

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 5-2-02.

This case was forwarded to an IRO for review pursuant to Rule 133.308. On 6-9-03 an Order for Payment of IRO fee was sent to insurance carrier. The provider did not comply with Order.

On June 24, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Neither party submitted EOBs to support services identified as "No EOB"; therefore, they will be reviewed in accordance with Pharmacy *Fee Guideline*.

DOS	Rx	Billed	CoPAY	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12-20-01	Lortab	\$30.65	\$8.00	No EOB	\$30.65	Pharmacy Fee Guideline	Dr. Wilson prescribed Lortab and Ultram for the claimant. Therefore, reimbursement is recommended of copay of \$8.00.
NO Date	Soma	\$43.67	Unknown	No EOB	\$43.67	Pharmacy Fee Guideline	Pharmacy receipts for this medication to determine if filed timely was not submitted, unable to determine if the Medical Review Division has jurisdiction to review disputed medication. Therefore, no reimbursement is recommended.
2-12-02	Ultram	\$77.67	\$4.00	No EOB	\$77.67	Pharmacy Fee Guideline	Dr. Wilson prescribed Lortab and Ultram for the claimant. Therefore, reimbursement is recommended of copay of \$4.00.
2-12-02	Aldara Cream	\$151.70	\$4.00	No EOB	\$151.70	Pharmacy Fee Guideline	Dr. Wilson did not prescribe Aldara cream in letter of medical necessity for claimant; therefore, no reimbursement is recommended.
							Therefore, the requestor is entitled to reimbursement of copay of \$12.00.

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 12-20-01 through 2-12-02 in this dispute.

This Decision and Order is hereby issued this 26th day of November, 2003.

Medical Dispute Resolution Officer
Medical Review Division