

Ms. X is a 31 year old registered nurse who holds a .7 position In an Acute Medicine unit at a large hospital in Winnipeg. In October 2021 there was a critical incident in the workplace involving a patient which was reportedly distressing to a number of employees. Following this incident Ms. X found herself having nightmares and shortness of breath. She went to her doctor and was told to take a few weeks off work. She applied for a stress claim with WCB, and her claim was declined.

Ms. X remained off work. She exhausted her sick bank at work and then employment insurance. Her family physician started her on some medications and recommended she apply for disability. Her disability claim was approved for depression anxiety and headaches.

Treatment

She sees a neurologist and recently changed to a new family physician as she wanted a GP that was a “better fit”. she also sees a chiropractor whose specializes in treatment of headaches and a Natural Path and a counselor through her EAP program.

Medications, Vitamins and Supplements

Wellbutrin (stopped after 2 weeks due to side effects)
Amitriptyline
Topiramate
Freya 28
Vitamin B12
Peak EPA (Omega 3s)
Meriva Curcumin
Magnesium

Occupational Therapy Home Assessment

An occupational therapist completed a home visit in June 2022 and noted that Ms. X was quite functional in the home and her anxiety and depression were reportedly resolving however she was having headaches that were significant on an almost daily basis.

She lives in a one-bedroom apartment with her husband. she has no children but noted that she hopes to start a family in the near future. Her husband is very emotionally supportive however he has been on and off work since COVID occurred. They report significant financial strain.

The occupational therapist also noted that Ms. X denied smoking and illicit drug use and reported very casual alcohol consumption.

They made a recommendation to the family doctor that a gradual return to work be initiated.

Medical Update

The GP wrote a letter noting she had seen a neurologist and her assessment was normal. An MRI of her brain was being scheduled in the future. They agreed she could start a gradual return to work as long as it was on a different unit and with reduced hours and reduced patient load.

Gradual Return to Work

The gradual return to work started in early October 2022 with Ms. X working reduced hours and light duties on a different unit; she started the GRTW working approximately 20% of her total workload.

In the following five months she was able to increase her hours and duties at work to approximately 50% of her total workload.

Current Status

The employer has been noting their frustration with the lack of progress in the GRTW. They would like the return to work finished or cancelled and considered a failed attempt.

After a difficult meeting with the client and employer the Case Manager wrote to the GP who provided a letter stating she has been on Topiramate for 7 weeks with no difference and the Amitriptyline is not helping with headache but does help with sleep. Ms. X reports a difficult time working long shifts and that her headache journal shows it is getting worse with stress at work. He advised follow-up with Neurology. Brain MRI pending – no date scheduled. They also noted financial stress that has not been helped by the client paying out of pocket for Chiropractic treatment and naturopath with supplements.