

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").**

Neural Foraminal Stenosis

**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.**

It is well understood in the medical community that the condition is treatable with medical marijuana. There are numerous internet articles describing similar conditions as mine that tests have shown that treatment has made a significant difference in reducing chronic pain.

- 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.**

My condition does not have a specific treatment. I use therapeutic massage 1 - 2 times a week to keep my back muscles and thighs from cramping. I have tried chiropractic plans several times over the past 20 years but I have not noticed much help from this. I have also tried epidural steroid injections, which help for about a week, but are very painful and over time will make the problem worse as the steroids breakdown the tissues over time and can only be used every six months. I have tried OTC pain relievers and prescription pain relievers and they are all but useless and have noticeable side effects. From all of the physical therapists and doctors I have seen over the past 25 years, they have told me that it is imperative that I maintain the existing muscle mass in my back and legs, if/when I stop and those muscles weaken, it will most likely result in my need for a wheelchair.

- 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 condition is chronic pain that is severe and debilitating at times. My legs lose sensitivity, my back locks up and has shooting pain through my abdomen and legs, it causes me to awake frequently at night so I cannot get proper sleep. Headaches and nausea are certain for me if I do not get regular therapeutic massage. The pain is severe at times and makes it difficult for me to move about my daily work and patterns. While I sit and when I walk my discs pop so loud that other people around me can hear it and ask me if I am ok. This has gone on for me for 25 years now and is continuing to get worse as I get older, I am 50 years old now.

- 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.**

The following are prescribed for treatment of my condition:

- 1) OTC pain relievers and prescription pain relievers
- 2) Therapeutic Massage
- 3) Chiropractic therapy
- 4) Epidural Steroid injections
- 5) Stretching and workout exercises to keep the lower back strong
- 6) Surgical operations, such as fusion of vertebrae.
- 7) Mild incontinence

- 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.]*

It is well accepted that marijuana (THC) has a very positive effect on the inflammation and disc health of the spine. I have attached links to articles for your review. All discuss how THC relieves chronic neuropathic pain.

<http://www.mayoclinic.org/drugs-supplements/marijuana/evidence/HRB-20059701>

<http://norml.org/library/item/chronic-pain>

<http://www.druglibrary.org/schaffer/Library/studies/iom/IOMReport.htm>

<http://www.drrachnapatel.com/medical-marijuana-for-back-pain-from-degenerative-disc-disease/>

<http://cannabisplus.net/degenerative-disc-disease/>

[http://www.rxmarijuana.com/shared\\_comments/back\\_pain7.htm](http://www.rxmarijuana.com/shared_comments/back_pain7.htm)

<http://www.ncbi.nlm.nih.gov/pubmed/19789075?dopt=Abstract>

<https://www.medicaljane.com/2014/06/13/chronic-pain-and-the-therapeutic-benefits-of-medical-cannabis/>

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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.

New York Presbyterian Hospital Visit

Exam Date: Accession #: Exam Code: Order MD:

█/2016 █ MRLSPWO SINGH, JASPAL RICKY MD

Clinical statement: Chronic low back pain\

Technique: MRI lumbar spine performed without intravenous contrast utilizing sagittal T2, sagittal T1, in and out of phase sagittal T2 (Dixon) with fat and water reformations, axial T2, and coronal T1.

Comparison: Correlation made with CT scan performed █ 2015

Findings:

Normal lumbar lordosis is preserved. The anteroposterior alignment is maintained. The superior and inferior endplates have an undulating appearance likely congenital in etiology, possibly platyspondyly. There is a large spur also noted involving the superior endplate of L5. A limbus vertebra is noted along the inferior aspect of L1.

No suspicious osseous lesion is seen. There is no epidural mass or collection. The conus medullaris terminates at the L1 level. The cauda equina nerve roots are normal in appearance.

Degenerative changes are as follows:

At L1-L2, a small disc bulge is present causing mild canal stenosis.

There is no neural foraminal stenosis.

At L2-L3, disc bulge and facet arthropathy are present causing mild canal stenosis. There is no neural foraminal stenosis.

At L3-L4, a disc bulge and facet arthropathy are present contributing to mild to moderate canal stenosis and mild bilateral neural foraminal stenosis.

At L4-L5, there is a large disc bulge, ligamentum flavum thickening, and facet arthropathy with a superimposed protrusion into the left neural foramen. As result, there is moderate to severe canal stenosis with effacement of the right and left lateral recesses impinging upon the

traversing L5 nerve roots. There is moderate right and severe left neural foraminal stenosis with impingement of the exiting left L4 nerve root. An annular fissure is present.

At L5-S1, a disc bulge and facet arthropathy are present contributing to mild canal stenosis. There is severe, right greater than left, neural foraminal stenosis with impingement of the exiting L5 nerve roots.

Impression:

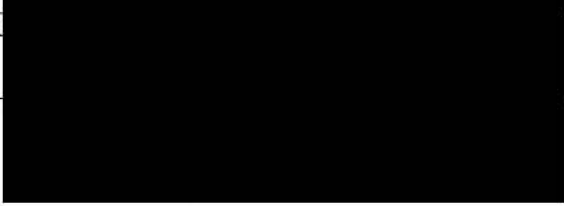
1. Diffuse undulating appearance of the superior and inferior endplates of the vertebral bodies is likely congenital in etiology, possibly reflecting platyspondyly.
2. Severe degenerative changes at L4-L5 and L5-S1 as described above notable for moderate to severe canal stenosis and severe left neural foraminal stenosis at L4-L5 causing impingement of the exiting left L4 nerve root and impingement upon the traversing L5 nerve roots. Degenerative changes at L5-S1 causes severe bilateral neural foraminal stenosis impinging the exiting L5 nerve roots.

Prepared By: Niogi, Sumit MD

Study interpreted and report approved by: Heier, Linda MD

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(Continued)

*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 8-1-2016
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