



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-26-0467-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

October 16, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 29, 2024	Unspecified	\$481.16	\$481.16
Total		\$481.16	\$481.16

Requester's Position

This medication has been appropriately prescribed and is related to the compensable injury under the treating physician's care. The carrier's lack of response and failure to process payment is in violation of multiple **Texas Department of Insurance (TDI) Division of Workers' Compensation (DWC) rules...**

Amount In Dispute: \$481.16

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 October 21, 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.

Adjustment Reasons

- 940 – Claim not compensable. Claim has been denied by the employer or payer.
- ASI04 – P4 – Workers Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- RARC�(illegible) – Medical provider not authorized/certified to provide treatment to injured worker in the jurisdiction.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial for compensability supported?
3. Is the insurance carrier's denial for provider not authorized/certified supported?
4. What rule is applicable to reimbursement
5. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement of the medication Ztlido for date of service October 29, 2024. The insurance carrier denied the claim as non-compensable and provider not

authorized/certified to treat. The amount in dispute is \$481.16.

2. 28 TAC Section 133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

28 TAC Section 124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

Review of the submitted information finds no copies, as required by Rule 28 TAC Section 133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule Section 124.2. The insurance carrier's denial reason is therefore not supported.

Furthermore, because the respondent failed to meet the requirements of Rule 28 TAC Section 133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution. Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury.

3. Regarding the denial as the provider not authorized/certified to provide treatment. The insurance carrier did not respond to this request for MFDR. The information submitted does not support this denial. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.
4. The service in dispute will be reviewed per the applicable fee guidelines. 28 TAC §134.503 (c)(1)(A)(B) 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: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;
 - (B) Brand-name drugs: $((\text{AWP 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
Ztlido	69557011130	B	14.59/30	\$481.16	\$481.16	\$481.16

5. The DWC finds that the requester is entitled to reimbursement in the amount of \$481.16.

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 \$481.16 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 20, 2026 Date
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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. 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.

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.