



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

American Casualty Co of Reading PA

MFDR Tracking Number

M4-26-1039-01

Insurance Carrier's Austin Representative

BOX 57 Continental Casualty Co

DWC Date Received

December 10, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 16, 2025	Biofreeze – NDC 59316-0102-12	\$13.95	\$13.95
May 16, 2025	Ibuprofen - NDC 73086-0212-01	\$335.36	\$335.36
June 12, 2025	Ibuprofen - NDC 73086-0212-01	\$335.36	\$335.36
July 10, 2025	Ibuprofen - NDC 73086-0212-01	\$335.36	\$335.36
Total		\$1,020.03	\$1,020.03

Requester's Position

"All medications listed above were denied by the carrier for "no authorization", which is an incorrect denial under Texas workers' compensation rules. The Texas ODG/MTUS Drug Formulary classifies Ibuprofen and Biofreeze as "Y" status medications, meaning: "Y" status medications do NOT require prior authorization".

Amount In Dispute: \$1020.03

Respondent's Position

The Austin carrier representative for American Casualty Co of Reading is Continental Casualty Co. The representative was notified of this medical fee dispute on December 11, 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

- 197 – Payment denied/reduced for absence of precertification/authorization.
- 5026 – Scriptadvisor has denied the line for utilization.
- 18 – Exact duplicate claim/service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 247 – A payment or denial has already been recommended for this service.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on the re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

Issues

1. What is DWC considering in this medical fee dispute?
2. Was prior authorization required for the disputed medication?
3. What rule is applicable to reimbursement?
4. Has DWC determined whether reimbursement is due?

Findings

1. The requester is seeking reimbursement of the medication Biofreeze dispensed in May of 2025 and Ibuprofen dispensed in May, June and July of 2025 in the amount of \$1,020.03
2. The requester seeks payment for Biofreeze, and Ibuprofen denied by the insurance carrier citing that prior authorization was required. 28 TAC 134.530(b) 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 indicates that both Biofreeze and Ibuprofen are designated as "Y" drugs and do not require prior authorization. Therefore, the insurance carrier's denial is not supported.

3. Because the insurance carrier's denial is not supported, the requester is entitled to reimbursement. 28 TAC Section 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
Ibuprofen	73086021201	G	4.41/60	\$335.37	\$335.36	\$335.36
Biofreeze	59316010212	B	0.10/89	\$13.95	\$13.95	\$13.95

4. Based on the information available at the time of this review, DWC finds the MAR for Ibuprofen for the dates of service May 16, 2025, June 12, 2025 and July 10, 2025 is \$335.36 each. The MAR for Biofreeze for date of service May 16, 2025 is \$13.95 for a total MAR of \$1,020.03.

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 American Casualty Company of Reading PA, must remit to TrustRX Pharmacy \$1,020.03 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

_____	_____	March 13, 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. 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.