

MMP-023

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").

RSD - Reflex Sympathetic Dystrophy and CRPS - Complex Regional Pain Syndrome

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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AUG 31 2016

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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.**

Reflex sympathetic dystrophy (RSD), also known as complex regional pain syndrome (CRPS), is a rare, debilitating disorder of the sympathetic nervous system that is characterized by chronic, severe pain that has no cure. There are four (4) stages to this disorder. Each subsequent stage is worse than the previous. The sympathetic nervous system is that part of the autonomic nervous system that regulates involuntary functions of the body such as increasing heart rate, constricting blood vessels, and increasing blood pressure. Excessive or abnormal responses of portions of the sympathetic nervous system are thought to be responsible for the pain associated with reflex sympathetic dystrophy.

The symptoms of reflex sympathetic dystrophy typically begin with burning pain, especially in an arm, finger(s), palm of the hand(s), and/or shoulder(s). In some individuals, RSD may occur in one or both legs or it may be localized to one knee or hip. Frequently, RSD may be misdiagnosed as a painful nerve injury. The skin over the affected area(s) may become swollen (edema) and inflamed. Affected skin may be extremely sensitive to touch and to hot or cold temperatures (cutaneous hypersensitivity). The affected limb(s) may perspire excessively and be warm to the touch (vasomotor instability). The exact cause of RSD is not fully understood, although it may be associated with injury to the nerves, trauma, surgery, atherosclerotic cardiovascular disease, infection, or radiation therapy.

The McGill Pain Index

The McGill Pain Index was first developed in 1971 as a way of gauging the quality of pain. It was developed at McGill University by Melzack and Torgerson. When creating this index they included such things as sensory qualities (skin color, temperature changes, pressure, sensitivity), affective qualities (tension, fear and autonomic properties), and evaluative issues that are help pinpointing the intensity of the pain. This Index is used by doctors and hospitals around the world and is considered a very valuable tool when looking at chronic pain. It is considered to be a valid, reliable, consistent, and above all, useful instrument. The McGill pain scale was developed to rate various pain related traumas treated at emergency rooms. During registration, patients would rate their pain on a 50 point scale (0 being no pain, 50 being worst pain) and the related trauma such as back pain, limb amputation, etc... This information was later amalgamated and represented on this pain scale. The McGill pain scale describes CRPS/RSD is ranked as the most painful form of chronic pain that exists today. Its more intense than amputation of a digit, chronic back pain, cancer pain, phantom limb pain, post-herpetic neuralgia, fractures, and arthritis through subjective ratings.

- 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 various treatments for CRPS/RSD. The most common treatment usually consists of medications (narcotic) that have multiple side effects. The medications temporarily relieve some of the chronic pain but not all of it. The treatment(s) does not cause the patient's suffering, the condition itself does.

- 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.**

Impact on Quality of Life

RSD / CRPS can be a lifelong condition that can have a significant impact not only on the patient but also on the family and friends of the patient. After the onset, RSD will continue to worsen as time passes. Because RSD is a debilitating and painful condition, it has a significant impact on the patient's daily life. This condition can seriously affect the patient's ability to work or maintain gainful employment. This condition can also force the patient to give up leisure activities or exercise regimens. Finally, patients with chronic RSD / CRPS often have difficulty sleeping, lack of energy, and overall loss of the ability to enjoy life. The culmination of these problems may create a financial and social strain on the patient and his family. Chronic RSD often results in reduced income or unemployment and additional medical expenses required for the various treatments which may or may not be covered by insurance. Because there is currently no cure for RSD / CRPS, the disorder may persist for a prolonged period of time and may be incurable. Due to the prospect of not being able to be cured, the disease frequently causes a serious psychological burden on the patient. When combining this fact with the chronic, severe nature of the pain experienced, patients are often susceptible to depression, anxiety, feelings of isolation, and a sense of hopelessness and helplessness.

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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 therapies are often used in an attempt to treat RSD/CRPS:

Rehabilitation therapy: An exercise program to keep the painful limb or body part moving can improve blood flow and lessen the circulatory symptoms. Additionally, exercise can help improve the affected limb's flexibility, strength, and function. Rehabilitating the affected limb also can help to prevent or reverse the secondary brain changes that are associated with chronic pain.

Psychotherapy: CRPS and other painful and disabling conditions often are associated with profound psychological symptoms for affected individuals and their families. People with CRPS may develop depression, anxiety, or post-traumatic stress disorder, all of which heighten the perception of pain and make rehabilitation efforts more difficult. Treating these secondary conditions is important for helping people cope and recover from CRPS.

Medications: Several different classes of medication have been shown to be somewhat effective for CRPS, particularly when used early in the course of the disease. No drug is approved by the U.S. Food and Drug Administration specifically for CRPS. No single drug or combination of drugs is guaranteed to be effective in every person. Drugs to treat CRPS include:

- non-steroidal anti-inflammatory drugs to treat moderate pain, including over-the-counter aspirin, ibuprofen, and naproxin
- corticosteroids that treat inflammation/swelling and edema, such as prednisolone and methylprednisolone (used mostly in the early stages of CRPS)
- drugs initially developed to treat seizures or depression but now shown to be effective for neuropathic pain, such as gabapentin, pregabalin, amitriptyline, nortriptyline, and duloxetine
- botulinum toxin injections
- opioids such as oxycontin, morphine, hydrocodone, fentanyl, and vicodin
- N-methyl-D-aspartate (NMDA) receptor antagonists such as dextromethorphan and ketamine
- nasal calcitonin, especially for deep bone pain, and
- topical local anesthetic creams and patches such as lidocaine.

All drugs or combination of drugs can have various side effects that include, but are not limited to, drowsiness, dizziness, increased heartbeat, and impaired memory.

Sympathetic nerve block: Some individuals report temporary pain relief from sympathetic nerve blocks, but there is no published evidence of long-term benefit. Sympathetic blocks involve injecting an anesthetic next to the spine to directly block the activity of sympathetic nerves and improve blood flow.

Surgical sympathectomy: The use of this operation that destroys some of the nerves is controversial. Some experts think it is unwarranted and makes CRPS worse; some report a favorable outcome. Sympathectomy should be used only in individuals whose pain is dramatically relieved (although temporarily) by sympathetic nerve blocks. It also can reduce excess sweating.

Spinal cord stimulation. Placing stimulating electrodes through a needle into the spine near the spinal cord provides a tingling sensation in the painful area. Typically the electrode is placed temporarily for a few days to assess whether stimulation will be helpful. Minor surgery is required to implant all the parts under the skin on the torso. Once implanted, the stimulator can be turned on and off, and adjusted using an external controller. Data shows that about one-fourth of individuals develop equipment problems that may require additional surgeries.

Ketamine: Investigators are using low doses of ketamine—a strong anesthetic—given intravenously for several days to either reduce substantially or eliminate the chronic pain of CRPS. In certain clinical settings, ketamine has been shown to be useful in treating pain that does not respond well to other treatments.

Other types of neural stimulation: Neurostimulation can be delivered at other locations along the pain pathway, not only at the spinal cord. These include near injured nerves (peripheral nerve stimulators), outside the membranes of the brain (motor cortex stimulation with dural electrodes), and within the parts of the brain that control pain (deep brain stimulation). A recent option involves the use of magnetic currents applied externally to the brain (called repetitive Transcranial Magnetic Stimulation, or rTMS). The advantage is that no surgery is required; the disadvantage is need for repeated treatment sessions.

Intrathecal drug pumps: These devices pump pain-relieving medications directly into the fluid that bathes the spinal cord, typically opioids and local anesthetic agents such as clonidine and baclofen. The advantage is that pain-signaling targets in the spinal cord can be reached using doses far lower than those required for oral administration, which decreases side effects and increases drug effectiveness. There are no studies that show benefit specifically for CRPS.

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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.]*

Connecticut Board Votes to Cover CRPS/RSD Under State Medical Marijuana Law


<http://dallas.legalexaminer.com/miscellaneous/connecticut-board-votes-to-cover-crpsrsd-under-state-medical-marijuana-law/>

CRPS and RSD part of Debilitating Medical Conditions accepted by the Illinois Medical Cannabis Program

<http://www.dph.illinois.gov/sites/default/files/forms/medical-cannabis-physician-written-certification-9-2014-040616.pdf>

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.

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 8/27/2016
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