

# CC-FORM-50

Fax Completed Form To:  
(405) 522-8683

## WORKERS' COMPENSATION COMMISSION

1915 NORTH STILES AVENUE STE 231  
OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY

### MEDICAL INTERLOCUTORY ORDER REQUEST

#### Continued Use of a Drug Previously Prescribed and Dispensed and Excluded from OWCC's Closed Formulary

All Medical Interlocutory Order (MIO) requests must be made in accordance with 85A O.S., § 50(I) and O.A.C. 810:15-5-4.

Requester: Prescribing Doctor Pharmacy Date of Request \_\_\_\_\_ Time of Request: \_\_\_\_\_

COMMISSION FILE NO.

Date of Injury

#### I. Prescribing Doctor Contact Information (for OWCC response to MIO request)

Prescribing Doctor Name (First, Last)	Prescribing Doctor NPI
Prescribing Doctor Telephone Number	Prescribing Doctor Fax Number or E-mail

#### II. Pharmacy Contact Information (for OWCC response to MIO request)

Pharmacy Name	Pharmacist Name (First, Last)	
Pharmacy NPI	Pharmacy/Pharmacist Telephone Number	Pharmacy/Pharmacist Fax or Email

#### III. Injured Employee/Claim Information

Injured Employee Name (First, Last)	Injured Employee DOB	Injured Employee SSN (Last 5 Digits)
Insurance Carrier Name	Insurance Carrier Claim Number	

#### IV. Requested Prescription Drug

Prescription Drug Name	Prescription Drug Dosage	Prescription Drug Duration
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#### V. Requester Certification and Signature

*I hereby certify under penalty of perjury that the following listed conditions have been met:*

- The preauthorization request for the previously prescribed and dispensed drug identified in Section IV has been denied by the insurance carrier.
- The denial poses an unreasonable risk of a medical emergency as defined in O.A.C. 810:15-1-2.
- The potential medical emergency has been documented in the preauthorization process.
- The insurance carrier has been notified that a request or an MIO is being submitted to the OWCC.

Requester Printed Name: \_\_\_\_\_

Requester Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a):** Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment ... shall be guilty of a felony.

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony, punishable by imprisonment, a fine, or both.

#### Oklahoma Workers' Compensation Commission (OWCC) Response

Approved as requested	Denied (Reason for denial):	MIO Effective Date:
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Signature:

Date of Signature:

Drugs dispensed as a result of an approved MIO are payable by the insurance carrier in accordance with O.A.C. 810:15-5-4(h).