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

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-2678-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

May 26, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 23, 2025	Gabapentin-70010-0926-10	$46.74	$46.74
September 23, 2025	Nabumetone-50228-0465-05	$96.88	$96.87
September 23, 2025	Cyclobenzaprine-10702-0006-10	$68.60	$68.60
October 22, 2025	Gabapentin-70010-0926-10	$46.74	$46.74
October 22, 2025	Nabumetone-5022800465-05	$96.88	$96.87
October 22, 2025	Cyclobenzaprine-107-2-0006-10	$68.60	$68.60
December 19, 2025	Gabapentin-70010-0926-10	$96.88 [sic]	Billed amount $46.74
December 19, 2025	Nabumetone-500288-0465-05	$96.88	$96.87
Submitted DWC066 date December 19, 2025	Cyclobenzaprine-10702-0006-10	$68.60	$68.60
	Total	$636.66	$636.33

Requester's Position

"TrustRX is requesting Medical Fee Dispute Resolution for the non-payment of pharmaceutical services rendered on the dates of service listed below. Despite proper billing and timely requests for reconsideration, the carrier has denied payment based on the assertion that the prescribing physician is "unauthorized."

Amount In Dispute: $636.66

Respondent's Position

"The carrier is upholding the adjuster's denial. The adjuster denied these services as "These services were never submitted to Utilization Review and we have not received the required RFA Form, therefore these charges will not be reviewed until such time that the RFA Form is submitted and a Retrospective Review is completed." The claimant has also not seen the provider for over a year now."

Response Submitted By: MedRisk

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 19 sets out notice of determinations made in utilization review.
4. 28 TAC Section 133.240 sets out the procedures for payment, reduction, or denial of a medical bill.
5. 28 TAC Section 134.503 sets out the fee guidelines for services provided by a pharmacy.

Adjustment Reasons

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

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider, based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 10176/5149 – These services were never submitted to utilization review and we have not received the required RFA Form. Therefore these charges will not be reviewed until such time that the RFA Form is submitted and a retrospective review is complete.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rule applies to Utilization Review?
3. What rule applies to reimbursement of pharmacy charges?
4. Has DWC determined whether the requester is due reimbursement?

Findings

1. The requester seeks reimbursement of the prescribed medication Gabapentin, Nabumetone, Cyclobenzaprine for dates of service in September, October and December of 2025 in the amount of $636.66. The insurance carrier denied the medical bills in their entirety. DWC will consider the submitted charges in relation to applicable Rules and Fee Guidelines.
2. Regarding the denial 5149 – "These services were never submitted to utilization review and we have not received the required RFA Form, therefore, these charges will not be reviewed until such time that the RFA Form is submitted and a retrospective review is completed. The following rules apply, 28 TAC Section 134.530 (b) which 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 submitted applicable Appendix A found the following.

- Gabapentin – Y drug
- Cyclobenzaprine – Y drug
- Nabumetone – Y drug

The respondent presented insufficient evidence to support these medications are compounded, or are considered investigation or experimental. Based on the above, prior authorization of these medications is not required per applicable DWC guidelines.

Additionally, utilization review requirements are found in 28 TAC Section 133.240 (q) which states, in relevant part, When denying payment due to an adverse determination under this section, the insurance carrier shall comply with the requirements of Section 19.2009 of this title ..., in any instance where the insurance carrier is questioning the medical necessity or appropriateness of the health care services, the insurance carrier shall comply with the requirements of Section 19.2010 of this title …, including the requirement that prior to issuance of an adverse determination the insurance carrier shall afford the health care provider a reasonable opportunity to discuss the billed health care with a doctor ...

Submitted documentation does not support that the insurance carrier followed the appropriate procedures for a retrospective review denial of the disputed services outlined in Section 19.2003 (b)(31) or Section 133.240 (q).

Therefore, the insurance carrier did not appropriately raise a lack of retrospective review for this dispute, and this denial reason will not be considered in this review.

3. As the insurance carrier's denial is not supported the fee that pertains to reimbursement is, 28 TAC Section 134.503(c)(1)(A)(B) which 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	(B)rand name (G)eneric	Unit/AWP	AWP	Billed amount	Lesser of billed amount and AWP
Gabapentin	70010092610	G	60/0.569	$46.74	$46.74	$46.74
Nabumetone	50228046505	G	60/1.238	$96.87	$96.88	$96.87
Cyclobenzaprine	10702000610	G	30/1.72	$68.60	$68.60	$68.60

4. Based on the information available at the time of the review DWC finds the insurance carrier's denial reasons are not supported and the applicable MAR for each medication is due.

- Gabapentin dates of services September 23, 2025, October 22, 2025 and December 19, 2025. MAR $46.74 x 3 = $140.22
- Nabumetone for same dates of service. MAR $96.87 x 3 = $290.61
- Cyclobenzaprine for same dates of service. MAR $68.60 x 3 = $205.80
- Total MAR ($140.22 + $290.61 + $205.80) = $636.63. 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 AIU Insurance must remit to TrustRX Pharmacy $636.33 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		June 30, 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 electronico CompConnection@tdi.texas.gov.