Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
TRIGEMINAL NEUROPATHY
(No. 80 of 2015)

The Repatriation Medical Authority determines the following Statement of Principles.

Dated 19 June 2015

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

Professor Nicholas Saunders AO
Chairperson

Federal Register of Legislative Instruments F2015L00912

Contents

1 Name

This is the Statement of Principles concerning **trigeminal neuropathy** (No. 80 of 2015).

2 Commencement

This instrument commences on **20 July 2015**.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Revocation

The Statement of Principles concerning trigeminal neuropathy No. 30 of 2009 made under subsection 196B(3) of the VEA is revoked.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about trigeminal neuropathy and death from trigeminal neuropathy.

*Meaning of **trigeminal neuropathy***

(2) For the purposes of this Statement of Principles, trigeminal neuropathy:

(a) means a disturbance of function or pathological change of the trigeminal nerve (fifth cranial nerve), including disorder of the trigeminal brainstem nuclei, the cisternal segment, that part of the nerve that traverses Meckel's cave and cavernous sinus, and the peripheral trigeminal nerve, and which produces:

(i) symptoms; and
(ii) signs or electrodiagnostic evidence;

of impaired motor, sensory or autonomic functioning, in the distribution of the trigeminal nerve; and

(b) includes neuropathy confined to the trigeminal nerve, neuropathy of the trigeminal nerve occurring simultaneously with other cranial nerve disorders, painful posttraumatic trigeminal neuropathy and trigeminal sensory neuropathy, but excludes classic and secondary trigeminal neuralgia.

Death from ***trigeminal neuropathy***

(3) For the purposes of this Statement of Principles, trigeminal neuropathy, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's trigeminal neuropathy.

Note: ***terminal event*** is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that trigeminal neuropathy and death from trigeminal neuropathy can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: ***relevant service*** is defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, trigeminal neuropathy or death from trigeminal neuropathy is connected with the circumstances of a person's relevant service:

(1) having multiple sclerosis, Charcot–Marie–Tooth disease or another demyelinating disease at the time of the clinical onset of trigeminal neuropathy;

(2) having a mass lesion which compresses, encases, entraps, stretches, infiltrates or displaces the affected trigeminal nerve, at the time of the clinical onset of trigeminal neuropathy;

Note: ***mass lesion*** is defined in the Schedule 1 - Dictionary.

(3) having cervical disc prolapse or cervical syringomyelia, involving the cervical spine at C3 or above, at the time of the clinical onset of trigeminal neuropathy;

(4) having a haematological malignancy or lymphoproliferative disease that infiltrates, encases, stretches or displaces the affected trigeminal nerve, at the time of the clinical onset of trigeminal neuropathy;

(5) having a cerebrovascular accident involving the brainstem within the 30 days before the clinical onset of trigeminal neuropathy;

(6) having a dental, orthodontic or surgical procedure involving the affected trigeminal nerve, including local anaesthetic injection, and surgical or laser treatment to the cornea, within the three months before the clinical onset of trigeminal neuropathy;

(7) having a traumatic injury to the affected trigeminal nerve within the three months before the clinical onset of trigeminal neuropathy;

Note: ***traumatic injury*** is defined in the Schedule 1 - Dictionary.

(8) having a moderate to severe traumatic brain injury within the three months before the clinical onset of trigeminal neuropathy;

(9) having maxillary, sphenoid or frontal sinus barotrauma involving the affected trigeminal nerve, within the three months before the clinical onset of trigeminal neuropathy;

(10) having a disease from the specified list of inflammatory connective tissue diseases at the time of the clinical onset of trigeminal neuropathy;

Note: ***specified list of inflammatory connective tissue diseases*** is defined in the Schedule 1 - Dictionary.

(11) having a vasculitis from the specified list of systemic vasculitides at the time of the clinical onset of trigeminal neuropathy;

Note: ***specified list of systemic vasculitides*** is defined in the Schedule 1 - Dictionary.

(12) having a benign fibro-osseous lesion which compresses, entraps or displaces the affected trigeminal nerve, at the time of the clinical onset of trigeminal neuropathy;

Note: ***benign fibro-osseous lesion*** is defined in the Schedule 1 - Dictionary.

(13) having an infection from the specified list of infections, involving the affected trigeminal nerve, at the time of the clinical onset of trigeminal neuropathy;

Note: ***specified list of infections*** is defined in the Schedule 1 - Dictionary.

(14) being infected with human immunodeficiency virus at the time of the clinical onset of trigeminal neuropathy;

(15) having acute herpes zoster involving the affected trigeminal nerve, within the six months before the clinical onset of trigeminal neuropathy;

(16) having amyloidosis or diabetes mellitus at the time of the clinical onset of trigeminal neuropathy;

(17) being treated with a drug from the specified list of drugs, for a continuous period of at least seven days, within the three months before the clinical onset of trigeminal neuropathy;

Note: ***specified list of drugs*** is defined in the Schedule 1 - Dictionary.

(18) having bisphosphonate-related osteonecrosis of the jaw at the time of the clinical onset of trigeminal neuropathy;

(19) inhaling, ingesting or having cutaneous contact with trichloroethylene on at least 30 occasions within the six months before the clinical onset of trigeminal neuropathy;

(20) having an episode of acute intoxication, from inhaling, ingesting or having cutaneous contact with ethylene glycol or trichloroethylene, within the 30 days before the clinical onset of trigeminal neuropathy;

(21) undergoing a course of therapeutic radiation, where the affected trigeminal nerve was in the field of radiation, within the six months before the clinical onset of trigeminal neuropathy;

(22) having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the affected trigeminal nerve root, trigeminal ganglion or trigeminal nerve, within the six months before the clinical onset of trigeminal neuropathy;

Note: ***cumulative equivalent dose*** is defined in the Schedule 1 - Dictionary.

(23) having osteoradionecrosis of the mandible at the time of the clinical onset of trigeminal neuropathy;

(24) undergoing a procedure from the specified list of procedures, for the treatment of trigeminal neuralgia, involving the affected trigeminal nerve, within the six months before the clinical onset of trigeminal neuropathy;

Note: ***specified list of procedures*** is defined in the Schedule 1 - Dictionary.

(25) receiving lumbar puncture or epidural anaesthesia within the seven days before the clinical onset of trigeminal neuropathy;

(26) having multiple sclerosis, Charcot–Marie–Tooth disease or another demyelinating disease at the time of the clinical worsening of trigeminal neuropathy;

(27) having a mass lesion which compresses, encases, entraps, stretches, infiltrates or displaces the affected trigeminal nerve, at the time of the clinical worsening of trigeminal neuropathy;

Note: ***mass lesion*** is defined in the Schedule 1 - Dictionary.

(28) having cervical disc prolapse or cervical syringomyelia, involving the cervical spine at C3 or above, at the time of the clinical worsening of trigeminal neuropathy;

(29) having a haematological malignancy or lymphoproliferative disease that infiltrates, encases, stretches or displaces the affected trigeminal nerve, at the time of the clinical worsening of trigeminal neuropathy;

(30) having a cerebrovascular accident involving the brainstem within the 30 days before the clinical worsening of trigeminal neuropathy;

(31) having a dental, orthodontic or surgical procedure involving the affected trigeminal nerve, including local anaesthetic injection, and surgical or laser treatment to the cornea, within the three months before the clinical worsening of trigeminal neuropathy;

(32) having a traumatic injury to the affected trigeminal nerve within the three months before the clinical worsening of trigeminal neuropathy;

Note: ***traumatic injury*** is defined in the Schedule 1 - Dictionary.

(33) having a moderate to severe traumatic brain injury within the three months before the clinical worsening of trigeminal neuropathy;

(34) having maxillary, sphenoid or frontal sinus barotrauma involving the affected trigeminal nerve, within the three months before the clinical worsening of trigeminal neuropathy;

(35) having a disease from the specified list of inflammatory connective tissue diseases at the time of the clinical worsening of trigeminal neuropathy;

Note: ***specified list of inflammatory connective tissue diseases*** is defined in the Schedule 1 - Dictionary.

(36) having a vasculitis from the specified list of systemic vasculitides at the time of the clinical worsening of trigeminal neuropathy;

Note: ***specified list of systemic vasculitides*** is defined in the Schedule 1 - Dictionary.

(37) having a benign fibro-osseous lesion which compresses, entraps or displaces the affected trigeminal nerve, at the time of the clinical worsening of trigeminal neuropathy;

Note: ***benign fibro-osseous lesion*** is defined in the Schedule 1 - Dictionary.

(38) having an infection from the specified list of infections, involving the affected trigeminal nerve, at the time of the clinical worsening of trigeminal neuropathy;

Note: ***specified list of infections*** is defined in the Schedule 1 - Dictionary.

(39) being infected with human immunodeficiency virus at the time of the clinical worsening of trigeminal neuropathy;

(40) having acute herpes zoster involving the affected trigeminal nerve, within the six months before the clinical worsening of trigeminal neuropathy;

(41) having amyloidosis or diabetes mellitus at the time of the clinical worsening of trigeminal neuropathy;

(42) being treated with a drug from the specified list of drugs, for a continuous period of at least seven days, within the three months before the clinical worsening of trigeminal neuropathy;

Note: ***specified list of drugs*** is defined in the Schedule 1 - Dictionary.

(43) having bisphosphonate-related osteonecrosis of the jaw at the time of the clinical worsening of trigeminal neuropathy;

(44) inhaling, ingesting or having cutaneous contact with trichloroethylene on at least 30 occasions within the six months before the clinical worsening of trigeminal neuropathy;

(45) having an episode of acute intoxication, from inhaling, ingesting or having cutaneous contact with ethylene glycol or trichloroethylene, within the 30 days before the clinical worsening of trigeminal neuropathy;

(46) undergoing a course of therapeutic radiation, where the affected trigeminal nerve was in the field of radiation, within the six months before the clinical worsening of trigeminal neuropathy;

(47) having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the affected trigeminal nerve root, trigeminal ganglion or trigeminal nerve, within the six months before the clinical worsening of trigeminal neuropathy;

Note: ***cumulative equivalent dose*** is defined in the Schedule 1 - Dictionary.

(48) having osteoradionecrosis of the mandible at the time of the clinical worsening of trigeminal neuropathy;

(49) undergoing a procedure from the specified list of procedures, for the treatment of trigeminal neuralgia, involving the affected trigeminal nerve, within the six months before the clinical worsening of trigeminal neuropathy;

Note: ***specified list of procedures*** is defined in the Schedule 1 - Dictionary.

(50) receiving lumbar puncture or epidural anaesthesia within the seven days before the clinical worsening of trigeminal neuropathy;

(51) inability to obtain appropriate clinical management for trigeminal neuropathy.

10 Relationship to service

(1) The existence in a person of any factor referred to in section 9 must be related to the relevant service rendered by the person.

(2) The factors set out in subsections 9(26) to 9(51) apply only to material contribution to, or aggravation of, trigeminal neuropathy where the person's trigeminal neuropathy was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

(1) if a factor referred to in section 9 applies in relation to a person; and

(2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

benign fibro-osseous lesion means a non-malignant disease of the bone or connective tissue, such as Paget's disease of bone, osteogenesis imperfecta, fibrous dysplasia or cranial osteodysplasia.

cumulative equivalent dose means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect. The unit of equivalent dose is the sievert. For the purposes of this Statement of Principles, the calculation of cumulative equivalent dose excludes doses received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation-related sources and radiation from nuclear explosions or accidents.

mass lesion means an endogenous pathological structure or pathological entity or extraneous material occupying a delineated area, including a benign or malignant neoplasm, haematoma, abscess, fungal granuloma, amyloidoma, neurocysticercoma, epidermoid cyst or arachnoid cyst.

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

specified list of drugs means:

(a) hydroxystilbamidine isethionate (stilbamidine);
(b) interferon alpha; or
(c) vincristine.

specified list of infections means:

(a) abscess;
(b) *Borrelia burgdorferi* (Lyme disease);
(c) brainstem meningitis or encephalitis;
(d) herpes simplex virus;
(e) invasive bacterial or fungal sinusitis;
(f) mastoiditis;
(g) *Mycobacterium leprae* (leprosy);
(h) *Mycobacterium tuberculosis*;
(i) odontogenic infection;
(j) osteomyelitis;
(k) rhinocerebral zygomycosis;
(l) suppurative otitis media;
(m) *Taenia solium* (neurocysticercosis); or
(n) *Treponema pallidum* (tertiary syphilis).

specified list of inflammatory connective tissue diseases means:

(a) dermatomyositis;
(b) mixed connective tissue disease;
(c) polyarteritis nodosa;
(d) polymyositis;
(e) sarcoidosis;
(f) Sjogren's syndrome;
(g) systemic lupus erythematosus; or
(h) systemic sclerosis (scleroderma).

specified list of procedures means:

(a) fractionated stereotactic radiotherapy;
(b) gamma knife radiosurgery;
(c) microvascular decompression;
(d) peripheral glycerol, alcohol or phenol injection;
(e) percutaneous trigeminal neurolysis; or
(f) radiofrequency thermocoagulation.

specified list of systemic vasculitides means:

(a) giant cell (temporal) arteritis;
(b) Takayasu arteritis; or
(c) Wegener's granulomatosis (granulomatosis with polyangiitis).

relevant service means:

(a) eligible war service (other than operational service) under the VEA;
(b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
(c) peacetime service under the MRCA.

terminal event means the proximate or ultimate cause of death and includes the following:

(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

traumatic injury means a mechanical injury caused by compression, crush, transection, stretching, or a chemical or thermal burn.

trigeminal neuropathy—see subsection 7(2).

VEA means the *Veterans' Entitlements Act 1986*.