TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Trust RX Pharmacy

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-26-2512-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

May 5, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
July 24, 2025	Methocarbam-NDC 70010-0754-01	$61.14	$61.14
July 24, 2025	Naproxen-NDC 50228-0436-01	$101.51	$101.51
August 20, 2025	Methocarbam NDC 70010-0754-01	$61.14	$61.14
August 20. 2025	Naproxen-NDC 50228-0436-01	$101.51	$101.51
October 29, 2025	Naproxen-NDC 50228-0436-01	$61.14	$61.14
October 29, 2025	Methocarbam NDC 70010-0754-01	$101.51	$101.51
November 25, 2025	Naproxen-NDC 50228-0436-01	$61.14	$61.14
November 25, 2025	Methocarbam NDC 70010-0754-01	$101.51	$101.51
	Total	$650.60	$650.60

Requester's Position

"Trustrx formally requests review and enforcement of the finalized Decision and Order as it applies to the dates of service in dispute."

Amount In Dispute: $650.60

Respondent's Position

"The current dispute involves pharmacy services for Naproxen and Methocarbamol with dates of service of 07/24/2025, 08/20/2025, 10/29/2025, and 11/25/2025. The amount in dispute is $650.60. The carrier maintains that is has now paid all reasonable, necessary. And related charges submitted for these dates of service following reconsideration and reprocessing of the bills."

Response Submitted By: Flahive, Ogden & Latson

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.
3. 28 TAC Section 134.503 sets out the fee guidelines for services provided by a pharmacy.
4. TLC Section 401.011 defines health care.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

- TERM – Date of service after coverage expired.
- HE68 – Filled after coverage expired.
- 60(B13) – The provider has billed for the exact services on a previous bill.
- ER(P12) – The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the respondent's denial supported?
3. What rule is applicable to reimbursement?
4. Has DWC determined whether the requester is due reimbursement?

Findings

1. The requester seeks reimbursement of the medications methocarbamol and naproxen for dates of service in July 24, 2025, August 20, 2025, October 29, 2025 and November 25, 2025 in the amount of $650.60. DWC will review the disputed issues and determine whether the requester substantiated entitlement to payment.
2. The service was denied because it was rendered and billed after the patient's insurance coverage had expired, as indicated by denial codes TERM and HE68.

   The applicable rule(s) is found in Texas Labor Code (TLC) Section 408.021 in pertinent part, ENTITLEMENT TO MEDICAL BENEFITS.

   (a) An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:
   (1) cures or relieves the effects naturally resulting from the compensable injury;
   (2) promotes recovery; or
   (3) enhances the ability of the employee to return to or retain employment.

   TLC Section 408.021(b) states, Medical benefits are payable from the date of the compensable injury.

   TLC Section 401.011(19) defines "Health Care" and states in part, ". . . includes all reasonable and necessary medical aid, medical examinations, medical treatment, medical diagnoses, medical evaluations, and medical services."

   DWC finds that the injured employee involved in this dispute was entitled to the medical benefits rendered on the disputed date of service. Therefore, the insurance carrier's denial reasons are not supported.

3. 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: ((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;

Medication	NDC #	Generic (G) Brand name (B)	AWP/unit	AWP	Billed amount	Lesser of billed amount/AWP
Methocarbamol	70010075401	G	0.507/90	$61.14	$61.14	$61.14
Naproxen	50228043601	G	1.30/60	$101.52	$101.51	$101.51

4. Review of the available information found the insurance carrier's denial is not supported. The MAR for the medication Methocarbamol is $61.14 for each date of service and for Naproxen $101.51 for each date of service or,

   - $61.14 x 4 = $244.56
   - $101.51 x 4 = $406.04
   - Total = $650.60

   The total MAR due to the requester is $650.60.

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 Zurich American Insurance Co must remit to TrustRx Pharmacy $650.60 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	June 30, 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.