



Statement of Principles concerning trigeminal neuropathy (No. 79 of 2015)

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 18 September 2017

Includes amendments up to: Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017) (F2017L01067)

The day of commencement of this Amendment Determination is 18 September 2017.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning trigeminal neuropathy (No. 79 of 2015)* that shows the text of the law as amended and in force on 18 September 2017.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
TRIGEMINAL NEUROPATHY
(No. 79 of 2015)

The Repatriation Medical Authority determines the following Statement of Principles.

Dated 19 June 2015

*Statement of Principles concerning
Trigeminal Neuropathy (No. 79 of 2015)
Veterans' Entitlements Act 1986*

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1 Name

This is the Statement of Principles concerning **trigeminal neuropathy** (No. 79 of 2015).

2 Commencement

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

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Revocation

The Statement of Principles concerning trigeminal neuropathy No. 29 of 2009 made under subsection 196B(2) of the VEA is revoked.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 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

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- (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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that trigeminal neuropathy and death from trigeminal neuropathy can be related to relevant service rendered by veterans, members of Peacekeeping Forces, 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting trigeminal neuropathy or death from trigeminal neuropathy 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;

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- (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;

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- (15) having acute herpes zoster involving the affected trigeminal nerve, within the one year 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 one year before the clinical onset of trigeminal neuropathy;
 - (22) having received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the affected trigeminal nerve root, trigeminal ganglion or trigeminal nerve, within the one year 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 one year 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) being envenomated by the spider *Loxosceles rufescens*, involving the affected region, within the 30 days before the clinical onset of trigeminal neuropathy;
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- (27) having facial contact dermatitis following direct contact with the anthurium plant (*Anthurium sp*) within the 30 days before the clinical onset of trigeminal neuropathy;
- (28) having limbic encephalitis in the presence of a malignant neoplasm at the time of the clinical onset of trigeminal neuropathy;
- Note: *limbic encephalitis* is defined in the Schedule 1 - Dictionary.
- (29) having multiple sclerosis, Charcot–Marie–Tooth disease or another demyelinating disease at the time of the clinical worsening of trigeminal neuropathy;
- (30) 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.
- (31) 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;
- (32) 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;
- (33) having a cerebrovascular accident involving the brainstem within the 30 days before the clinical worsening of trigeminal neuropathy;
- (34) 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;
- (35) 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.
- (36) having a moderate to severe traumatic brain injury within the three months before the clinical worsening of trigeminal neuropathy;
- (37) having maxillary, sphenoid or frontal sinus barotrauma involving the affected trigeminal nerve, within the three months before the clinical worsening of trigeminal neuropathy;

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- (38) 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.
- (39) 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.
- (40) 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.
- (41) 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.
- (42) being infected with human immunodeficiency virus at the time of the clinical worsening of trigeminal neuropathy;
- (43) having acute herpes zoster involving the affected trigeminal nerve, within the one year before the clinical worsening of trigeminal neuropathy;
- (44) having amyloidosis or diabetes mellitus at the time of the clinical worsening of trigeminal neuropathy;
- (45) 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.
- (46) having bisphosphonate-related osteonecrosis of the jaw at the time of the clinical worsening of trigeminal neuropathy;
- (47) inhaling, ingesting or having cutaneous contact with trichloroethylene on at least 30 occasions within the six months before the clinical worsening of trigeminal neuropathy;
- (48) 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;
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- (49) undergoing a course of therapeutic radiation, where the affected trigeminal nerve was in the field of radiation, within the one year before the clinical worsening of trigeminal neuropathy;
 - (50) having received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the affected trigeminal nerve root, trigeminal ganglion or trigeminal nerve, within the one year before the clinical worsening of trigeminal neuropathy;

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

- (51) having osteoradionecrosis of the mandible at the time of the clinical worsening of trigeminal neuropathy;
- (52) undergoing a procedure from the specified list of procedures, for the treatment of trigeminal neuralgia, involving the affected trigeminal nerve, within the one year before the clinical worsening of trigeminal neuropathy;

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

- (53) receiving lumbar puncture or epidural anaesthesia within the seven days before the clinical worsening of trigeminal neuropathy;
 - (54) being envenomated by the spider *Loxosceles rufescens*, involving the affected region, within the 30 days before the clinical worsening of trigeminal neuropathy;
 - (55) having facial contact dermatitis following direct contact with the anthurium plant (*Anthurium sp*) within the 30 days before the clinical worsening of trigeminal neuropathy;
 - (56) having limbic encephalitis in the presence of a malignant neoplasm at the time of the clinical worsening of trigeminal neuropathy;
- Note: *limbic encephalitis* is defined in the Schedule 1 - Dictionary.
- (57) 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(29) to 9(57) 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(2) 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 from external exposure, internal exposure or both, apart from normal background radiation exposure in Australia, calculated in accordance with the methodology set out in *Guide to calculation of 'cumulative equivalent dose' for the purpose of applying ionising radiation factors contained in Statements of Principles determined under Part XIA of the Veterans' Entitlements Act 1986 (Cth)*, Australian Radiation Protection and Nuclear Safety Agency, as in force on 2 August 2017.

Note 1: Examples of circumstances that might lead to exposure to ionising radiation include being present during or subsequent to the testing or use of nuclear weapons, undergoing diagnostic or therapeutic medical procedures involving ionising radiation, and being a member of an aircrew, leading to increased levels of exposure to cosmic radiation.

Note 2: For the purpose of dose reconstruction, dose is calculated as an average over the mass of a specific tissue or organ. If a tissue is exposed to multiple sources of ionising radiation, the various dose estimates for each type of radiation must be combined.

limbic encephalitis means a neurological disease characterised by inflammation of the brain caused by autoantibodies against intracellular neuronal antigens.

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*.

relevant service means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

specified list of drugs means:

- (a) cisplatin;
- (b) hydroxystilbamidine isethionate (stilbamidine);
- (c) interferon alpha;
- (d) mefloquine;
- (e) vinblastine;
- (f) vincristine; or
- (g) vindesine.

specified list of infections means:

- (a) abscess;
- (b) *Borrelia burgdorferi* (Lyme disease);
- (c) brainstem meningitis or encephalitis;
- (d) cerebral malaria;
- (e) herpes simplex virus;
- (f) invasive bacterial or fungal sinusitis;
- (g) mastoiditis;
- (h) *Mycobacterium leprae* (leprosy);
- (i) *Mycobacterium tuberculosis*;
- (j) odontogenic infection;
- (k) osteomyelitis;
- (l) rhinocerebral zygomycosis;
- (m) suppurative otitis media;
- (n) *Taenia solium* (neurocysticercosis); or
- (o) *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) relapsing polychondritis;
- (f) rheumatoid arthritis;
- (g) sarcoidosis;
- (h) Sjogren's syndrome;
- (i) systemic lupus erythematosus; or
- (j) 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) Behçet's syndrome;
- (b) Churg-Strauss syndrome (eosinophilic granulomatosis with polyangiitis);
- (c) giant cell (temporal) arteritis;
- (d) polyarteritis nodosa;
- (e) Takayasu arteritis; or
- (f) Wegener's granulomatosis (granulomatosis with polyangiitis).

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*.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	
exp = expires/expired or ceases/ceased to have effect	reloc = relocated
F = Federal Register of Legislation	renum = renumbered
gaz = gazette	rep = repealed
LA = <i>Legislation Act 2003</i>	rs = repealed and substituted
LIA = <i>Legislative Instruments Act 2003</i>	s = section(s)/subsection(s)
(md) = misdescribed amendment can be given effect	Sch = Schedule(s)
(md not incorp) = misdescribed amendment cannot be given effect	Sdiv = Subdivision(s)
mod = modified/modification	SLI = Select Legislative Instrument
No. = Number(s)	SR = Statutory Rules
	Sub-Ch = Sub-Chapter(s)
	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning trigeminal neuropathy (No. 79 of 2015)</i>	24 June 2015 F2015L00911	20 July 2015	
<i>Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017)</i>	22 August 2017 F2017L01067	18 September 2017	

Endnote 4—Amendment history

Provision affected	How affected
Schedule 1 – Dictionary – 'cumulative equivalent dose'.....'	rs. No. 58 of 2017
