TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-26-1880-01

Insurance Carrier's Austin Representative

BOX 44 White Espey PLLC

DWC Date Received

March 4, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 19, 2025	MAPAP NDC 00904-6720-60	$12.30	$10.09
May 19, 2025	Tizanidine NDC 55111-0180-10	$58.94	$58.94
May 19, 2025	Duloxetine NDC 68180-0295-03	$298.44	$298.43
	Total	$369.68	$367.46

Requester's Position

"To date, TrustRx has not received any Explanation of Benefits (EOB), payment, denial, or written correspondence regarding this Date of Service… TrustRx respectfully requests prompt review and resolution of this matter."

Amount In Dispute: $369.68

Respondent's Position

"The injured work[er] settled on 05/14/2025 and Liberty Mutual has a dollar-for-dollar holiday on future workers compensation benefits owed. If a medical bill is received for date of service after

05/14/2025, we are not required to pay future benefits until the employee can prove that net recovery of $XXX from the third-party settlement is fully exhausted."

Response Submitted By: Helmsman Management Services, LLC

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 133.240 sets out the procedures for payment, reduction, or denial of a medical bill.
3. 28 TAC Section 133.250 sets out the procedures for reconsideration of medical bills.
4. 28 TAC Sections 134.530 and 134.540 set out the preauthorization requirements for pharmaceutical services.
5. 28 TAC Section 134.503 sets out the fee guidelines for services provided by a pharmacy.

Adjustment Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier submit evidence of a settlement agreement for consideration?
3. Did the insurance carrier take final action on a complete medical bill?
4. What rules apply to the services in dispute?
5. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) request involves non-payment of services provided by a pharmacy on May 19, 2025.

In its position statement, the requester asserts that it has not received payment or denial from the insurance carrier for the disputed services as of March 4, 2026, the date of the MFDR request.

The insurance carrier's representative, in its response statement dated March 12, 2026, asserts that no payment is due to the requester because the financial settlement balance has not yet been satisfied.

The requester, TrustRX Pharmacy, is seeking reimbursement for three medications dispensed on May 19, 2025. DWC will review the submitted documentation to determine if the requester is entitled to reimbursement for the services in dispute in accordance with DWC Statutes and Rules.

2. In its response statement dated March 12, 2026, the respondent asserts that the injured worker accepted a financial settlement on May 14, 2025. The respondent argues that the insurance carrier does not owe payment on the disputed service due to a remaining balance on the asserted settlement. A review of the submitted documentation finds no evidence of a settlement agreement included for consideration in this review. Although the insurance carrier asserted that the settlement entitled it to a dollar-for-dollar credit, no supporting documentation was provided to substantiate this claim.

3. DWC Rule 28 TAC Section 133.240(a) requires an insurance carrier to take final action on a complete medical bill or determine to audit the bill pursuant to Section 133.230, no later than the 45th day after receipt of the bill. Additionally, 28 TAC Section 133.250(c) and (g) require the insurance carrier to take final action on a reconsideration request within 30 days and provide an explanation of benefits (EOB).

   A review of the submitted documentation found no evidence that the insurance carrier took final action, initiated an audit, or issued an EOB for either the disputed original medical bill or the reconsideration request for services rendered on May 19, 2025. As of March 4, 2026, the date the MFDR request was submitted, no documented basis for denial of payment had been provided. Accordingly, DWC finds that the insurance carrier failed to comply with 28 TAC Sections 133.240 and 133.250, and the disputed services will be reviewed under the applicable fee guidelines.

4. The services in dispute involve drugs dispensed by a pharmacy to the injured worker, DWC finds that 28 TAC Section 134.503 as well as 28 TAC Sections 134.530 and 134.540 apply to the services in dispute.

   28 TAC Section 134.503(c) which applies to the reimbursement of the drugs in dispute states, "(c) The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of: (1) 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:

(A) **Generic drugs:** ((AWP per unit) x (number of units) x 1.25) + $4.00 dispensing fee per prescription = reimbursement amount;

(B) Brand name drugs: ((AWP per unit) x (number of units) x 1.09) + $4.00 dispensing fee per prescription = reimbursement amount; …"

Per 28 TAC Section 134.530(b)(1) and Section 134.540(b), preauthorization is only required for:

- drugs identified with a status of "N" in the current edition of the ODG Appendix A;
- any compound prescribed before July 1, 2018, that contains a drug identified with a status of "N" in the current edition of the ODG Appendix A;
- any prescription drug created through compounding prescribed and dispensed on or after July 1, 2018; and
- any investigational or experimental drug.

5. The requester, TrustRX Pharmacy, is seeking reimbursement in the total amount of $369.68 for drugs dispensed on May 19, 2025. Because the insurance carrier failed to provide documentation of the alleged settlement agreement, failed to issue an Explanation of Benefits (EOB), and failed to take final action or initiate an audit within the timeframes required under 28 TAC Sections 133.240 and 133.250, DWC finds that the requester is entitled to reimbursement for the medication dispensed on May 19, 2025.

   On the disputed date of service, the requester charged as follows for the drugs dispensed:

   - $12.30 for MAPAP (Acetaminophen) 500mg. x 90 caplets
   - $58.94 for Tizanidine 4mg. x 30 TABS
   - $298.44 for Duloxetine 30mg. x 30 CAPS

   DWC finds that the drugs in question are not identified with a status of "N" in the applicable edition of the ODG, *Appendix A* for the date of service reviewed in this dispute. Therefore, these drugs did not require preauthorization for this reason. The submitted documentation does not support that the disputed drugs were a compound. Therefore, these drugs did not require preauthorization for this reason. The submitted documentation does not support that the disputed drugs were experimental or investigational. DWC concludes that the drugs in dispute did not require preauthorization.

   DWC will adjudicate for the maximum allowable reimbursement (MAR) for the disputed medications in accordance with 28 TAC Section 134.503(c):

Drug	Number Units Dispensed	NDC	Generic (G) Brand (B)	Price/Unit	AWP Formula	Billed Amount	Lesser of AWP and Billed Amount
MAPAP (Acetaminophen) 500mg	90	00904672060	G	$0.05410	$10.09	$12.30	$10.09
Tizanidine 4mg tabs	30	55111018010	G	$1.46507	$58.94	$58.94	$58.94

Duloxetine 30mg caps	30	68180029503	G	$7.8515 1	$298.43	$298.44	$298.43
Total			**$367.46**			**$369.68**	**$367.46**

DWC finds that the requester is entitled to reimbursement for the disputed drugs dispensed on May 19, 2025, in the total amount of $367.46. Therefore, this amount is recommended.

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 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 $367.46 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	May 18, 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 electronico CompConnection@tdi.texas.gov.