



Medical Cannabis and Intractable Pain

“There are strong and conflicting opinions ... in both the professional community and in the general population. However, as a physician who is concerned about the treatment each individual patient receives and as the Minnesota Health Commissioner who is concerned about the overall health of everyone in this state, I believe that adding intractable pain to the list of qualifying conditions for our medical cannabis program is the correct decision.” – Commissioner Ed Ehlinger

Legal Authority

- Minnesota Statutes, section 152.27, subdivision 2(b) authorizes the Commissioner, in his discretion, to add qualifying conditions to the medical cannabis registry, subject to the Legislature’s opportunity to modify or overrule the Commissioner’s decision.
- Laws 2014, Chapter 311, as amended by Laws 2015, Chapter 74, requires that the Commissioner of Health consider adding intractable pain as a qualifying medical condition by January 1, 2016.

Background

- The 2014 Minnesota Legislature passed a law (cited above) creating the state’s medical cannabis program, and tasked the Commissioner of Health with evaluating what qualifying conditions to add beyond the original nine. The law specifically required that the first condition to be considered was intractable pain.
- The law defined intractable pain as a state “in which the cause of the pain cannot be removed or otherwise treated with the consent of the patient and in which ... no relief or cure of the cause of the pain is possible, or none has been found after reasonable efforts.”
- To help gather more information in advance of the decision:
 - MDH arranged for a University of Minnesota literature review, which examined the available research and clinical evidence.
 - MDH conducted 13 public meetings around the state, and collected comments online for weeks. In the end, we heard from nearly 500 Minnesotans, more than 90 percent of whom supported adding intractable pain as a qualifying condition.
 - MDH created an advisory panel of clinicians and medical providers to look at the available evidence and deliver recommendations. A majority of the panel recommended not adding intractable pain as a qualifying condition. Their recommendations reflected a range of views on the topic, as well as a desire for more clinical evidence regarding benefits and risks.

Decision

- After weighing the available information from all sources, as well as the input from citizens around the state, Commissioner Ehlinger determined that the right choice was to add intractable pain to the program’s list of qualifying conditions.

- However, the Commissioner cautions providers and patients to give special scrutiny and care before seeking to use medical cannabis for any condition, not just pain, for the following groups for whom there is more robust evidence to suggest potential risks:
 - Infants and children,
 - Pregnant women,
 - Nursing mothers, and
 - Individuals with a personal or family history of psychosis.

Next steps

- MDH will step up outreach efforts to doctors and other health care providers to help them better understand the available information about medical cannabis, its risks and benefits, and the emerging body of knowledge regarding its use for treating intractable pain.
- Specifically, MDH will develop informational materials for providers and patients about the risks to people in the above groups.
- MDH will also help coordinate a broader conversation with the medical community on how to best address pain.
- MDH will also be asking providers to report back on patient status every six months for those patients certified with intractable pain.
- Commissioner Ehlinger will recommend that medical cannabis be added to Minnesota's Prescription Drug Monitoring Program. This will help the state learn more about how cannabis is being used and how it may or may not impact the use of other drugs being used to treat pain.
- Patients may begin discussions with their health care provider about seeking certification for having intractable pain, with the understanding that those certified for having intractable pain will become eligible to receive medical cannabis on August 1, 2016.

Definition of Intractable Pain

Minnesota Statutes, section 152.125 INTRACTABLE PAIN.

§ Subdivision 1. Definition. For purposes of this section, "intractable pain" means a pain state in which the cause of the pain cannot be removed or otherwise treated with the consent of the patient and which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible, or none has been found after reasonable efforts. Reasonable efforts for relieving or curing the cause of the pain may be determined on the basis of, but are not limited to, the following:

- (1) When treating a nonterminally ill patient for intractable pain, evaluation by the attending physician and one or more physicians specializing in pain medicine or the treatment of the area, system, or organ of the body perceived as the source of the pain; or
- (2) When treating a terminally ill patient, evaluation by the attending physician who does so in accordance with the level of care, skill, and treatment that would be recognized by a reasonably prudent physician under similar conditions and circumstances.

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12/2/2015

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