



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Injured Workers Pharmacy

**Respondent Name**

Technology Insurance Co

**MFDR Tracking Number**

M4-26-0659-01

**Insurance Carrier's Austin Representative**

BOX 17 Downs Stanford PC

**DWC Date Received**

November 6, 2025

### Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due    |
|--------------------|-------------------|-------------------|---------------|
| December 28, 2024  | 33342008841       | \$1,249.31        | \$0.00        |
| <b>Total</b>       |                   | <b>\$1,249.31</b> | <b>\$0.00</b> |

### Requester's Position

"The attached bill for DOS 12/28/2024 RIZATRIPTAM 10 MG TABLET was denied due to refill too soon. The previous fill for this medication was on 12/3/2022 for a 30-day supply. We submitted an appeal on this denial as 80% of the previous fill was used."

**Amount In Dispute:** \$1,249.31

## Respondent's Position

The Austin carrier representative for Technology Insurance Company is Downs Stanford PC. The representative was notified of this medical fee dispute on November 7, 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.

### Adjustment Reasons

1. HETI – Refill too soon.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requestor's position statement supported?

### Findings

1. The requester seeks reimbursement for the medication Rizatriptan Benzoate for date of service December 28, 2024. The insurance carrier denied the claim as filled too soon. The amount in dispute is \$1,249.31.
2. The requester states in their position statement, "the previous fill for this medication was on 12/3/2022 for a 30-day supply. Review of the submitted documentation found insufficient evidence to support the date when the medication was previously filled, or documents related to reimbursement of said previous disbursement. The statements made by the

requester was not supported, no payment 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 not established that reimbursement is due.

## **Order**

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

|           |  |                  |
|-----------|--|------------------|
| _____     | _____                                  | January 30, 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).