

MMP-011

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").**

Chronic Pain

**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.

RECEIVED  
AUG 23 2016  
OFFICE OF THE  
CHIEF OF STAFF

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(Continued)**

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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.

I have had three back surgeries for lumbar disc ruptures. The last one in 2001 left me with severe nerve damage and scar tissue in my spine. I have tried all available methods to alleviate the chronic pain to live a somewhat normal life. Over the years, use of Tylenol damaged my liver. I now suffer from cirrhosis of the liver, even though I have never been a drinker. As soon as I was diagnosed with liver disease, I was taken off all pain medication and given Methadone to manage my pain, as it is not metabolized in the liver. All other pain relievers are off-limits to me. It works up to a point, but I am still constantly in pain. As a side effect of the liver disease, I have developed varices in my esophagus that could rupture at any time, causing internal bleeding that could end my life. Some day I'll need a liver transplant.

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.

There are no treatments for my condition. All I can do is manage my pain the best way I can. Without medication, I would be bedridden and depressed, and most likely unable to have any kind of normal life. Due to the esophageal varices, I must avoid anything that causes bleeding, such as NSAIDs and aspirin.

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.

Chronic pain is a terrible thing. Sometimes I awake during the night because I hear moaning, only to find out the moaning is coming from me. I have lived this way for many years and it takes a toll. I must be very careful to avoid anything that could cause the varices to rupture, such as vomiting.

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.

There are no conventional medical therapies available to me. The amount of scar tissue in my spine means there are no more surgical options. Over the years I have tried physical therapy, acupuncture, biofeedback, meditation, shots of novocaine and cortisone into my spine, TENS units, and let's not forget those three surgeries, all to little or no effect.

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.]*

A couple of years ago, kind friends gave me some marijuana to try. I found it extremely helpful in reducing the amount of pain I suffer. It also relaxed me, making it easier for me to fall asleep, and to stay asleep, as according to my pain management specialist, chronic pain sufferers do not sleep well. I hope marijuana use would also help me avoid increasing the amount of methadone I must take. My pain management specialist thought it might be helpful to me and sent me to a neurologist who is part of the medical marijuana program. He agreed it would be helpful to me, but that chronic pain was not considered an acceptable use. Therefore, I am, at the age of 69, if I want to use this product, forced to deal with a criminal black market, and subject myself to the possibility of prosecution to secure a substance which is legal in many other states. And best of all, it does not appear to cause any further damage to my liver.

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(Continued)**

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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 a letter from my pain management specialist, John W. Secoy, MD.

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*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 of Petitioner 	Date Aug. 18, 2016
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MONTCLAIR ANESTHESIA ASSOCITES .P.C.  
Pain Management Division  
Philip E. Lutz, MD and John W. Secoy, MD

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West Caldwell, NJ 07006

973-226-1230  
973-226-1232 fax

1500 Rt. 517  
Hackettstown, NJ 07840

NJ Dept. of Health  
Medicinal Marijuana Program  
PO Box 360  
Trenton, NJ 08625

August 11, 2016

RE: [REDACTED]  
[REDACTED]  
[REDACTED]

Sirs:

I am submitting this letter in support for [REDACTED] to be accepted as an additional medical condition to become a candidate for your program. I am her Pain Management physician and feel that her medical condition has been overlooked.

She is a 69 yo female, previous history of a lumbar laminectomy with persistent, chronic low back pain for many yrs. She also has cirrhosis of the liver with esophageal varices. She has hepatic disease to the extent of being registered on the Liver Transplant List up in Boston, UMASS Memorial Hospital. She currently takes a stable dose of Methadone 5 mg, q 6 hrs for the low back pain. Because she is a liver patient, she and I are afraid of adding additional oral pain medications that may contribute to unexpected hepatic compromise. Thus, if she had the capability to consume Medical Marijuana, this being an inhalation route of administration of a drug that has provided relief of symptoms in the past would be of a medical benefit. Limiting oral medications is the highest priority for a patient of her status and Medical Marijuana is the best option available at this time to maintain her quality of life.

Any questions please call the office

Sincerely,

Dr. John Secoy

