

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 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 3, 2003.

I. DISPUTE

1. Whether there should be reimbursement for out-of-pocket expenses for prescription medications for dates of service 11/20/02, 1/6/03 and 1/16/03.

II. RATIONALE

- The requestor submitted a letter of medical necessity to support prescription medications (Morphine Sulf ER 30MG TB 120 TA ENDO, Morphine Sulf 30MG IR TB 90 TA ROXA and Methodcarbamol 750MG 120 TA GENE) prescribed. The respondent did not submit EOBs denying the medications; therefore, the disputed dates of service will be reviewed per the Texas Workers' Compensation Rules. Per Section 408.021 and Rule 134.504(c) reimbursement is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is entitled to reimbursement for prescription medications in the amount of \$467.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$467.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 25th day of June 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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