

MMP-049

New Jersey Department of Health
Medicinal Marijuana Program
PO 360
Trenton, NJ 08625-0360

MEDICINAL MARIJUANA PETITION
(N.J.A.C. 8:64-5.1 et seq.)

INSTRUCTIONS

This petition form is to be used *only* for requesting approval of an additional medical condition or treatment thereof as a "debilitating medical condition" pursuant to the New Jersey Compassionate Use Medical Marijuana Act, N.J.S.A. 24:6I-3. Only one condition or treatment may be identified per petition form. For additional conditions or treatments, a separate petition form must be submitted.

NOTE: This Petition form tracks the requirements of N.J.A.C. 8:64-5.3. Note that if a petition does not contain all information required by N.J.A.C. 8:64-5.3, the Department will deny the petition and return it to petitioner without further review. For that reason the Department strongly encourages use of the Petition form.

This completed petition **must** be postmarked **August 1 through August 31, 2016** and sent by **certified mail** to:

New Jersey Department of Health
Office of Commissioner - Medicinal Marijuana Program
Attention: Michele Stark
369 South Warren Street
Trenton, NJ 08608

Please complete each section of this petition. If there are any supportive documents attached to this petition, you should reference those documents in the text of the petition. If you need additional space for any item, please use a separate piece of paper, number the item accordingly, and attach it to the petition.

1. Petitioner Information

Name: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____

2. Identify the medical condition or treatment thereof proposed. Please be specific. Do not submit broad categories (such as "mental illness").

Severe and chronic intractable pain (ICD- 721.3) and depression.

3. Do you wish to address the Medical Marijuana Review Panel regarding your petition?

- Yes, in Person
- Yes, by Telephone
- No

4. Do you request that your personally identifiable information or health information remain confidential?

- Yes
- No

If you answer "Yes" to Question 4, your name, address, phone number, and email, as well as any medical or health information specific to you, will be redacted from the petition before forwarding to the panel for review.

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OFFICE OF THE
CHIEF OF STAFF

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5. Describe the extent to which the condition is generally accepted by the medical community and other experts as a valid, existing medical condition.

Severe chronic intractable pain is a condition that millions of people suffer from as a result from injury, medical deformities, and post-operative conditions. Almost every doctor recognizes chronic pain as a medical condition. I can only tell you about my experience.

I am 66 years old and have severe spinal stenosis (L3-L4 and L4-L5 level) and scoliosis which I have been suffering from since 2014. The spinal stenosis is causing a great amount of pain in my left hip. I have sought the traditional forms of treatment, including physical therapy, acupuncture, chiropractic intervention, massage, epidural injections, and prescription medications. The more aggressive treatments (the epidural injections and prescription medications) come with great potential side effects, including kidney compromise and liver damage.

6. If one or more treatments of the condition, rather than the condition itself, are alleged to be the cause of the patient's suffering, describe the extent to which the treatments causing suffering are generally accepted by the medical community and other experts as valid treatments for the condition.

I am suffering from side effects from the prescription medication that I am currently taking: depression, double vision, constipation, and weight gain. I also suffered from the epidural injections. I was jittery and could not sleep for several nights after getting the injections. I also gained weight from them. I spoke to my primary care physician who suggested I take an antidepressant. I do not want to take additional medications to alleviate the side effects I am suffering from.

7. Describe the extent to which the condition itself and/or the treatments thereof cause severe suffering, such as severe and/or chronic pain, severe nausea and/or vomiting or otherwise severely impair the patient's ability to carry on activities of daily living.

The side effects of several prescription pain medications that I have taken include double vision, stress on the kidneys and liver, drowsiness, depression, constipation, and the potential for addiction.

8. Describe the availability of conventional medical therapies other than those that cause suffering to alleviate suffering caused by the condition and/or the treatment thereof.

I have tried acupuncture, physical therapy, massage, and chiropractic manipulation but they have not relieved my pain. In addition, Medicare does not cover the costs of acupuncture and massage, and allows only a limited number of physical therapy and chiropractic visits per year.

I would like to have the opportunity to try medicinal marijuana to try to control my chronic pain and depression. I will not obtain marijuana illegally because there is no quality or ingredient control over street drugs.

9. Describe the extent to which evidence that is generally accepted among the medical community and other experts supports a finding that the use of marijuana alleviates suffering caused by the condition and/or the treatment thereof. *[Note: You may attach articles published in peer-reviewed scientific journals reporting the results of research on the effects of marijuana on the medical condition or treatment of the condition and supporting why the medical condition should be added to the list of debilitating medical conditions.]*

Medicinal marijuana use is allowed in several other states to alleviate chronic pain and/or depression, including Alaska, Arizona, California, Colorado, Delaware, Maine, Maryland, Michigan, Minnesota, Montana, Nevada, New Mexico, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, and Washington.

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10. Attach letters of support from physicians or other licensed health care professionals knowledgeable about the condition. List below the number of letters attached and identify the authors.

Attached is one letter from Martin Pontecorvo, DO, my primary care physician, with whom I have discussed the use of medicinal marijuana for chronic pain and depression. I have trusted Dr. Pontecorvo as my primary care physician for over 30 years.

I certify, under penalty of perjury, that I am 18 years of age or older; that the information provided in this petition is true and accurate to the best of my knowledge; and that the attached documents are authentic.

Signature		Date
		8-30-16



Freetext Note

Patient: [redacted] MRN: [redacted] FIN: [redacted]
Age: 66 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Pontecorvo DO, Martin

To whom it may concern:

[redacted] has ben a patient in our practice for many years and developed hipand back pain in 2014 and was founf to have significant spinal stenosis. Susequently she has gone to see orthopedic specialist, spine surgeon, pain management specialist , a chiropractor, underwent phsical therapy and accupuncture. She recently recieved epidural injections to help try and relieve pain symptoms. Unfortunatley, she has not had any relief from her chronic pain despite using gabapentin and tramadol. Therefore, please consider this patient for medicinal marijuana program.

Signature Line

Signed and Authored by Martin Pontecorvo DO on [redacted]/2016 09:53 PM EDT

Charted Date: [redacted], 2016 9:43 PM EDT
Subject / Title: Freetext Note
Performed By: Pontecorvo DO, Martin on [redacted], 2016 9:53 PM EDT
Electronically Signed By: Pontecorvo DO, Martin on [redacted], 2016 9:53 PM EDT
Visit Information: [redacted] Assoc in Internal Med/BHMG, Outpatient, [redacted] 2016 - [redacted]/2016

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