



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Old Republic

MFDR Tracking Number

M4-26-0711-01

Insurance Carrier's Austin Representative

BOX 44 White Espey PLLC

DWC Date Received

November 10, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 12, 2025	Tizanidine-NDC 50742-0225-15	\$132.89	\$132.88
May 8, 2025	Tizanidine-NDC 50742-0225-15	\$132.89	\$132.88
June 9, 2025	Tizanidine-NDC 50742-0225-15	\$132.89	\$132.88
July 7, 2025	Tizanidine-NDC 50742-0225-15	\$132.89	\$132.88
Total		\$531.56	\$531.52

Requester's Position

"Trust RX Pharmacy dispensed Tizanidine on the above dates of service as prescribed for the accepted compensable injury. The carrier denied payment for these claims; however, this medication has been consistently paid for both prior and subsequent dates of service, confirming its medical necessity and relation to the compensable injury."

Amount In Dispute: \$531.56

Respondent's Position

The Austin carrier representative for Old Republic Insurance Co is White Espey PLLC .
The representative was notified of this medical fee dispute on November 28, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then 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 Sections [134.530](#) and [134.540](#) set out the preauthorization requirements for pharmaceutical services.
3. 28 TAC Section [134.503](#) sets out the fee guidelines for services provided by a pharmacy.

Adjustment Reasons

1. HEA1 – Claim/Service Denied
2. H3 (B20) – A reduction was made because a different provider has billed for the exact services on a previous bill.
3. 60 – (B13) – The provider has billed for the exact services on a previous bill.
4. HE75 – Prior authorization required to process this bill.
5. 197 – Payment denied/reduced for absence of precertification/authorization.
6. 96 – Non-covered charges

Issues

1. What is DWC considering in this medical fee dispute?
2. Was prior authorization required?
3. What rule is applicable to fee guideline?
4. Does DWC find the requester is due reimbursement of the disputed services?

Findings

1. The requester seeks reimbursement of the medication Tizanidine Hydrochloride for dates of service March 12, 2025, May 8, 2025, June 9, 2025 and July 7, 2025 in the amount of \$531.56. The insurance carrier denied as non-covered, lacking prior authorization and duplicate. The denial for lack of prior will be discussed below. The other denials are not supported by documentation, nor did the insurance carrier respond to this request for MFDR.
2. 28 TAC Section 134.530(b)(1)(A-C) and 28 TAC Section 134.540(b)(1-3) states,

Preauthorization is only required for:

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;

any prescription drug created through compounding; and

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 the medication Tizanidine is listed as a "Y" drug, this medication is not compounded nor is the medication considered investigation or experimental.

The insurance carrier's denial for lack of prior authorization is not supported. The denial for duplicate and non-covered charges were not supported by the respondent. The disputed charges will be reviewed per applicable DWC fee guideline.

3. 28 TAC Section 134.503(c)(1)(A)(B)(C) states, 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
Tizanidine	50742022515	G	3.43/30	\$132.88	\$132.89	\$132.88

4. The allowed amount for the four disputed services for the medication Tizanidine is \$531.52 for each date of service. 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 Old Republic Insurance Co must remit to TrustRX Pharmacy \$531.52 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

February 12, 2026

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. 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.