



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Eddie S. Ng DBA Eng's Pharmacy P O BOX 2686 Stafford, Texas 77497-2686	MFDR Tracking #: M4-07-4451-01
	DWC Claim #:
	Injured Employee:
Respondent Name: TPCIGA for Reliance National Box #: 50	Date of Injury:
	Employer Name: Labor Ready Inc.
	Insurance Carrier #: 85922900856240

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: Per the Table of Disputed Services "refund has exceeded the 45 days time limit."

Principle Documentation:

1. DWC 60 package
2. TWCC-66 forms

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: The Respondent did not submit a position summary to MDR.

Principle Documentation: No response received from Respondent.

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 77497 is located in Fort Bend county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
10-13-06 & 12-13-06	NO EOB	Cyclobenzaprine (\$133.30 X 2)	1 - 3	\$266.60
10-13-06 & 12-13-06	NO EOB	Paroxetine HCL (\$102.38 X 2)	1 - 3	\$204.76
10-13-06 & 12-13-06	NO EOB	Hydrocodone/APAP (\$82.70 X 2)	1 - 3	\$165.40
12-13-06	NO EOB	Amitriptyline	1 - 3	\$17.50
Total Due:				\$654.26

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule §134.503 titled Subchapter F, Pharmaceutical Benefits effective January 3, 2002, set out reimbursement guidelines.

1. No EOBs were submitted for dates of service 10-13-06 and 12-13-06 by either party.
2. The Requestor per Rule 133.307(c)(2)(B) submitted convincing evidence of Respondent receipt of the Requestor's request for EOBs. In addition, the Respondent submitted documentation via fax to Medical Fee Dispute Resolution that the claims were submitted to their auditing company for review, however, no EOBs were received by the Respondent from their auditing company.

3. The following calculation per 28 Texas Administrative Code Sec. §134.503(a)(2) will be used to determine the amount of the comparable generic drugs: $AWP/unit \times (number\ of\ units) \times 1.25 + \$4.00 = MAR$. Therefore, per 28 Texas Administrative Code Sec. §134.503, Subchapter (F), reimbursement in the amount of \$654.26 is recommended as follows:

- **10-13-06 Cyclobenzaprine** – amount due \$133.30
- **12-13-06 Cyclobenzaprine** – amount due \$133.30
- **10-13-06 Paroxetine HCL** – amount due \$102.38
- **12-13-06 Paroxetine HCL** – amount due \$102.38
- **10-13-06 Hydrocodone/APAP** – amount due \$82.70
- **12-13-06 Hydrocodone/APAP** – amount due \$82.70
- **12-13-06 Amitriptyline** – amount due \$17.50

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.503

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$654.26 plus accrued interest due within 30 days of receipt of this Order.

ORDER:

05-16-07

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. §413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision, that is the subject of the appeal, is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.