

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

MMP-013

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").

MIGRAINE

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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MEDICINAL MARIJUANA PETITION
(Continued)

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

THE CONDITION OF MIGRAINE HEADACHE IS WIDELY ACCEPTED AS A VALID DIAGNOSIS IN THE MEDICAL COMMUNITY.

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.

N/A

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.

WHEN THE MIGRAINE OCCURS, I AM COMPLETELY IMMOBILIZED, NAUSEOUS AND BED RIDDEN. I STRIVE TO AVOID ATTACKS RATHER THAN BECOMING SYMPTOMATIC.

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 ONLY CONVENTIONAL MEDICATION I USE FOR THIS CONDITION IS FLORINAL; WHICH HELPS MOST OF THE TIME.

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.]

SINCE CANNABIS IS STILL A C1 DRUG, RESEARCH ON THIS CONDITION IS LIMITED. RECENT PUBMED STUDY (#1) CONCLUDES THAT MIGRAINE FREQUENCY WAS REDUCED BY CANNABIS USE. (#2) 2015 BARON STUDY CONCLUDES THE SAME FINDINGS. (#3) HISTORIC STUDY CLAIMS CANNABIS WAS WIDELY USED FOR MIGRAINE IN EARLY PHARMACOPOEIA.

MEDICINAL MARIJUANA PETITION
(Continued)

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.

1 - DR. HOROWITZ

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	8/8/2016
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#1

PubMed

Format: Abstract

Full text links

Pharmacotherapy. 2016 May;36(5):505-10. doi: 10.1002/phar.1673. Epub 2016 Jan 9.



Effects of Medical Marijuana on Migraine Headache Frequency in an Adult Population.

Rhyne DN¹, Anderson SL¹, Gedde M², Borgelt LM^{1,3}.

Author information

Abstract

STUDY OBJECTIVE: No clinical trials are currently available that demonstrate the effects of marijuana on patients with migraine headache; however, the potential effects of cannabinoids on serotonin in the central nervous system indicate that marijuana may be a therapeutic alternative. Thus, the objective of this study was to describe the effects of medical marijuana on the monthly frequency of migraine headache.

DESIGN: Retrospective chart review.

SETTING: Two medical marijuana specialty clinics in Colorado.

PATIENTS: One hundred twenty-one adults with the primary diagnosis of migraine headache who were recommended migraine treatment or prophylaxis with medical marijuana by a physician, between January 2010 and September 2014, and had at least one follow-up visit.

MEASUREMENTS AND RESULTS: The primary outcome was number of migraine headaches per month with medical marijuana use. Secondary outcomes were the type and dose of medical marijuana used, previous and adjunctive migraine therapies, and patient-reported effects. Migraine headache frequency decreased from 10.4 to 4.6 headaches per month ($p < 0.0001$) with the use of medical marijuana. Most patients used more than one form of marijuana and used it daily for prevention of migraine headache. Positive effects were reported in 48 patients (39.7%), with the most common effects reported being prevention of migraine headache with decreased frequency of migraine headache (24 patients [19.8%]) and aborted migraine headache (14 patients [11.6%]). Inhaled forms of marijuana were commonly used for acute migraine treatment and were reported to abort migraine headache. Negative effects were reported in 14 patients (11.6%); the most common effects were somnolence (2 patients [1.7%]) and difficulty controlling the effects of marijuana related to timing and intensity of the dose (2 patients [1.7%]), which were experienced only in patients using edible marijuana. Edible marijuana was also reported to cause more negative effects compared with other forms.

CONCLUSION: The frequency of migraine headache was decreased with medical marijuana use.

Prospective studies should be conducted to explore a cause-and-effect relationship and the use of different strains, formulations, and doses of marijuana to better understand the effects of medical marijuana on migraine headache treatment and prophylaxis.

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KEYWORDS: cannabis; headache; marijuana; migraine

PMID: [26749285](#) DOI: [10.1002/phar.1673](#)

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#2

PubMed

Format: Abstract

Full text links

Headache. 2015 Jun;55(6):885-916. doi: 10.1111/head.12570. Epub 2015 May 25.



Comprehensive Review of Medicinal Marijuana, Cannabinoids, and Therapeutic Implications in Medicine and Headache: What a Long Strange Trip It's Been

Baron EP¹.

Author information

Abstract

BACKGROUND: The use of cannabis, or marijuana, for medicinal purposes is deeply rooted though history, dating back to ancient times. It once held a prominent position in the history of medicine, recommended by many eminent physicians for numerous diseases, particularly headache and migraine. Through the decades, this plant has taken a fascinating journey from a legal and frequently prescribed status to illegal, driven by political and social factors rather than by science. However, with an abundance of growing support for its multitude of medicinal uses, the misguided stigma of cannabis is fading, and there has been a dramatic push for legalizing medicinal cannabis and research. Almost half of the United States has now legalized medicinal cannabis, several states have legalized recreational use, and others have legalized cannabidiol-only use, which is one of many therapeutic cannabinoids extracted from cannabis. Physicians need to be educated on the history, pharmacology, clinical indications, and proper clinical use of cannabis, as patients will inevitably inquire about it for many diseases, including chronic pain and headache disorders for which there is some intriguing supportive evidence.

OBJECTIVE: To review the history of medicinal cannabis use, discuss the pharmacology and physiology of the endocannabinoid system and cannabis-derived cannabinoids, perform a comprehensive literature review of the clinical uses of medicinal cannabis and cannabinoids with a focus on migraine and other headache disorders, and outline general clinical practice guidelines.

CONCLUSION: The literature suggests that the medicinal use of cannabis may have a therapeutic role for a multitude of diseases, particularly chronic pain disorders including headache. Supporting literature suggests a role for medicinal cannabis and cannabinoids in several types of headache disorders including migraine and cluster headache, although it is primarily limited to case based, anecdotal, or laboratory-based scientific research. Cannabis contains an extensive number of pharmacological and biochemical compounds, of which only a minority are understood, so many potential therapeutic uses likely remain undiscovered. Cannabinoids appear to modulate and interact at many pathways inherent to migraine, triptan mechanisms of action, and opiate pathways, suggesting

potential synergistic or similar benefits. Modulation of the endocannabinoid system through agonism or antagonism of its receptors, targeting its metabolic pathways, or combining cannabinoids with other analgesics for synergistic effects, may provide the foundation for many new classes of medications. Despite the limited evidence and research suggesting a role for cannabis and cannabinoids in some headache disorders, randomized clinical trials are lacking and necessary for confirmation and further evaluation.

© 2015 American Headache Society.

KEYWORDS: CBD; THC; cannabidiol; cannabinoids; cannabis; delta-9-tetrahydrocannabinol; headache; hemp; medical marijuana

Comment in

Up in Smoke: A New View on an Old Friend. [Headache. 2015]

PMID: [26015168](#) DOI: [10.1111/head.12570](#)

[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

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#3

PubMed

Format: Abstract

Full text links



Pain. 1998 May;76(1-2):3-8.

Cannabis for migraine treatment: the once and future prescription? An historical and scientific review.

Russo E¹.

Author information

Abstract

Cannabis, or Marijuana, has been used for centuries for both symptomatic and prophylactic treatment of migraine. It was highly esteemed as a headache remedy by the most prominent physicians of the age between 1874 and 1942, remaining part of the Western pharmacopoeia for this indication even into the mid-twentieth century. Current ethnobotanical and anecdotal references continue to refer to its efficacy for this malady, while biochemical studies of THC and anandamide have provided a scientific basis for such treatment. The author believes that controlled clinical trials of Cannabis in acute migraine treatment are warranted.

PMID: [9696453](#)

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Publication Types, MeSH Terms

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#1/Sec. 10

New Jersey Department of Health

August 8, 2016

Medical Marijuana Program

Letter of Support for [REDACTED]

To Whom It May Concern:

I, Jerry Horowitz, DO, have a family practice in Marmora, Cape May County, New Jersey. I am writing this letter of support for medical cannabis on behalf of my patient of eighteen years, [REDACTED].

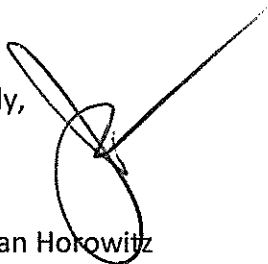
[REDACTED] suffers from periodic severe migraine headaches, which may have developed from years of contact sports; specifically football. [REDACTED] has treated his headaches through chiropractic manipulation since his youth. He currently treats this condition with stretching exercises, fiorinal and low fat diet.

When discussing treatment options, [REDACTED] asked my opinion regarding the use of cannabis. I stated to him that I thought that it may be good for him; if and when it were legally available.

I feel that current medical literature supports the therapeutic use of cannabis for both symptomatic and prophylactic treatment of migraine. In my opinion, this would be especially indicated for this patient. By augmenting his current regimen to include cannabis, he may be able reduce his intake of his currently prescribed medications; which even in low, therapeutic doses can be construed as more harmful.

Please feel free to contact me with any concerns or questions. My office number is: 609-390-0693.

Sincerely,



Jerry Alan Horowitz

BEESLEYS POINT FAMILY PRACTICE
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