Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066
E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp

Petition to Add a Medical Condition, Medical Treatment or Disease to the List of Debilitating Conditions

INSTRUCTIONS: Please complete each section of this Petition and attach all supportive documents. All attachments must include a title referencing the Section letter to which it responds. Any Petition that is not fully or properly completed will not be submitted to the Board of Physicians.

Please Note: Any individually identifiable health information contained in a Petition shall be confidential and shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200, Connecticut General Statutes.

Section A: Petitioner's Information

Name (First, Middle, Last): [redacted]			
Home Address (including Apartment or Suite #): [redacted]			
City: [redacted]		State: CT	Zip Code: [redacted]
Telephone Number: [redacted]	E-mail Address: [redacted]		

Section B: Medical Condition, Medical Treatment or Disease

Please specify the medical condition, medical treatment or disease that you are seeking to add to the list of debilitating medical conditions under the Act. Be as precise as possible in identifying the condition, treatment or disease.

VULVODYNIA N94.819 VULVAR BURNING N94.89

Section C: Background

Provide information evidencing the extent to which the condition, treatment or disease is generally accepted by the medical community and other experts as a valid, existing medical condition, medical treatment or disease.

- Attach a comprehensive definition from a recognized medical source.
- Attach additional pages as needed. ✓

see attached - most recent visit.
(We've had several calls w/ pt if interested.)

Section D: Negative Effects of Current Treatment

If you claim a treatment, that has been prescribed for your condition causes you to suffer (i.e. severe or chronic pain, spasticity, etc.), provide information regarding the extent to which such treatment is generally accepted by the medical community and other experts as a valid treatment for your debilitating condition.

- Attach additional pages as necessary. ✓
- If not applicable, please indicate N/A.

GABAPENTIN causes intolerable sedation @ higher doses recommended for pain management.

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Section F: Negative Effects of Condition or Treatment

Provide information regarding the extent to which the condition or the treatments thereof cause severe or chronic pain, severe nausea, spasticity or otherwise substantially limits one or more major life activities.

- Attach additional pages as necessary. ✓

constant vulvar burning of unknown cause - severely impacts pt's life - eg inability to sit, PSYCHOLOGICAL DISTRESS. CHRONIC PAIN

Section G: Conventional Therapies

Provide information regarding the availability of conventional medical therapies, other than those that cause suffering, to alleviate suffering caused by the condition or the treatment thereof.

- Attach additional pages as necessary. ✓

LIDOCAINE TOPICAL Rx provides temporary ↓ of symptoms.

Section H: General Evidence of Support for Medical Marijuana Treatment

Provide evidence, generally accepted among the medical community and other experts, that supports a finding that the use of marijuana alleviates suffering caused by the condition or the treatment thereof.

- Attach additional pages as necessary. Sadly, there is minimal findings among [redacted] specialists re: marijuana. There remains a stigma & lack of research.

Section I: Scientific Evidence of Support for Medical Marijuana Treatment

Provide any information or studies regarding any beneficial or adverse effects from the use of marijuana in patients with the condition, treatment or disease that is the subject of the petition.

- Supporting evidence needs to be from professionally recognized sources such as peer reviewed articles or professional journals.
- Attach complete copies of any article or reference, not abstracts.

[redacted] clinicians are supportive of any potential benefit from cannibis. & Research is lacking due to stigma of cannibis and very recent legalization

Section J: Professional Recommendations for Medical Marijuana Treatment

Attach letters in support of your petition from physicians or other licensed health care professionals knowledgeable about the condition, treatment or disease at issue.

[redacted] MD is in support of pt trying anything, including cannibis, that will help w/ pt's suffering - vulvar pain, poor quality of life and anxiety (which increases symptoms)

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Section E: Submission of Petition

In the event you are unable to answer or provide the required documentation to any of the Sections above (excluding Section D); provide a detailed explanation indicating what you believe is "good cause" for not doing so.

- Attach additional pages as necessary.

[redacted] has tried many treatments - oral & topical Rxs, pelvic floor PT - with minimal relief of pain.

I hereby certify that the above information is correct and complete

My signature below attests that the information provided in this petition is true and that the attached documents are authentic. I formally request that the commissioner present my petition and all supporting evidence to the Board of Physicians for consideration.

Sign[redacted] Date Signed: 01-08-2019

[redacted]

[redacted]

[redacted]

(please call w/ any questions, etc.)

[redacted]

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Vulvadynia

Section C: Background

Provide information evidencing the extent to which the condition, treatment or disease is generally accepted by the medical community and other experts as a valid, existing medical condition, medical treatment or disease.

- Attach a comprehensive definition from a recognized medical source.
- Attach additional pages as needed.

Section D: Negative Effects of Current Treatment

If you claim a treatment, that has been prescribed for your condition causes you to suffer (i.e. severe or chronic pain, spasticity, etc.), provide information regarding the extent to which such treatment is generally accepted by the medical community and other experts as a valid treatment for your debilitating condition.

- Attach additional pages as necessary.
- If not applicable, please indicate N/A.

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Section F: Negative Effects of Condition or Treatment

Provide information regarding the extent to which the condition or the treatments thereof cause severe or chronic pain, severe nausea, spasticity or otherwise substantially limits one or more major life activities.

- **Attach additional pages as necessary.**

See evaluation.

[redacted] Section F: Conventional Therapies

Provide information regarding the availability of conventional medical therapies, other than those that cause suffering, to alleviate suffering caused by the condition or the treatment thereof.

- **Attach additional pages as necessary.**

[redacted] Section G: General Evidence of Support for Medical Marijuana Treatment

Provide evidence, generally accepted among the medical community and other experts, that supports a finding that the use of marijuana alleviates suffering caused by the condition or the treatment thereof.

- **Attach additional pages as necessary.**

[redacted] Section H: Scientific Evidence of Support for Medical Marijuana Treatment

Provide any information or studies regarding any beneficial or adverse effects from the use of marijuana in patients with the condition, treatment or disease that is the subject of the petition.

- **Supporting evidence needs to be from professionally recognized sources such as peer reviewed articles or professional journals.**
- **Attach complete copies of any article or reference, not abstracts.**

[redacted] Section I: Professional Recommendations for Medical Marijuana Treatment

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Section I: Submission of Petition

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- **Attach additional pages as necessary.**

See note

I hereby certify that the above information is correct and complete.

My signature below attests that the information provided in this petition is true and that the attached documents are authentic. I formally request that the commissioner present my petition and all supporting evidence to the Board of Physicians for consideration.

Signature: [redacted]	Date Signed: 1/8/19

Documentation 12/20/2018 Provider: [redacted] MD (Urogynecology)
HHC Division of
Urogynecology in Hartford

Progress Notes

[redacted] MD (Physician) • Urogynecology

To whom it may concern

Ms [redacted] has been a patient of mine for several years. She is suffering with vulvovaginal pain that is likely neuropathic in nature. She has frequent flares and it is affecting her quality of life as during the flares she is home-bound and restricted to loose clothing. We have tried steroid creams, estrogen cream, vaginal laser, physical therapy, and gabapentin. She has had several consults with vulva specialists as well as a pain specialist and has undergone a pudendal block. She continues to have debilitating symptoms.

She would like to try medical marijuana for the pain and I believe she is a good candidate given the nature of her pain and no relief with any other treatment modalities.

If you have further questions please contact me
[redacted]

Sincerely

[redacted] MD

Additional Documentation

Encounter Info: Billing Info, History, Allergies, Detailed Report

Orders Placed

None

Medication Changes

As of 12/20/2018 10:03 AM

None

Visit Diagnoses

None

[redacted]

MRN: [redacted]
Description: [redacted] year old female

Office Visit 4/30/2018
[redacted] Specialty

Provider: [redacted] MD (Obstetrics - Gynecology)
Primary diagnosis: Vulvodynia
Reason for visit: Vulvovaginal Problem

Progress Notes

[redacted], MD (Physician) • Obstetrics - Gynecology

Expand All Collapse All

This is a follow-up visit for vulvar atrophy, vulvar burning and vulvodynia. She is currently not improved. Note from last visit on 1/9/18 reviewed. The patient's treatments since the last visit have included :
She has been able to tolerate gabapentin, 600 mg in the morning and 700 mg at bedtime. When she increased the dose to 700 mg in the morning, she had severe drowsiness the next day. She was not able to accommodate to that dose. She continues to have bilateral burning on the inner labia minora. Sometimes she feels well and other times she has a flare. Sitting for a long time has been difficult.
She applies Premarin cream every other day to the vulva and lower vagina.
She uses lidocaine either 2% or 5% with short-term relief.
She continues to have symptoms especially if sitting on a hard surface or wearing binding clothing. She did not notice any improvement in her symptoms while she was in Florida.
She has been on sertraline, 100 mg for a long time for management of her anxiety.
Her husband who is a retired allergist presents with her to her appointment today.

Current Outpatient Prescriptions:

gabapentin 100 mg capsule	600q am and 900 mg at bedtime
lidocaine 2 % JELLY (GM)	Apply to affected area
SERTRALINE HCL (SERTRALINE ORAL)	Take by mouth
ATORVASTATIN CALCIUM (ATORVASTATIN ORAL)	Take by mouth
CALCIUM CARBONATE/VITAMIN D3 (VITAMIN D-3 ORAL)	Take by mouth
conjugated estrogens (PREMARIN) 0.625 mg/gram Cream	Insert into vagina
CLOBETASOL PROPIONATE (CLOBETASOL TOP)	Apply to the affected area
clotrimazole 1 % Cream	Apply to the affected area

Allergies:
Sulfa (Sulfonamide Antibiotics)
Propoxyphene Napsyl
Fish-Derived Products

Past Medical History:

Diagnosis	Date
• High cholesterol	

Past Surgical History:

Procedure	Laterality	Date
• NO SIGNIF SURGICAL HX		

ROS:
Gyn: negative except as noted above
Sexual activity: not currently sexually active
Contraception: abstinence
Urinary: History of recurrent UTI
Gastrointestinal: No abdominal pain, constipation, diarrhea, reflux.
Mental health: History of anxiety

Exam:
BP 110/70 | Ht 5' 3.5" (1.613 m) | Wt 154 lb (69.9 kg) | BMI 26.85 kg/m2 Estimated body mass index is 26.85 kg/(m^2) as calculated from the following:
Height as of this encounter: 5' 3.5" (1.613 m).
Weight as of this encounter: 154 lb (69.9 kg).
No LMP recorded. Patient is postmenopausal.

Constitutional: she appears well and in no acute distress
No inguinal nodes palpated.
No suprapubic tenderness.
Genital Exam:
The exam is well tolerated..
Mons pubis: normal.anterior commissure: normal skin color and texture and normal anatomy
Groin: normal skin color and texture and normal anatomy
Labia majora: normal skin color and texture and normal anatomy.
Perineum: normal skin color and texture.
Anus: normal skin color and texture.
Labia minora: Notes burning to light Q-tip palpation medially, bilaterally, normal architecture bilaterally, normal skin color and texture
Prepuce: normal and mobile.
Clitoris: visible.
Interlabial folds: normal skin color and texture
Vestibule: Burning noted from 4 to 8:00 with Q-tip palpation, normal skin color and texture;
Urinary meatus: normal.
Vagina: not inflamed; Discharge: scant.
Pelvic Floor: there is no hypertonicity.

Assessment: vulvar atrophy, vulvar burning and vulvodynia.

Plan and recommendations:
I'm sorry that you are continuing to have burning and pain.

You can certainly use the 2 or 5% lidocaine up to 6 times daily as needed for comfort.

The dosing on the gabapentin is limited by the fact that at higher doses you develop unacceptable drowsiness.

We discussed changing from gabapentin (Neurontin) to pregabalin (Lyrica). If your insurance approves Lyrica, I will be happy to help you change the dosing.

We also discussed a trial of an alternative antidepressant medication that is in the SNRI category. Those may be more effective in managing nerve pain and also depression. Two that are commonly used are duloxetine and venlafaxine. You would have to work with your primary care physician or psychiatrist in order to change that medication

I contacted my colleague Dr. [redacted], in [redacted]. She gave me the recommendation for Dr. [redacted] at [redacted] who practices in [redacted], Connecticut. He does injections for pain. Feel free to contact him. If he needs a referral, I am happy to send that.

Please follow up by phone so that we can discuss the next step in your evaluation and management.

Total visit time 45 minutes; 30 minutes spent reviewing treatment efficacy, and impact of condition on patient's life, as well as counseling and coordinating care related to vulvar atrophy, vulvar burning and vulvodynia.

Instructions

Patient Instructions

ATRIUS AFTER VISIT SUMMARY-HVMA (HTML) (Printed 4/30/2018)

Additional Documentation

Vitals:	BP 110/70 Ht 5' 3.5" (1.613 m) Wt 154 lb (69.9 kg) BMI 26.85 kg/m2 BSA 1.77 m2 More Vitals
Flowsheets:	Custom Formula Data
Encounter Info:	Billing Info, History, Allergies, Detailed Report

Visit Information

Date & Time	Provider	Department	Encounter #
4/30/2018 10:10 AM	[redacted], MD	[redacted] Vulvar Specialty	[redacted]

Patient Entered Questionnaire

Questionnaire response

Orders Placed

CHAPERONE DECLINED FOR EXAM

Medication Changes

As of 4/30/2018 10:01 AM

None

Visit Diagnoses

Vulvodynia N94.819
Vulvar burning N94.89
Vulvar atrophy N90.5

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ
FREQUENTLY ASKED QUESTIONS
GYNECOLOGIC PROBLEMS

FAQ127, April 2017

PDF Format

Vulvodynia

What is vulvodynia?

The external female genital area is called the ***vulva***. Pain that affects this area is very common. ***Vulvodynia*** is pain that lasts for 3 months or longer and is not caused by an infection, skin disorder, or other medical condition.

What does vulvodynia feel like?

Vulvodynia most commonly is described as burning, stinging, irritation, and rawness. Aching, soreness, throbbing, and swelling also may be felt. The entire vulva may be painful or pain may be centered in a specific area. Symptoms of vulvodynia may be constant or they may come and go. Symptoms can start and stop without warning, or they may occur only when the area is touched.

What are some of the possible causes of vulvodynia?

Vulvodynia is likely caused by many factors working together. Some of these factors include the following:

- Damage or irritation of the nerves of the vulva
- ***Inflammation*** of the vulva
- Long-term reactions to certain infections
- Certain ***genetic disorders***
- Sensitivity to certain foods
- Dysfunction of the muscles of the ***pelvic floor***
- Conditions that affect nearby muscles or bones

How is vulvodynia evaluated?

If you have vulvar pain, your ***gynecologist*** or other health care professional will try to rule out the most common causes of vulvar pain first. You may be asked questions about your symptoms, sexual history, and medical and surgical history. You may be asked when symptoms occur, what treatments you have tried, and whether you have any allergies, chronic infections, or skin problems.

Your gynecologist also will examine the vulva and vagina carefully. A sample of discharge from the vagina may be taken. Your gynecologist may use a cotton swab to touch areas of the vulva. The goal is to find where the pain is and whether it is mild, moderate, or severe. You also may have a ***biopsy*** of the vulvar skin.

How is vulvodynia treated?

Many kinds of treatment are available. No one method works all the time for everyone. It can take a few months before any relief is noticed. Sometimes more than one treatment may be needed. Keeping a pain diary can help you track your symptoms and how they respond to different therapies. In some cases, your gynecologist or other health care professional may refer you to a pain specialist. A pain specialist may use techniques such as ***ultrasound*** and electrical stimulation to relieve pain.

What are some steps that I can take to help with my pain?

If you have vulvodynia, gentle care of the vulva is best. Avoid products and other items that may be irritating. The following may be helpful in relieving or reducing symptoms:

- Wear 100% cotton underwear.
- Do not wear underwear while sleeping.
- Avoid douching.
- Avoid irritants, such as perfumes, dyes, shampoos, detergents, and deodorants.
- Clean the vulva with water only.
- Switch to 100% cotton pads if regular pads are irritating.
- Use lubricants during sex, but avoid lubricants with flavor or cooling/warming sensation.
- Rinse and pat the vulva dry after urinating.
- After bathing, apply a thin layer of a preservative-free oil or petroleum jelly to hold in moisture and protect the skin.
- Avoid using a hair dryer to dry the vulvar area.
- Use cool gel packs on the vulva.

What medications are used to treat vulvodynia?

Several medications can be used to treat vulvodynia. Medications can be taken in pill form (oral), injected into the affected area, or applied to the skin (topical). The following medications have been found to be helpful in treating vulvodynia:

- Local ***anesthetics***—These medications are applied to the skin. They may be used before sexual intercourse to provide short-term pain relief, or they can be used for extended periods.
- ***Antidepressants*** and antiseizure drugs—Drugs used to treat depression and to prevent seizures also may help with the symptoms of vulvodynia. It may take a few weeks for these medications to work. Some types of antidepressants can be provided in the form of a cream that is applied to the skin.
- ***Hormone*** creams—***Estrogen*** cream applied to the vulva may help relieve vulvodynia in some cases.

Can physical therapy help with vulvodynia?

Physical therapy is another option for treating vulvodynia. This type of therapy can relax tissues in the pelvic floor and release tension in muscles and joints. ***Biofeedback*** is a form of physical therapy that trains you to strengthen the pelvic floor muscles. Strengthening these muscles may help lessen your pain.

What is trigger point therapy?

Trigger point therapy is a form of massage therapy. A trigger point is a small area of tightly contracted muscle. Pain from a trigger point travels to nearby areas. Trigger point therapy involves soft tissue massage to relax the tight area of muscle. A combination of an anesthetic drug and a steroid also can be injected into the trigger point to provide relief.

Can a nerve block help relieve pain?

A nerve block is a type of ***anesthesia*** in which an anesthetic drug is injected into the nerves that carry pain signals from the vulva to the spinal cord. This treatment interrupts the pain signals and can provide short-term and sometimes long-term pain relief. Injection of a drug called botulinum toxin A (also known as Botox) has been used to treat vulvodynia. This drug relaxes muscles of the pelvic floor.

What is cognitive behavioral therapy?

Cognitive behavioral therapy may be suggested if you have vulvodynia. A counselor can help you learn to cope with chronic pain. This may reduce stress and help you feel more in control of your symptoms. Sexual counseling can provide support and education about this condition for you and your partner.

When is surgery recommended for vulvodynia?

A ***vestibulectomy*** is the removal of the painful tissue from the part of the vulva called the ***vestibule***. It can be used for women who have vulvodynia specific to this area and for whom other treatments have not worked. It is not recommended for women with vulvodynia that is not limited to the vestibule.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Anesthetics: Drugs used to relieve pain.

Antidepressants: Medications that are used to treat depression.

Biofeedback: A technique used by physical therapists to help a person control body functions, such as heartbeat or blood pressure.

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Estrogen: A female hormone produced in the ovaries.

Genetic Disorders: Disorders caused by a change in genes or chromosomes.

Gynecologist: A physician with special skills, training, and education in women's health.

Hormone: A substance made in the body by cells or organs that controls the function of cells or organs. An example is estrogen, which is one of the hormones that control the function of female reproductive organs.

Inflammation: Pain, swelling, redness, and irritation of tissues in the body.

Pelvic Floor: A muscular area at the base of the abdomen attached to the pelvis.

Ultrasound: Sound waves that can be used to examine internal structures or as a treatment for certain conditions.

Vestibule: The space within the labia minora into which the vagina and urethra open.

Vestibulectomy: Surgical removal of painful tissue of the vaginal vestibule.

Vulva: The external female genital area.

Vulvodynia: Long-lasting pain of the vulva that is not caused by an infection or skin disease.

If you have further questions, contact your obstetrician-gynecologist.

FAQ127: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Related FAQs

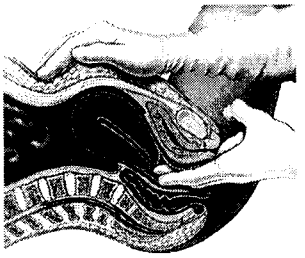
Disorders of the Vulva: Common Causes of Vulvar Pain, Burning, and Itching (FAQ088)
Vaginitis (FAQ028)
Patient Education FAQs

Vulvodynia

Symptoms & causes Diagnosis & treatment Doctors & departments

Diagnosis

Before diagnosing vulvodynia, your doctor will ask you questions about your medical, sexual and surgical history and to understand the location, nature and extent of your symptoms.



Pelvic exam
In a pelvic exam, your physician inserts two gloved fingers inside your vagina. While simultaneously pressing down on your abdomen, he or she can examine your uterus, ovaries and other organs.

Your doctor might also perform a:

- **Pelvic exam.** Your doctor visually examines your external genitals and vagina for signs of infection or other causes of your symptoms. Even if there's no visual evidence of infection, your doctor might take a sample of cells from your vagina to test for an infection, such as a yeast infection or bacterial vaginosis.
- **Cotton swab test.** Your doctor uses a moistened cotton swab to gently check for specific, localized areas of pain in your vulvar region.

Treatment

Vulvodynia treatments focus on relieving symptoms. No one treatment works for every woman. For many, a combination of treatments works

best. It can take time to find the right treatments, and it can take time after starting a treatment before you notice relief.

Treatment options include:

- **Medications.** Steroids, tricyclic antidepressants or anticonvulsants can help lessen chronic pain. Antihistamines might reduce itching.
- **Biofeedback therapy.** This therapy can help reduce pain by teaching you how to relax your pelvic muscles and control how your body responds to the symptoms.
- **Local anesthetics.** Medications, such as lidocaine ointment, can provide temporary symptom relief. Your doctor might recommend applying lidocaine 30 minutes before sexual intercourse to reduce your discomfort. Using lidocaine ointment can cause your partner to have temporary numbness after sexual contact.
- **Nerve blocks.** Women who have long-standing pain that doesn't respond to other treatments might benefit from local nerve block injections.
- **Pelvic floor therapy.** Many women with vulvodynia have tension in the muscles of the pelvic floor, which supports the uterus, bladder and bowel. Exercises to relax those muscles can help relieve vulvodynia pain.
- **Surgery.** In cases of localized vulvodynia or vestibulodynia, surgery to remove the affected skin and tissue (vestibulectomy) relieves pain in some women.

Request an Appointment at Mayo Clinic

Lifestyle and home remedies

The following tips might help you manage vulvodynia symptoms:

- **Try cold compresses or gel packs.** Place them directly on your external genital area to ease pain and itching.
- **Soak in a sitz bath.** Two to three times a day, sit in comfortable, lukewarm (not hot) or cool water with Epsom salts or colloidal oatmeal for five to 10 minutes.

- **Avoid tightfitting pantyhose and nylon underwear.** Tight clothing restricts airflow to your genital area, often leading to increased temperature and moisture that can cause irritation. Wear white, cotton underwear to increase ventilation and dryness. Try sleeping without underwear at night.
- **Avoid hot tubs and soaking in hot baths.** Spending time in hot water can cause discomfort and itching.
- **Don't use deodorant tampons or pads.** The deodorant can be irritating. If pads are irritating, switch to 100 percent cotton pads.
- **Avoid activities that put pressure on your vulva,** such as biking or horseback riding.
- **Wash gently.** Scrubbing the affected area harshly or washing too often can increase irritation. Instead, use plain water to gently clean your vulva with your hand and pat the area dry. After bathing, apply a preservative-free emollient, such as plain petroleum jelly, to create a protective barrier.
- **Use lubricants.** If you're sexually active, apply a lubricant before having sex. Don't use products that contain alcohol, flavor, or warming or cooling agents.

Alternative medicine

Stress tends to worsen vulvodynia and having vulvodynia increases stress. Although there's little evidence that alternative techniques work, some women get some relief from yoga, meditation, massage and other stress reducers.

Coping and support

You might find talking to other women who have vulvodynia helpful because it can provide information and make you feel less alone. If you don't want to join a support group, your doctor might be able to recommend a counselor in your area who has experience helping women cope with vulvodynia.

Sex therapy or couples therapy might help you and your partner cope with vulvodynia's affect on your relationship.

Preparing for your appointment

National Vulvodynia Association

https://www.nva.org

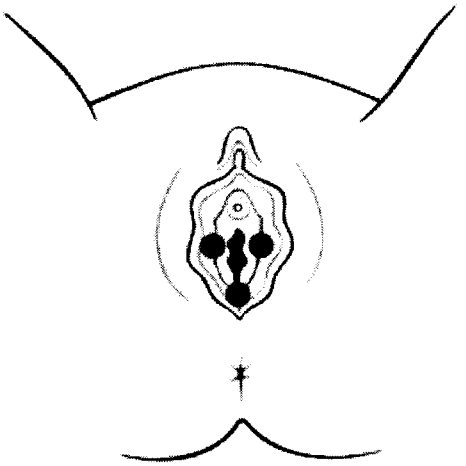
What is Vulvodynia?

Vulvodynia, simply put, is chronic vulvar pain without an identifiable cause. The location, constancy and severity of the pain vary among sufferers. Some women experience pain in only one area of the vulva, while others experience pain in multiple areas. The most commonly reported symptom is burning, but women's descriptions of the pain vary. One woman reported her pain felt like "acid being poured on my skin," while another described it as "constant knife-like pain."

There are two main subtypes localized and generalized vulvodundia which, sometimes co-exist.

What Is Localized Vulvodynia?

Most women have pain at only one vulvar site. If the pain is in the vestibule, the tissue surrounding the vaginal opening, the diagnosis is vestibulodynia (formerly known as vulvar vestibulitis syndrome (VVS)). (See diagram on right.)



The majority of women with localized vulvodynia have Provoked Vestibulodynia (PVD), in which pain occurs during or after pressure is applied to the vestibule, e.g., with:

- sexual intercourse,
- tampon insertion,
- a gynecologic examination,
- prolonged sitting, and/or
- wearing fitted pants.

A less common form of localized vulvodynia, known as clitorodynia (pain in the clitoris), can be very painful.

PVD is further classified as ***primary*** or ***secondary***.

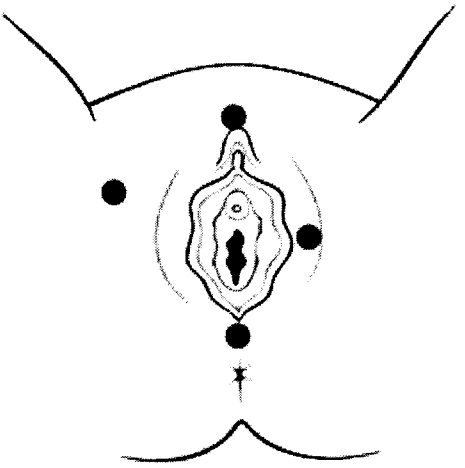
Women with primary PVD have experienced vestibular pain since the first attempt at vaginal penetration.

Women with secondary PVD have experienced pain-free sexual intercourse prior to the development of vulvar pain.

What Is Generalized Vulvodynia?

For women with generalized vulvodynia (GV), pain occurs spontaneously and is relatively constant, but there can be some periods of symptom relief.

Activities that apply pressure to the vulva, such as prolonged sitting or sexual intercourse, typically exacerbate symptoms.



[redacted] MRN: [redacted]

Office Visit 12/13/2018
Pain Management Services

Provider: [redacted] MD (Anesthesiology)
Primary diagnosis: Vulvodynia
Reason for Visit: Follow-up; Referred by [redacted] MD

Progress Notes

[redacted] MD (Anesthesiologist) • Anesthesiology

PCP: [redacted], MD

CC: vulvodynia

HPI:
[redacted]y.o. female with chronic vulvar pain as described below. Referred by Dr. [redacted] for evaluation and management.
Pain started spontaneously unclear trigger.
Pain came on suddenly and can be very debilitating.
She is unable to wear certain pants and underwear secondary to pain.
Exercise seems to make the pain worse.
The symptoms do affect her activity.
She has a leaky bladder but is unable to wear a pad due to irritation.

Pain Score: 6/10
Duration: since 2017
Context of pain: Pain started spontaneously
Location: inferior vulva
Radiation: none
Quality: burning
Improves: lidocaine
Exacerbates: friction, touch underwear, sitting

Numbness/Tingling: none
Weakness: none
Sleep: good
Mood: stable

Bowel and bladder - urinary stress incontinence

Interval
See nursing note

Interventions:
1. Injections - ultrasound injection into vulva not helpful and very painful; s/p laser treatment to vagina not helpful
11/6/18 bilateral pudendal nerve block with steroid 100% relief for a few hours
9/27/18 bilateral pudendal nerve block 100% relief for one hour
2. Physical Therapy - course of 3 months
3. Surgeries - none
4. Medications - see note below
5. Other -

Past medical history, past surgical history, Medications, allergies, social and family history reviewed and as per emar from today's encounter
S/p left inguinal hernia repair
Denies heavy etoh or SUD or tobacco
Husband very supportive, allergist, semi-retired

ROS
Denies fever/chills/malaise
Denies chest pain/SOB
Denies N/V/Abd pain
Denies muscle weakness, or sensory loss.
Denies changes in bowel habits
Denies changes in urinary habits.

All other review of systems is negative.

Physical examination:
Vitals:

	12/13/18 1315
BP:	147/68
Pulse:	75
SpO2:	98%

Alert and oriented. Affect appropriate. Ambulates without assistance. No signs of withdrawal or sedation.

Imaging studies:
None

Assessment and Plan:
[redacted]y.o. female from Hartford CT with vulvodynia that started in 2017 without any clear origin referred by Dr. [redacted] for evaluation.
We discussed multimodal pain management options.

Pertinent problems/diagnoses include:
vulvodynia
Frequent UTIs
Urinary leakage
Anxiety, OCD -- under control

Today we discussed possible pulsed RFL to help reset the pudendal nerve.
100% relief with pudendal nerve block x 2.
We discussed that unfortunately this is an out of pocket cost.

Topical compound not more effective than lidocaine.
Duloxetine 60mg now. Mood improved, no pain effect yet. She is seeing her psychiatrist.

We discussed possible medical marijuana or CBD topical.

We discussed importance of mindfulness meditation: E.g. [redacted] *mindfulness meditation for pain, calm.com, headspace.com*

Plan:

- **Follow-up:**
  - **Pulsed RFL of pudendal nerve**

- **Medications:**
  - Amitriptyline titration with psychiatry on sertraline
  - Myrbetriq helps with incontinence
  - pregabalin 150mg BID was not helpful, tapered off
  - Gabapentin no relief 1300mg per day, stopped
  - Lidocaine topical very helpful -- recommend use at least 4x/day on a daily basis
  - Amitriptyline/baclofen/lidocaine/gabapentin no relief more than lidocaine
  - Duloxetine 60mg/day
  - Premarin vaginal cream

- **Interventions:**
  - Pudendal nerve blocks, transgluteal to help with vulvar nerve reset
  - We discussed pulsed RFL to pudendal nerves
  - Intravaginal injections not helpful
  - could consider intravaginal botox

- **Behavioral Medicine:**
  - Encourage daily breathing techniques and stress reduction strategies; e.g. Www.calm.com, [redacted] mindfulness meditation for pain

- **Physical Therapy:**
  - 3 months of pelvic PT
  - Agree with regular touch to help with densitization
  - Agree with possible second opinion regarding vulvodynia and incontinence

- **Other:**
  - May consider acupuncture

- **Imaging:**
  - None indicated

- **Consultants:**
  - Dr. [redacted]
  - Appreciate GYN input [redacted] **MD**
  - **Dr. [redacted] psychiatry**
  - **Dr. [redacted] -- consider referral**

The risks, consequences, alternatives, and benefits of various treatment options were discussed with the patient in great detail, including conservative management, injections and procedures.

Thank you for referring your patient and please contact me with any questions.

[redacted]

[redacted]

Other Notes

Progress Notes from [redacted] RN

Instructions

Return for 30 min.

Patient Instructions

After Visit Summary (Printed 12/13/2018)

Additional Documentation

Vitals: BP 147/68 Pulse 75 SpO2 98%

Encounter Info: Billing Info, History, Allergies, Detailed Report

Communications

Letter sent to [redacted], MD Chart Routed to [redacted], RN

Orders Placed

Radiofrequency Lesioning

Medication Changes

As of 12/13/2018 1:23 PM

None

Visit Diagnoses

Vulvodynia N94.819

Jan. 18, 2020

To the Board of Physicians:

I have enclosed an application for an additional medical condition for the use of medical marijuana for your consideration. It includes information from three physicians and supporting materials.

As I don't know when you will meet or if you will need anything further I am including my phone numbers and email address for your response

home phone [redacted]
cell phone
email [redacted]

Thank you for your consideration

[redacted]