



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

TrustRX Pharmacy

**Respondent Name**

ACIG Insurance Co

**MFDR Tracking Number**

M4-26-1665-01

**Insurance Carrier's Austin Representative**

BOX 47 Burns Anderson Jury Brenner & Donovan

**DWC Date Received**

February 11, 2026

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 15, 2025	MAPAP – NDC 00904-6720-60	\$12.30	\$0.00
January 15, 2025	Gabapentin – NDC 2315-0867-10	\$103.80	\$0.00
January 15, 2025	Ibuprofen – NDC 73086-0212-01	\$335.36	\$0.00
March 13, 2025	MAPAP – NDC 00904-6720-60	\$12.30	\$0.00
March 13, 2025	Gabapentin – NDC 23155-0867-10	\$103.80	\$0.00
March 13, 2025	Ibuprofen – NDC 73086-0212-01	\$335.36	\$0.00
<b>Total</b>		<b>\$902.92</b>	<b>\$0.00</b>

### Requester's Position

"For both dates of service, the above medications were: Previously paid for the same injured worker both before and after the disputed DOS. Medically necessary and consistent with the accepted conditions. Submitted timely. Reconsidered multiple times."

**Amount In Dispute:** \$902.92

## Respondent's Position

"Per the EOBs submitted with the Requestor's DWC-60, reimbursement for the prescription medications were denied because the prescribing doctor was not eligible to prescribe medications. For this claim, the treating doctor is Dr. Patrick Johnson with Concentra. Respondent is unaware of a referral to Patricia Eni, FNP at Patient Care Injury Clinic. Therefore, Respondent opines FNP. Enyi was not authorized to prescribe medications to the Claimant for this injury."

**Response Submitted By:** Downs & Stanford, P.C.

## 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. Labor Code Section [408.021](#) sets out the general provisions for entitlement to workers' compensation benefits.

### Adjustment Reasons

- T184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed.
- D2(P12) – The charge for the over-the-counter medication exceeds the retail price.

### Issues

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

### Findings

1. Requester is seeking reimbursement in the amount of \$902.92 for oral medications dispensed for dates of service January 15, 2025, March 13, 2025.
2. In its position statement, the respondent stated, "Respondent opines FNP. Enyi was not authorized to prescribe medications to the Claimant for this injury."

TLC §408.021(c) states, "Except in an emergency, all health care must be approved or recommended by the employee's treating doctor."

No evidence was provided the service in question was an emergency or that the prescriber was the injured employee's treating doctor.

DWC found no evidence that the prescriber obtained the approval or recommendation of the treating doctor.

Therefore, DWC finds that the denial of payment for these dates of service is supported.

### Conclusion

The outcome of this medical fee dispute is based on the evidence the 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**

_____	_____	<u>April 10, 2026</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 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).