

MMP-058

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: Vivek T. Das, M.D.  
Street Address: 501 Omni Drive  
City, State, Zip Code: Hillsborough, NJ 08844  
Telephone Number: 908-904-1900  
Email Address: [REDACTED]

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

Neuropathic Pain: peripheral/central, autonomic, diabetic, toxic/inflammatory, hereditary, acquired or idiopathic.

**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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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 conditions have valid ICD-10 codes: G60.9, G60.2, G61.1, H47.013, G13.0, G90.09, G60.0, G61.89, G60.8.

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.

Numerous different classes of medications are used to treat Neuropathic Pain including antidepressants, anticonvulsants, opioids, and immune globulins. Many of these agents are associated with dose-limiting side effects/toxicity, and require monitoring of drug levels as well as end organ function.

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.

These conditions are incurable and cause severe chronic debilitating pain. Severe cases are associated with loss of motor and sensory functions leading to further suffering and marked impairment in the patient's quality of life.

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.

Many of the medications used to treat Neuropathic Pain are readily available as are other conventional and complementary modalities. Patients with refractory pain generally cannot tolerate or have failed these treatments.

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.]*

Please see attached.

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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.**

I am a licensed physician for the NJ MMP. I am Board Certified in Anesthesiology, Pain Medicine, Hospice and Palliative Medicine. I am in full support of this petition because I treat the suffering caused by Neuropathic Pain and I believe that those patients whose cases are refractory to conventional medical treatment should be allowed to participate in the NJ MMP on a compassionate basis. Thank you for your consideration.

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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 08/31/2016
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**Format:** Abstract

J Oral Facial Pain Headache. 2015 Winter;29(1):7-14. doi: 10.11607/ofph.1274.

## **The effectiveness of cannabinoids in the management of chronic nonmalignant neuropathic pain: a systematic review.**

Boychuk DG, Goddard G, Mauro G, Orellana MF.

### **Abstract**

**AIMS:** To carry out a systematic review to assess the effectiveness of cannabis extracts and cannabinoids in the management of chronic nonmalignant neuropathic pain.

**METHODS:** Electronic database searches were performed using Medline, PubMed, Embase, all evidence-based medicine reviews, and Web of Science, through communication with the Canadian Consortium for the Investigation of Cannabinoids (CCIC), and by searching printed indices from 1950. Terms used were marijuana, marihuana, cannabis, cannabinoids, nabilone, delta- 9-tetrahydrocannabinol, cannabidiol, ajulemic acid, dronabinol, pain, chronic, disease, and neuropathic. Randomized placebo-controlled trials (RCTs) involving cannabis and cannabinoids for the treatment of chronic nonmalignant pain were selected. Outcomes considered were reduction in pain intensity and adverse events.

**RESULTS:** Of the 24 studies that examined chronic neuropathic pain, 11 studies were excluded. The 13 included studies were rated using the Jadad Scale to measure bias in pain research. Evaluation of these studies suggested that cannabinoids may provide effective analgesia in chronic neuropathic pain conditions that are refractory to other treatments.

**CONCLUSION:** Cannabis-based medicinal extracts used in different populations of chronic nonmalignant neuropathic pain patients may provide effective analgesia in conditions that are refractory to other treatments. Further high-quality studies are needed to assess the impact of the duration of the treatment as well as the best form of drug delivery.

### **Comment in**

[Are cannabinoids effective for orofacial pain states?](#) [J Oral Facial Pain Headache. 2015]

PMID: [25635955](#)

[PubMed - indexed for MEDLINE]

**Format:** Abstract

Full text links

Expert Rev Neurother. 2014 Dec;14(12):1453-65. doi: 10.1586/14737175.2014.985209.



## Medical marijuana in neurology.

Benbadis SR<sup>1</sup>, Sanchez-Ramos J, Bozorg A, Giarratano M, Kalidas K, Katzin L, Robertson D, Vu T, Smith A, Zesiewicz T.

### Author information

### Abstract

Constituents of the Cannabis plant, cannabinoids, may be of therapeutic value in neurologic diseases. The most abundant cannabinoids are  $\Delta(9)$ -tetrahydrocannabinol, which possesses psychoactive properties, and cannabidiol, which has no intrinsic psychoactive effects, but exhibits neuroprotective properties in preclinical studies. A small number of high-quality clinical trials support the safety and efficacy of cannabinoids for treatment of spasticity of multiple sclerosis, pain refractory to opioids, glaucoma, nausea and vomiting. Lower level clinical evidence indicates that cannabinoids may be useful for dystonia, tics, tremors, epilepsy, migraine and weight loss. Data are also limited in regards to adverse events and safety. Common nonspecific adverse events are similar to those of other CNS 'depressants' and include weakness, mood changes and dizziness. Cannabinoids can have cardiovascular adverse events and, when smoked chronically, may affect pulmonary function. Fatalities are rare even with recreational use. There is a concern about psychological dependence, but physical dependence is less well documented. Cannabis preparations may presently offer an option for compassionate use in severe neurologic diseases, but at this point, only when standard-of-care therapy is ineffective. As more high-quality clinical data are gathered, the therapeutic application of cannabinoids will likely expand.

**KEYWORDS:** CBD; epilepsy; headaches; **marijuana**; multiple sclerosis; neurology

PMID: [25427150](#) DOI: [10.1586/14737175.2014.985209](#)

[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

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## Peripherally Restricted Cannabinoids for the Treatment of Pain.

Romero-Sandoval EA<sup>1</sup>, Asbill S<sup>1</sup>, Paige CA<sup>1</sup>, Byrd-Glover K<sup>1</sup>.

### Author information

### Abstract

The use of cannabinoids for the treatment of **chronic** diseases has increased in the United States, with 23 states having legalized the use of **marijuana**. Although currently available cannabinoid compounds have shown effectiveness in relieving symptoms associated with numerous diseases, the use of cannabis or cannabinoids is still controversial mostly due to their psychotropic effects (e.g., euphoria, laughter) or central nervous system (CNS)-related undesired effects (e.g., tolerance, dependence). A potential strategy to use cannabinoids for **medical** conditions without inducing psychotropic or CNS-related undesired effects is to avoid their actions in the CNS. This approach could be beneficial for conditions with prominent peripheral pathophysiologic mechanisms (e.g., painful diabetic neuropathy, chemotherapy-induced neuropathy). In this article, we discuss the scientific evidence to target the peripheral cannabinoid system as an alternative to cannabis use for **medical** purposes, and we review the available literature to determine the pros and cons of potential strategies that can be used to this end.

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**KEYWORDS:** cannabinoids; **chronic pain**; **inflammatory pain**; **marijuana**; **neuropathic pain**; psychotropic effects

PMID: [26497478](#) DOI: [10.1002/phar.1642](#)

[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

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