MMP-061

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.

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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").

Chronic 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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CHIEF OF STAFF

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

   Chronic Migraine has valid ICD-10 codes: G43.70, G43.71, G43.709, G43.701, G43.719, G43.711, G43.701.

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.**

   (not applicable)

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 Migraine causes a lifetime of suffering and debility. Most of my patients with chronic migraine are disabled from decades of chronic daily headache associated with severe/chronic pain, severe nausea/vomnting, and severely impaired functioning/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.**

   Migraine treatment is readily available through conventional and complementary practitioners. Often dozens of different abortive and prohlylatic agents are prescribed over the years (anti-inflammatory drugs, anticonvulsants, antidepressants, calcium-channel blockers, beta-blockers, etc). In addition patients undergo invasive treatment such as botulinum toxin injections, nerve blocks, occpital nerve stimulation, and even patent foramen ovale closure in some cases.

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.]*

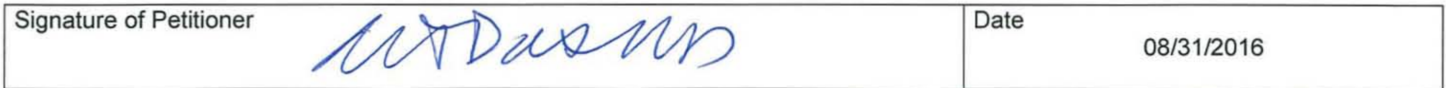
   Please see attached.

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.

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 pain and suffering caused by Chronic Migraine and I believe that those patients whose cases are refractory to conventional medical treatment should be allowed to particiciate in the NJ MMP on a compassionate basis. Thank you for your consideration.

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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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 DN[1], Anderson SL[1], Gedde M[2], 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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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 EP[1].

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 ofaction, 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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Neuro Endocrinol Lett. 2014;35(3):198-201.

Clinical endocannabinoid deficiency (CECD) revisited: can this concept explain the therapeutic benefits of cannabis in migraine, fibromyalgia, irritable bowel syndrome and other treatment-resistant conditions?

Smith SC, Wagner MS.

Abstract

OBJECTIVES: Ethan B. Russo's paper of December 1, 2003 explored the concept of a clinical endocannabinoid deficiency (CECD) underlying the pathophysiology of **migraine**, fibromyalgia, irritable bowel syndrome and other functional conditions alleviated by clinical cannabis.

METHODS: Available literature was reviewed, including searches via the National Library of medicine database and other sources.

RESULTS: A review of the literature indicates that significant progress has been made since Dr. Ethan B. Russo's landmark paper, just ten years ago (February 2, 2004). Investigation at that time suggested that cannabinoids can block spinal, peripheral and gastrointestional mechanisms that promote pain in headache, fibromyalgia, irritable bowel syndrome and muscle spasm.

CONCLUSION: Subsequent research has confirmed that underlying endocannabinoid deficiencies indeed play a role in **migraine**, fibromyalgia, irritable bowel syndrome and a growing list of other **medical** conditions. Clinical experience is bearing this out. Further research and especially, clinical trials will further demonstrate the usefulness of **medical** cannabis. As legal barriers fall and scientific bias fades this will become more apparent.

PMID: 24977967

[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

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