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Appendix G: Healthcare Practitioner-Reported Clinical Observations.....G-1

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Note: Word choice and spellings have been retained as written by respondent to avoid inadvertent mischaracterization of intent. Brackets have been used to explain words redacted to prevent individual identification or for other reasons.

- As of her last assessment, she had not yet found a formulation of medical cannabis that she could tolerate taking regularly.
- deceased from sepsis
- not enough time on med to determine
- efficacy of cannabis for pain relief correlates to equal fatigue/drowsiness
- Still taking Lyrica for her Neuropathy
- unable to continue due to cost, no benefit noted, & returned to opiate use
- Patient only used medical cannabis for one month and stopped using it because she felt it wasn't working for her.
- Patient sees a partner in clinic.
- Patient states that he only went to the dispensary twice but did not continue to get medical cannabis because he did not like the psychoactive effects from the THC.
- [PATIENT] has a very unusual pain situation and tolerates very little in terms of medications or supplements
- She almost had seasonal allergy type symptoms while she was on medical cannabis. Also had frequent sinus infections, all of which was new for her. This all resolved once she completely stopped the medical cannabis.
- No effectiveness for pain. Tried increasing the dose, but then it was not financially feasible.
- He stopped using cannabis due to cost. It was effective
- Stopped using cannabis back in Oct. 2016 because she was not finding any relief and has tried all the different types.
- Pt did not find medical cannabis as helpful as the kind he had been using on the streets
- Patient is still working with dispensary to see if different dosage would be more helpful in pain reduction.
- She reported that the staff of the dispensary did not seem very professional to her. They acted in a somewhat capricious manner for making decisions about doses for her condition.
- Pt has stopped cannabis as it is not helping
- Only brief use over several weeks.
- she didn't take it more than a couple of doses so impossible for me to give any useful feedback
- simply did not help this patient

- Patient stated that she only went to a dispensary 2 or 3 times and she did not find the cannabis to be helping her at all so she hasn't been back since.
- She used medical cannabis for about 2 months, did not find it beneficial for her pain and so due to cost she did not continue. However at her most recent office visit on [DATE], she said that she is going to revisit medical cannabis and would like to try it again.
- She denies any side effects, it just did not help and she could not afford to keep taking it.
- She was able to decrease use of mental health medications including Zoloft, Xanax, Clonazepam, Valium. Started Risperidone at night.
- I do not feel that the medical cannabis has resulted in significant improvement of her chronic pain syndrome
- Cost prohibitive for this patient. He cannot afford refills or to take it very often. This is unfortunate because this patient has many comorbidities that frankly make high-dose narcotics dangerous.
- pt cannot continue program due to cost
- Pt feels the products available in MN are not as effective as the whole plant extract available in CO. He tried it there when on vacation. He is considering moving to CO or OR
- finds expensive to continue trying different preparations
- No sure if she will continue taking with the fogginess she was describing.
- For this patient, the cost of medical cannabis outweighed the limited benefit in pain relief so he only rarely uses it at this point.
- He has not decreased his high opioid dose at all while on medical cannabis. Encouraged him to use the medical cannabis more frequently but he had a difficult time finding privacy at work in order to take it.
- He has experience with cannabis from other states. The quantities he was able to afford did not adequately treat his symptoms.
- per PCP able to fall asleep better, less waking up
- My certification for non-cancer pain patients always focuses on selecting either opioids or medical cannabis as a treatment option. Despite the reported benefits of concurrent multi-modal therapy with these potent agents, my goal is always patient safety. I think clear communication and expectation setting is crucial to allow all parties to benefit.
- Medical cannabis did not provide adequate relief and stated in an OV that it was not the "miracle drug" she had heard and hoped it would be.
- in comparing the short form pain inventories from [DATE] and [DATE] it showed that she was actually doing better when she was using her cannabis as prescribed rather than her perception that it was not doing much. Planned to resume
- He has been a very difficult patient to provide any pain reduction. Some feelings of making him feel "goofy" but otherwise tolerated ok.
- patient feels this helped with knee pain, but unwilling to continue due to costs
- He seems to have limited side effects. We have not been able to decrease doses due to the other issues going on with this pain

- The patient did not like the side effects, stating it made him feel "high" and only marginally reduced his chronic pain.
- This patient's low back/radiculopathy has actually been worsening. Doses of other non narcotic medications have been increased for this without any change. The cannabis is not helping this either. He is actually scheduled for lumbar surgery soon.
- helpful, too expensive for pt to use regularly
- Overall, modest but meaningful benefit. MC is not a substitute for opioid pain relievers and other treatment, but is a useful tool.
- No change in meds. Feels 35% better
- No interactions. See previous comments
- Patient reduced ativan intake.
- We have not changed medical regimen yet.
- not sure that I understand use of daily suspension, as I would have thought that prn vapor would be best for the more intense headaches, and avoid potential for dependence/tachyphaxis,
- Pt plans to try High CBD/low THC when can afford to try again
- Capsules did not work well due to upset stomach but vaping helped avoid that issue. Some pain relief but she is currently on vacation until July 2017
- Reduction in chronic opioid therapy would likely be a benefit if pt could afford regular MC use
- I have not been able to decrease his opioid use.
- Slowly trying to wean pain meds
- Patient has done well and overall this has been helpful
- the cannabis has helped his quality of life, but patient still has significant pain
- could not afford to continue
- Takes opioids for pain, dose has not changed at all since being on medical cannabis.
- finds would be very helpful, cannot afford to take consistently
- Sparing use of hydromorphone 8 mg reduced to very minimal use. Cannabis improved prevention of headaches but did not assist with breakthrough pain; hydromorphone used minimally to assist with breakthrough pain
- it has over all been modestly helpful for this patient
- MC was able to help widespread pain but not worst area (low back).
- Patient has not decreased intake of other medications.
- Patient reports some mental clouding
- decreased need for potent analgesics while on cannabis, which reversed when he had to stop cannabis due to cost
- Patient would like to see prices decrease. He is unable to utilize the cannabis as often as he would like due to financial reasons.
- She has sadly passed since last seen
- has been helpful (2 reports)
- he has benefitted

- already documented
- If [PATIENT] was to continue with cannabis, the ability to get off pain medications would be more likely. Unfortunately, the cost has held her back from continuing in use of cannabis.
- Better overall
- decrease in naproxen. currently on opiates and did not want to take both at the time.
- reduced amount of hydrocodone and lorazepam being taken, completely stopped taking diazepam and medications for depression
- Help with dose so she can take cannabis more often.
- Did not have enough relief with cannabis alone
- Never a smoker; could not adapt to use of the vape. Appreciates the capsules.
- This patient has Lyme disease...difficult to treat.
- No drug interactions. Patient / family provide positive experience via phone follow-up regarding it's use.
- Has helped with pain and muscle spasms.
- no assessment based on pt self report
- It seems to have improved both is degree of perceived pain and the chronic nausea that he has had either from his meds or the pain itself.
- unable to afford, stopped taking
- helpful for him
- main problem is cost
- question compliance with treatment plan; her opioid contract has been terminated due to non-compliance on her part and urine tox screen was negative for cannabis when she reported taking it
- Patient decreased intake of oxycodone and maintained intake of methadone but would like to start decreasing that as well.
- Patient stopped taking percocet and flexeril after he started taking medical cannabis.
- Patient has tapered down from tramadol and gabapentin since she started using medical cannabis.
- Patient is almost completely off oxycodone, only takes it when his pain is excruciating and the cannabis isn't enough.
- Patient feels that it is less effective since she started taking anti-depressants
- No clear problems but somewhat confusing for a patient with other medical conditions- A.Fib, hypertension
- Morphine sulfate down from 30 mg TID to 30 mg BID
- could not afford to continue, back on opioids
- Able to stay off narcotics
- Patient is adamant that the state of MN continue with this program- she believes that it is very beneficial to a wide variety of medical conditions. Patient is also pleased that certain dispensaries have increased their hours of operation.

- I feel that with his condition, post laminectomy syndrome it has worked well. What would probably help him even more would be a spinal cord stimulator but he will not consent to this. His 3 back surgeries were "enough surgery"
- Decrease in oral medications.
- This patient did stop fentanyl by using cannabis. that is a good thing.
- no negative effects, reduction in need for opioid analgesics, but not elimination
- better anagesia that NSAIDs alone
- no evidence
- Pt side effect of fatigue is dose related. Good pain control. Good sleep.
- This allowed her to completely get off all narcotic analgesics, to date.
- much calmer, better ROM
- Patient stopped taking flexeril and ibuprofen after starting medical cannabis. Patient also stopped taking Zoloft for depression because cannabis helped greatly alleviate that.
- Patient decreased intake of Tramadol.
- Patient has reduced dosage in suboxone after starting medical cannabis.
- Patient has reduced dosage of Lyrica.
- Patient has stopped taking Celexa and Colonopin as the medical cannabis has helped greatly with her depression and anxiety.
- No oral medications
- Pt unable to continue program r/t cost
- Pt has remained sober from previous use of alcohol and methamphetamine.
- It helped more than I thought it would.
- She has been able to come off OTC pain medications
- Aspirin decrease from 4,500 and 2,500.
- Due to recent Cannabis use patient has avoided having to go on disability and is able to continue working.
- This patient has a lot of non-pain related medical conditions. She doesn't think medical cannabis has had any negative impact. She is moving to Hawaii next week and plans to continue with their medical cannabis program.
- No longer dependent on Vicodin. Only takes for break through pain.
- I have observed an overall improvement in the patient's mood and ability to engage in conversation.
- Pt is still on Vicodin, even though dose reduced 75%. He is getting it from his pain doctor. The clinic the doctor works for has a policy against THC in urine even if it is legal, and they are threatening to cut him off narcotics completely if he continues on cannabis. This seems unfair and illegal. Maybe MDH should develop a policy on how to deal with these situations. I would appreciate advice on how to counsel patients about this as well. no drug drug intereactions
- This patient has been able to substantially decrease narcotic use.
- This has worked well

- Medical cannabis has enabled patient to stop narcotic pain medications and Zofran. The only other negative was not being able to use his medical cannabis during a recent hospitalization at Fairview Hospital.
- medical cannabis program has been very helpful, especially at weaning patient off of narcotic
- Plan will be to try and taper Percocet off
- Patient feels significant benefit from medical cannabis.
- the THC ended up making her really sick and she found out she had Cannabinoid Hyperemesis Syndrome
- Decrease on Fentanyl patches
- Doing well.
- We discontinued the medical cannabis for this patient and she is now off her narcotics and dealing with her pain in other ways. There is a possibility the MS Contin was causing her opioid-induced hyperalgesia
- My impression is if he could afford the medicine he could be off pain killers and muscle relaxants
- seems to be working well but patient does have a long drive to get it.
- The patient did have a hospitalization about 2 1/2-3 months after starting medical cannabis for questionable seizure, questionable acute encephalopathy. This was questionably due to gabapentin and cannabis combination. The patient opted to continue cannabis and decrease gabapentin and has not had any further problems.
- wonderful response by patient
- Able to wean down on narcotics.
- Successful been able to manage his pain without use of opiates and able to use it for his anxiety as well.
- No longer on opiates and muscle relaxant.
- No longer taking OTC medications
- Patient no longer takes paxil.
- Patient stopped taking Baclofen after being on medical cannabis.
- Patient reduced venlafaxine by half.
- Patient has decreased intake of pain medications listed previously as well as muscle relaxants.
- Has completely stopped all usage of pain medications besides cannabis.
- I feel that the benefits he describes from using cannabis a greatly enhancing his ability to function in many domains of his life.
- Patient reports pharmacist was able to adjust ingredients to decrease foginess and still have it be helpful.
- When the patient was taking the medical cannabis she only needed to take her pain medications as needed.
- Patient stopped taking clonazepam for anxiety since starting medical cannabis.
- Patient stopped taking Oxycodone.
- Patient stopped taking modafinil completely since starting medical cannabis.

- Patient has stopped taking Tramadol Lyrica and amitriptylin.
- Patient has decreased Xanax significantly since starting medical cannabis.
- Patient was taking Wellbutrin but stopped after starting medical cannabis.
- Patient stopped taking pain, anti-anxiety, anti-depressant, and blood pressure medications.
- Patient has completely stopped taking a benzodiazepine for her anxiety after she started the medical cannabis.
- Patient takes Cymbalta.
- Patient has stopped taking hydromorphone, tramadol, and mirtazapine since he started taking medical cannabis.
- Patient stopped taking oxycodone and hydrocodone after being put on medical cannabis.
- Patient completely stopped taking Vicodin, promethazine, robaxin, verapamil, and decreased dosage of carbamazepine and topiramate
- Patient decreased intake of Trazadine.
- Patient has went from 150 Hydrocodone a month to just 20.
- Patient was on Tramadol and Aleve prior to being certified for medical cannabis but now she is off both.
- No oral medications
- I feel that she is one of my most successful patients on medical marijuana, and we have seen a change in her opioid and medication use directly impacted.
- Life style has improved significantly. Not as dependent on medication anymore but does use when he cannot afford cannabis
- He did experience very good control of pain to the point that he was able to discontinue other pain medications completely. Unfortunately he found the medical cannabis in Minnesota to be too expensive it is not something he can continue to utilize and has ended up re-starting opiate pain medications and is no longer actively using medical cannabis.
- Decrease in anxiety medication and gabapentin. Decreased insulin by half. Type II Diabetes
- Opiates were stopped 10 days after starting cannabis. Pt reported cannabis and opiates provided similar levels of benefit but cannabis was more costly.