitted after the billing timeliness guidelines provided.
- HE75 – Prior authorization required to process this bill.

Issues

1. What rule is applicable to reimbursement?
2. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement of the following medications.
 - Tramadol HCL – Date of service February 12, 2025 denied as non-covered, lacking prior authorization and untimely submission. Review of the submitted information found insufficient evidence to support the denial for non-covered and untimely submission.

DWC Rule 134.530 (b)(1)(A) 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;

Review of the applicable Appendix A found the medication Tramadol Hydrochloride is listed as a "N" drug. Therefore, prior authorization is required.

The information submitted references a number 5936339 as the approval for fill date 2/12/25. However, review of the documents found insufficient evidence to support the required utilization review and approval. The insurance carrier's denial for lack of prior authorization is upheld for the medication Tramadol HCL.

- Cyclobenzaprine – Date of service May 13, 2025. Denied for lack of prior authorization. As shown above prior authorization is only required when the applicable Appendix A indicates the medication is a "N" drug.

Review of the applicable Appendix A found the disputed medication is listed as a "Y" drug. The insurance carrier's denial is not supported the medication, Cyclobenzaprine, will be reviewed per applicable fee guidelines.

2. DWC Rule 28 TAC §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 |
|-----------------|-------------|--------------------------|------------|---------|---------------|---------------------------------|
| Cyclobenzaprine | 16571078310 | G | 1.64/30 | \$65.52 | \$65.52 | \$65.52 |

The DWC finds that the requester is entitled to reimbursement in the amount of \$65.52.

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 established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled

to reimbursement for the disputed services. It is ordered that Texas Council Risk Management must remit to TrustRX Pharmacy \$65.52 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

Authorized Signature

| | | |
|-----------|--|--------------------------|
| _____ | _____ | <u>December 30, 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.